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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A FO			endar year, or tax year beginning 01-01-2015	, and ending 12-31-20	1.5			
<b>B</b> Che	ck if	applicable	C Name of organization MERCY HOUSING CALIFORNIA			D Employ	er identifi	ication number
☐ Add	ress c	change				94-308	81666	
┌ Nar	ne ch	nange	% STEVE SPEARS Doing business as			_		
┌ Inıt	al ret	turn				E Tolophor	no numbor	
Fina			Number and street (or P O box if mail is not delivere 1999 BROADWAY SUITE 1000	d to street address) Room/s	uite	— E Telephor		
		erminated	1999 BROADWAY SOITE 1000			(303)8	830-330	0
Am	ended	d return	City or town, state or province, country, and ZIP or for DENVER, CO 80202	oreign postal code		26		224 626
App	licatio	on pending	BLIVVER, CO 00202			G Gross re	ceipts \$ 42,	,324,626
			<b>F</b> Name and address of principal officer		<b>H(a)</b> Is	this a group i	return for	
			Douglas Shoemaker 1999 Broadway Suite 1000		su	bordinates?		□Yes ☑No
			Denver, CO 80202			e all subordın :luded?	nates	□Yes □No
							alıst (se	e instructions)
<b>I</b> Tax	(-exe	empt status	▼ 501(c)(3)	947(a)(1) or   527		roup exemption		
J W	ebsit	te:► WW	W MERCYHOUSING ORG		1 1	oup exemper	on nambe	
					1.		T	
		_	Corporation Trust Association Other		<b>L</b> Year o	f formation 198	88 <b>M</b> Stat	te of legal domicile CA
Pa	rt I	Sum	mary					
		•	cribe the organization's mission or most signi					luudus la la slussa
			o, own and operate low-income housing faciliti resources	es for families, seniors,	beople with	special needs	s, and ind	lividuals lacking
8	_	o i giiiii a a i i	100001000					
ē								
E E	-							
Governance	2	Check th	s box 🔭 if the organization discontinued its	operations or disposed (	of more thar	1 25% of its r	net assets	S
	,	Number	fusting mambars of the governing hady (Double	VI line 1 a \		ı	a	1.4
eg W			f voting members of the governing body (Part				3	14
Ě			findependent voting members of the governir				4	14
Activities &			hber of individuals employed in calendar year				5	0
Q.			hber of volunteers (estimate if necessary) .				6	
			elated business revenue from Part VIII, colur			-	7a	0
	<b>b</b> N	Net unreia	ted business taxable income from Form 990-	1, line 34	<u> </u>		7b	
					_		1	
	_					rior Year		Current Year
a)	8		outions and grants (Part VIII, line 1h)			3,830,3	11	5,302,300
enne	9	Progra	m service revenue (Part VIII, line 2g)			3,830,3 12,199,4	11 55	5,302,300 12,479,263
łevenue	9 10	Progra Invest	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3,			3,830,3	11 55 60	5,302,300 12,479,263 9,786,638
Revenue	9 10 11	Progra Invest Other	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, 4 revenue (Part VIII, column (A), lines 5, 6d, 8			3,830,3 12,199,4	11 55	5,302,300 12,479,263
Revenue	9 10	Progra Invest Other Total	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3,			3,830,3 12,199,4	11 55 60 0	5,302,300 12,479,263 9,786,638
Revenue	9 10 11 12	Progra Invest Other Total ( 12)	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, revenue (Part VIII, column (A), lines 5, 6d, 8 evenue—add lines 8 through 11 (must equal F			3,830,3 12,199,4 415,6 16,445,4	11 55 60 0 26	5,302,300 12,479,263 9,786,638 0 27,568,201
Revenue	9 10 11 12	Progra Invest Other Total 12) Grants	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, revenue (Part VIII, column (A), lines 5, 6d, 8 evenue—add lines 8 through 11 (must equal Fand similar amounts paid (Part IX, column (A	4, and 7d)	ne e	3,830,3 12,199,4 415,6	11 55 60 0 26	5,302,300 12,479,263 9,786,638 0
Revenue	9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, revenue (Part VIII, column (A), lines 5, 6d, 8 evenue—add lines 8 through 11 (must equal Fand similar amounts paid (Part IX, column (A) is paid to or for members (Part IX, column (A)	1, and 7d )	ne e	3,830,3 12,199,4 415,6 16,445,4 1,621,9	11 55 60 0 26 66 0	5,302,300 12,479,263 9,786,638 0 27,568,201 2,952,366 0
	9 10 11 12	Progra Invest Other Total (12) Grants Benefi	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, revenue (Part VIII, column (A), lines 5, 6d, 8 evenue—add lines 8 through 11 (must equal Fand similar amounts paid (Part IX, column (A) is paid to or for members (Part IX, column (A) is, other compensation, employee benefits (Part IX)	1, and 7d )	ne e	3,830,3 12,199,4 415,6 16,445,4	11 55 60 0 26 66 0	5,302,300 12,479,263 9,786,638 0 27,568,201
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	9 10 11 12 13 14 15	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes	m service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, revenue (Part VIII, column (A), lines 5, 6d, 8 evenue—add lines 8 through 11 (must equal Fand similar amounts paid (Part IX, column (A) is paid to or for members (Part IX, column (A) is, other compensation, employee benefits (Part IX) is signal fundraising fees (Part IX, column (A), I	4, and 7d)		3,830,3 12,199,4 415,6 16,445,4 1,621,9	11 55 60 0 26 66 0	5,302,300 12,479,263 9,786,638 0 27,568,201 2,952,366 0 8,323,234
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**Use Only** 

Firm's address ► 525 N TRYON STREET STE 1000

CHARLOTTE, NC 28202
May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no (704) 332-9100

. ✓ Yes ☐ No

	990 (2015)			Page
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🚨	10		No
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI. **	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
c	Part IV	28b		No
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		No No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
31	conservation contributions? If "Yes," complete Schedule M	30		No
<b>J</b> 1		31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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Par	Statements Regarding Other IRS Filings and Tax Compliance		_
	Check if Schedule O contains a response or note to any line in this Part V	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   36		INO
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered		
	by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	+ 110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
E a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
		5b	+
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
7	were not tax deductible?	6b	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		<del>                                     </del>
	file Form 8282?	7c	Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time		
	during the year?	8	<u> </u>
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del></del>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments $^{2}$ If "No," provide an explanation in Schedule O	14b	
		Form <b>99</b>	<b>0</b> (2015)

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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?	16a	Yes	
b				
Ca	organization's exempt status with respect to such arrangements?	16b	Yes	
	List the States with which a copy of this Form 990 is required to be filed.			
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. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ►STEVE SPEARS 1999 BROADWAY SUITE 1000 DENVER, CO 80202 (303) 830-3300

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

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

#### 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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	more t	tion ( han ( on is	(do r one l both ector	box, an d	heck unless officer stee)		Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
						<u> </u>				Form <b>990</b> (2015)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Average Position (do not check hours per more than one box, unless week (list any hours and a director/trustee)  Average Position (do not check Reportable compensation compensation from the from related organization (W-								Reportable compensation from related organizations (W-	Est amour comp fro	(F) Imated It of other ensation m the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	7 2/1099	-MISC)	2/1099-MISC)	re	zation and lated nizations
See /	Addıtıonal Data Table												
							-						
							_						
1b	Sub-Total				•		¥ ¥						
c d	Total from continuation sheet Total (add lines 1b and 1c).	sto Part VII, S	ection A	۱. 	٠.	٠.				0	2,476,969		279,804
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan		
												Ye	s No
3	Did the organization list any <b>fc</b> on line 1a? <i>If "Yes," complete S</i>						emplo	yee,	or highes	t compen	sated employee	3	No
4	For any individual listed on line organization and related organ individual											<b>4</b> Ye	
5	Did any person listed on line 1 services rendered to the organ			-					_	janization	or individual for	5	No
<u>Se</u> 1	ction B. Independent Co Complete this table for your five compensation from the organize	e highest comp											 ear
		(A) ame and business a	-		•			, <u>-</u>	9		(B) scription of services		(C)
333 B	eter Williams Pollack LLP, ryant Street Ste 300 RANCISCO, CA 94107	and did publicas (								Architectura	•		203,678
JAN F	NAMED CO, CA 24107												
										1			

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 V	444	Chack if School		osa or nota to any lin	e in this Dart VIII			F
		Check if Schedu	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
/0	1a	Federated camp	paigns 1a					312-314
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
673 TO 123	c		ents <b>1c</b>					
Ę.	d		rations 1d	1,047,161				
igi Jia		Government grants		1,474,067				
Contributions, Giffs, and Other Similar A	e	-						
iğ iği	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	2,781,072				
중	g	Noncash contribution	ons included in lines					
	h	Total. Add lines	s 1 a - 1 f		5,302,300			
				Business Code				
Program Service Revenue	2a	DEVELOPER FEES		531390	6,162,536	6,162,536		
98 %	ь	SERVICE FEES		531390	3,265,031	3,265,031		
<u>0</u>	c	MISCELLANEOUS RI	EVENUE	531390	1,755,771	1,755,771		
E Z	d	CONSULTING FEES		531390	954,419	954,419		
Ē	e	RENT		531390	341,506	341,506		
00 8	f	All other progra	im service revenue					
Ě	g	Total. Add lines	s 2a – 2f		12,479,263			
	3		ome (including dividen		421,536			421,536
	4		ar amounts) iment of tax-exempt bond p	-	0			
	5	Royalties		▶ [	0			
		[	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d	· ′	me or (loss)		0			
		[	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		24,121,527				
	ь	Less cost or other basis and		14,756,425				
		sales expenses						
	C d	Gain or (loss)	s)	9,365,102	9,365,102			9,365,102
venue		Gross income frevents (not incl	rom fundraising		, ,			, ,
Other Revenue		See Part IV, lin	e 18 <b>a</b>					
Ò	b c		penses <b>b</b>   (loss) from fundraising (	events	0			
			rom gaming activities	events p				
	b	Less direct exi	penses b					
	c		loss) from gaming activ	vities	0			
	10a	Gross sales of I returns and allo						
	b	Less cost of go	oods sold b					
	С		loss) from sales of inve		0			
	<u> </u>	Miscellaneous	s Revenue	Business Code				
	11a							<del> </del>
	b c							
	d	All other revenu	ue					+
	e	Total. Add lines	l	🕨				
	12	Total revenue.	See Instructions	🛌	0			
	l .				27,568,201	12,479,263		9,786,638

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . 2,952,366 2,952,366 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 Benefits paid to or for members . . . . 0 Compensation of current officers, directors, trustees, and 1,136,669 323,869 key employees . . . 686.319 126,481 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 5,580,492 4,840,468 197,607 542,417 Other salaries and wages . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . 146,935 117,936 13,558 15,441 Other employee benefits . . . . . . 948,895 768,301 89,110 91,484 10 510,243 429,967 32,052 48,224 11 Fees for services (non-employees) Management . . . . 170,261 82,851 87,410 20,670 10,122 5,548 5,000 51,186 5,000 46,186 Accounting . . . . . . . . . . . . . 0 Professional fundraising services See Part IV, line 17 0 Investment management fees . . . . . 0 Other (If line 11g amount exceeds 10% of line 25, column (A) 87,891 85,761 2,055 75 amount, list line 11g expenses on Schedule O) . . . . 12 Advertising and promotion . . . . 19,106 416 14,270 4,420 13 Office expenses . . . . . . 465,334 273,840 186,422 5,072 Information technology . . . . . 42,183 3,329 14 48,216 2,704 15 Royalties . 16 362,224 27,921 334,122 181 17 146,684 116,561 21,560 8,563 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 12,517 1,091 11,264 162 86,826 43,493 43,333 20 21 Payments to affiliates . . . . . . 0 31,207 27,484 22 Depreciation, depletion, and amortization . . . . . 3,723 17,442 1,643 23 21,107 2,022 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) BAD DEBTS 2,988,272 2,988,272 PROFESSIONAL SEVICE 2,084,076 2.084.076 INDIRECT COSTS 2,832,842 2,135,062 404,753 293,027 d PROJECT DEVELOPMENT FEES 390,750 390,750 e All other expenses 854,506 494,044 267,740 92,722 Total functional expenses. Add lines 1 through 24e 25 21,949,275 16,513,889 4,110,360 1,325,026 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .	(A)		· · · •✓ (B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	13,279,255	2	21,703,347
	3	Pledges and grants receivable, net	217,291	3	954,935
	4	Accounts receivable, net	1,442,109	4	653,077
	5	Loans and other receivables from current and former officers, directors, truste key employees, and highest compensated employees Complete Part II of Schedule L	es, 0	5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete P II of Schedule L	art		
8			0	6	0
4	7	Notes and loans receivable, net	3,524,328	7	3,407,579
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	209,374	9	155,108
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a 3,791	,285		
	Ь	Less accumulated depreciation 10b 373	,404 1,123,737	<b>10</b> c	3,417,881
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	571,139	13	570,015
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	30,500,870	15	27,171,935
	16	Total assets.Add lines 1 through 15 (must equal line 34)	50,868,103	16	58,033,877
	17	Accounts payable and accrued expenses	1,197,857	17	3,845,302
	18	Grants payable	0	18	0
	19	Deferred revenue	3,739,276	19	3,694,300
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ত		persons Complete Part II of Schedule L	0	22	0
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties	4,455,708	23	2,457,267
_	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third partie and other liabilities not included on lines 17-24)  Complete Part X of Schedule D	5,		
			3,103,474	25	6,347,177
	26	Total liabilities. Add lines 17 through 25	12,496,315	26	16,344,046
ě		Organizations that follow SFAS 117 (ASC 958), check here ▶   and complet lines 27 through 29, and lines 33 and 34.	e		
Ĕ	27	Unrestricted net assets	32,416,004	27	33,757,771
<u> </u>	28	Temporarily restricted net assets	4,185,784	28	6,162,060
<u> </u>	29	Permanently restricted net assets	1,770,000	29	1,770,000
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ►  and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
\$ 5	31	Retained earnings, endowment, accumulated income, or other funds	•	32	
٦ ا	33	Total net assets or fund balances	38,371,788	33	41,689,831
Net			· · · ·		· · ·
	34	Total liabilities and net assets/fund balances	50,868,103	34	58,033,877

Dar	t XI Reconcilliation of Net Assets			<u> </u>	age ±			
Pa	Check if Schedule O contains a response or note to any line in this Part XI				<del>.</del>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,5	568,20			
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,9	949,27!			
3	Revenue less expenses Subtract line 2 from line 1	3		5,6	518,926			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		38,3	371,788			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	9 Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		41,6	589,83			
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed on						
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate						
	Separate basis Consolidated basis Both consolidated and separate basis							
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountain		2c	Yes				
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	2	3b	Yes				

Software ID: **Software Version:** 

**EIN:** 94-3081666

Name: MERCY HOUSING CALIFORNIA

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Cor	Direct ntracto	ors, ors	Tru	ste	es, k	(ey	Employees, High	hest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more ti perso and a	tion ( han o n is b	ne b ooth ctor,	ox, ι an o /trus	inless fficer tee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		, ,	related organizations
CRAIG REIGEL	1 0	х						0	0	0
DIRECTOR	0 0									
Tangerine Brigham		×						0	0	0
Director Timothy Murray	0 0									
Director		×						0	0	0
Brian Swift	1 0									
Director/Chairman	0 0	X						0	0	0
Steven Wade	1 0	<u> </u>								
Director	0 0	Х						0	0	0
Sr Mary Waskowiak Director	1 0	х						0	0	0
CHRISTINA GARCIA	1 0									
DIRECTOR	0 0	×						0	0	0
EZRA MERSEY	1 0									
DIRECTOR	0 0	X						0	0	0
FORD FISH	1 0	,,								
DIRECTOR	0 0	Х						0	0	0
JANET RUGGIERO DIRECTOR	1 0	х						0	0	0
JOANN BERTGES	10									
DIRECTOR	0 0	×						0	0	0
MIRIAN SAEZ	1 0									
DIRECTOR	0 0	X						0	0	0
SUSAN DIAMOND DIRECTOR	1 0	х						0	0	0
Maryann Leshin	1 0									
Director	0 0	×						0	0	0
JANE GRAF	1 0			x				0	323,742	12,150
vice president	40 0							0	323,742	12,130
AMY BAYLEY	1 0			×				0	0	0
ASSISTANT SECRETARY	40 0									
VALERIE AGOSTINO VICE PRESIDENT	40 0			х				0	191,556	22,766
EDWARD HOLDER	1 0			x				0	191,095	36,603
VICE PRESIDENT	40 0			Ĺ				0	191,093	30,003
VINCENT DODDS TREASURER	1 0			х				0	179,192	32,549
DOUGLAS SHOEMAKER	1 0									
PRESIDENT	40 0			Х				0	196,245	20,449
STEPHAN DAUES	1 0			x				0	129,846	6,121
VICE PRESIDENT  BARBARA GUALCO	40 0 1 0									
VICE PRESIDENT	40 0			Х				0	148,131	7,692
Joseph Rosenblum	1 0			x				0	85,134	24,357
Secretary	40 0								03,134	24,33/
BRUCE SAAB  VICE PRESIDENT	1 0			x				0	117,836	15,283
JENNIFER DOLIN	1 0			<b>.</b>						- ·
VICE PRESIDENT	40 0			Х				0	127,625	21,732

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

( <b>A)</b> Name and Title	(B) A verage hours per week (list any hours	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)				ınless fficer	:	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MELISSA CLAYTON	1 0			х				0	174,565	25,759
VICE PRESIDENT	40 0									
RICK SPRAGUE	1 0			×				0	126,481	13,365
VICE PRESIDENT	40 0							-	,	
SHEELA JIVAN	1 0			х				0	119,218	21,318
VICE PRESIDENT	40 0									
STEVE SPEARS VICE PRESIDENT	1 0			×				0	268,274	10,132
VICE I NESIDENI	40 0									
Ben Rosen VICE PRESIDENT	1 0			x				0	98,029	9,528
	0 0									

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228055326

Employer identification number

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

The c  1  2  3  4  5  6  7  8	rt I  prganiz	zation is not a private fo A church, convention o A school described in A hospital or a cooper A medical research or	section becape of churches, of section 170(b) ative hospital ganization operand state ted for the beamplete Part I al government ormally received.	r association of churc )(1)(A)(ii).(Attach So service organization of erated in conjunction v nefit of a college or un I)	through 11, change of the described in t	eck only one book on section 170(long)  1990 or 990-Etion 170(b)(1)  1990 escribed in sec	ox ) o)(1)(A)(i). (Z)) (A)(iii).								
The c  1  2  3  4  5  6  7  8	rganiz	A church, convention of A school described in A hospital or a cooper A medical research or hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that n described in section 1	section becape of churches, of section 170(b) ative hospital ganization operand state ted for the beamplete Part I al government ormally received.	ause it is (For lines 1 r association of churc )(1)(A)(ii).(Attach So service organization of cated in conjunction venter of a college or un I)	through 11, change of the described in t	eck only one book on section 170(long)  1990 or 990-Etion 170(b)(1)  1990 escribed in sec	ox ) o)(1)(A)(i). (Z)) (A)(iii).								
1 2 3 4 5 6 7 8 9	, 	A church, convention of A school described in A hospital or a cooper A medical research or hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that in described in section 1)	section 170(b ative hospital ganization ope and state ted for the be omplete Part I al government ormally receiv	r association of churc )(1)(A)(ii).(Attach So service organization of erated in conjunction v nefit of a college or un I)	hes described i thedule E (Form described in <b>sec</b> vith a hospital d	n <b>section 170(l</b> 1990 or 990-E t <b>ion 170(b)(1)</b> escribed in <b>se</b>	D)(1)(A)(i). (Z)) (A)(iii).	<b>).</b> Enter the							
2 3 4 5 6 7 8 9		A school described in A hospital or a cooper A medical research or hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that n described in section 1	section 170(b ative hospital ganization ope and state ted for the be omplete Part I al government ormally receiv	(1)(A)(ii).(Attach So service organization of erated in conjunction v nefit of a college or un I)	chedule E (Form described in <b>sec</b> vith a hospital d	1990 or 990-E tion 170(b)(1) escribed in <b>sec</b>	(A)(iii).	<b>).</b> Enter the							
3 4 5 6 7 8 9		A hospital or a cooper A medical research or hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that n described in section 1	ative hospital ganization ope and stateted for the beomplete Part I al government ormally received	service organization of erated in conjunction v nefit of a college or un I)	described in <b>sec</b> with a hospital d	tion 170(b)(1)	(A)(iii).	<b>).</b> Enter the							
4 5 6 7 8 9		A hospital or a cooper A medical research or hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that n described in section 1	ative hospital ganization ope and stateted for the beomplete Part I al government ormally received	service organization of erated in conjunction v nefit of a college or un I)	described in <b>sec</b> with a hospital d	tion 170(b)(1)	(A)(iii).	<b>).</b> Enter the							
4 5 6 7 8 9	_	A medical research or hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that n described in section 1	ganization ope and state ted for the be omplete Part I al government ormally receiv	erated in conjunction v nefit of a college or un I)	vith a hospital d	escribed in <b>se</b>		). Enter the							
5 6 7 8 9	, 	hospital's name, city, An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that n described in section 1	and state ted for the be omplete Part I al government ormally receiv	nefit of a college or un I)	·			J. Lincor circ							
6 7 8 9		An organization opera 170(b)(1)(A)(iv). (Co A federal, state, or loc An organization that n described in section 1	ted for the be omplete Part I al government ormally receiv	I )	iversity owned			A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state							
7 8 9	 	A federal, state, or loc An organization that n described in <b>section 1</b>	al government ormally receiv	•		or operated by	a governmental unit d	lescribed in <b>section</b>							
7 8 9	[   	An organization that n described in <b>section 1</b>	ormally receiv	t or governmental unit	doceribod in ee	ation 170(b)(1	1)(8)(u)								
8 9	  - 	described in section 1	,				,,,,,								
9	[ 			·		om a governme	ental unit or from the g	eneral public							
9	<u> </u>					tII)									
_	•	An organization that r		ves (1) more than 33			ibutions, membership	fees, and gross							
		•	•	s exempt functions—s			, ,	, ,							
		from gross investmen					1 tax) from businesse	s acquired by the							
	_			ee <b>section 509(a)(2).</b>											
10	_	An organization organi													
11	ı	An organization organi	•	•	, ,										
		one or more publicly s the box in lines 11a th													
а	Г	Type I. A supporting o	_			_	•	•							
	•	supported organization	-		•	• •	•								
	_	organization You mus	t complete Pa	rt IV, Sections A and I	В.										
b	Γ	<b>Type II.</b> A supporting													
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) <b>You</b>							
_	_	must complete Part I\	•		n anaratad in a	onnostion with	and functionally into	aratad wath uta							
С	ı	Type III functionally i supported organization	_		•			Jiated With, its							
d	Г	Type III non-function	. , .	•	•			anization(s) that is							
	•	not functionally integra			•			` '							
		(see instructions) You													
e		Check this box if the o	_				s a Type I, Type II, T	ype III functionally							
_		integrated, or Type III													
f	Enter	r the number of support					· · · · · · · —								
g		Provide the following i	nformation abo	out the supported orga	inization(s)										
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)							
Nan	ne of s	upported organization		Type of	Is the organ	nızatıon	A mount of	A mount of other							
				organızatıon	listed in your	-	monetary support	support (see							
				(described on lines	docume	nt?	(see instructions)	instructions)							
				1- 9 above (see											
				ınstructions))											
					Yes	No									

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, ,		
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	( <b>f)</b> Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge <b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
		-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	<ul> <li>33 1/3% support test—2015. 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</li> <li>33 1/3% support test—2014. If the organization did not check a 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</li> </ul>						
17a	10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.						
b	organization  10%-facts-and-circumstances test  15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd <b>stop here.</b>	► C
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	<b>-</b> '

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

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

Se	ction A. Public Support	Triano to quan	,	to noted polony	рісазе соттріс		/	
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e)20	15	<b>(f)</b> Total
	iscal year beginning in)	(4)2011	(5)2012	(3)2010	(4)2011	(5)23	-	(1)10001
1	Gifts, grants, contributions, and membership fees received (Do							
	not include any "unusual	1,801,268	10,295,530	2,458,541	3,830,311	5	,302,300	23,687,950
	grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to	8,162,515	13,718,953	12,454,229	14,229,562	12	,479,263	61,044,522
	the organization's tax-exempt							
	purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or							0
_	business under section 513						-	
4	Tax revenues levied for the organization's benefit and either							0
	paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit							0
	to the organization without							
_	charge <b>Total.</b> Add lines 1 through 5	9,963,783	24,014,483	14,912,770	18,059,873	17	,781,563	84,732,472
6 72	Amounts included on lines 1, 2,	3,303,703	24,014,403	14,312,770	10,033,073	17	,701,303	04,732,472
/a	and 3 received from disqualified							0
	persons							
b	Amounts included on lines 2 and							
	3 received from other than							
	disqualified persons that exceed the greater of \$5,000 or 1% of	2,530,876	5,642,636	6,495,129	5,817,890	3	,411,865	23,898,396
	the amount on line 13 for the							
	year							
c	Add lines 7a and 7b	2,530,876	5,642,636	6,495,129	5,817,890	3	,411,865	23,898,396
8	Public support. (Subtract line 7c							60,834,076
	from line 6 )							
Se	ction B. Total Support							
/ · F	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	15	<b>(f)</b> ⊤otal
(OF T	iscal year beginning in) ► A mounts from line 6	9,963,783	24,014,483	14,912,770	18,059,873	17	,781,563	84,732,472
9 10a	Gross income from interest,	3,303,703	24,014,403	14,512,770	10,039,073	1,	,701,303	04,732,472
IUa	dividends, payments received							
	on securities loans, rents,	386,887	242,659	222,538	415,660		421,536	1,689,280
	royalties and income from							
_	similar sources							
b	Unrelated business taxable income (less section 511							
	taxes) from businesses							0
	acquired after June 30, 1975							
C	Add lines 10a and 10b	386,887	242,659	222,538	415,660		421,536	1,689,280
11	Net income from unrelated							
	business activities not included							0
	in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of							0
	capital assets (Explain in Part							v
40	VI)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	10,350,670	24,257,142	15,135,308	18,475,533	18	,203,099	86,421,752
14	First five years. If the Form 990 is	for the organizati	on's first, second	. thırd. fourth. or f	ifth tax vear as a	section 5	501(c)(3	) organization.
	check this box and <b>stop here</b>			,,,	,		( - /( -	<u>▶</u>
Se	ction C. Computation of Pul	olic Support P	ercentage					_
15	Public support percentage for 201	5 (line 8, column	(f) divided by line	13, column (f))		15		70 392 %
16	Public support percentage from 20	14 Schedule A, F	art III, line 15			16		67 683 %
Se	ction D. Computation of Inv	-	•	ae		1	<u>I</u>	
17	Investment income percentage for				n (f))	17		1 955 %
18	· -			•	(1)			
	Investment income percentage fro				line 1 File	18	/20/	2 047 %
TAG	33 1/3% support tests—2015.If the more than 33 1/3%, check this box							IINe 1 / IS not ►✓

**b** 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

#### Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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DLN: 93493228055326

OMB No 1545-0047

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

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

**Inspection** 

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

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

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

 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MERCY HOUSING CALIFORNIA 94-3081666 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

**f** Grassroots lobbying expenditures

5ch	edule C (Form 990 or 990-EZ) 2015					Page <b>2</b>
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and fil	ed Form 5768	
	Check  fithe filing organization belongs to expenses, and share of excess lobbed.  Check  fithe filing organization checked bo	oying expenditures)		_	up member's nam	e, address, EIN,
		ying Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots	<u> </u>		1918.9	
Ia	lobbying)			-		
b	Total lobbying expenditures to influence a legisl	iative body (direct lobb)	/ing)			
c	Total lobbying expenditures (add lines $1a$ and $1$	b)				_
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	from the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	ole amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
h i j	Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes No					
	(Some organizations that made a columns below. See t	the separate instr	ection do not uctions for lin	have to cor les 2a throu		ne five
	Lobbying Exp	enditures During 4	4-Year Avera	ging Perioa	T	1
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Sch	edule C (Form 990 or 990-EZ) 2015				Рa	ige <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	тои				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)			
<u>activ</u>			No	Α	moun	t
	D	Yes				
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes				10,00
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Νo			
j	Total Add lines 1c through 1i					10,00
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	rse		
	Marie authoritativa III (000) are maried duran reconsiderational for maried and 2			-	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	2		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	-01/-	\ <u>\</u>			_
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
_	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information	1				
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groussee instructions), and Part II-B, line 1. Also, complete this part for any additional information	ıp lıst),	Part II	-A, lı	nes 1	and

Explanation

These expenses relate to grants made to organizations to influence legislation

Return Reference

lobbying expenses

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DLN: 93493228055326

OMB No 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

Open to Public

rnal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ii</u>	rs.gov/form990.	Inspection
Name of the orga			Employer identif	ication number
	THE CITIES		94-3081666	
		r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds or Accour	nts.
		(a) Donor advised funds	(b)Funds and o	ther accounts
Total num	nber at end of year			
year)	e value of contributions to (during			
Aggregate	e value of grants from (during year)			
Aggregate	e value at end of year			
_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	┌ Yes ┌ No
used only for		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a		┌ Yes ┌ No
		ete if the organization answered "Yes"	on Form 990. Par	t IV, line 7.
		ne organization (check all that apply)	-, - <del></del>	•
	ation of land for public use (e g , recre		n historically import	ant land area
☐ Protection	on of natural habitat	Preservation of a	certified historic st	ructure
┌ Preserva	ation of open space			
		held a qualified conservation contribution in	the form of a conse	rvation
easement on	n the last day of the tax year			aba mada dan ar
Total numbe	r of conservation easements			the End of the Year
	re or conservation easements ge restricted by conservation easeme	ante	2a   2b	
_	onservation easements on a certified		2c 2c	
		c) acquired after 8/17/06, and not on a	20	
	cture listed in the National Register	e, acquired after 0,17,00, and not on a	2d	
Number of co	onservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the organizati	on during the
· —	tates where property subject to cons	ervation eacement is located by		
		rding the periodic monitoring, inspection, har	odling of	
violations, a	nd enforcement of the conservation of	easements it holds?	ī F	Yes No
Staff and vol year	lunteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation ea	sements during the
<b>▶</b>				
A mount of ex	 xpenses incurred in monitoring. insp	ecting, handling of violations, and enforcing o	conservation easem	ents during the vea
<b>►</b> \$	, <b>3</b> ,	· · · · · · · · · · · · · · · · ·		,
Does each c	onservation easement reported on li ection 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 170(h)(4)	Yes No
		ts conservation easements in its revenue ar t of the footnote to the organization's financia		
	tion's accounting for conservation ea			
		c <b>tions of Art, Historical Treasures,</b> ed "Yes" on Form 990, Part IV, line 8.	or Other Simila	ir Assets.
If the organi works of art,	zation elected, as permitted under SI historical treasures, or other similar	FAS 116 (ASC 958), not to report in its reversessets held for public exhibition, education	, or research in furth	
If the organiz works of art,	zation elected, as permitted under Si historical treasures, or other similar	note to its financial statements that describ FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education	statement and bala	
	vide the following amounts relating to		<b>b.</b> #	
	cluded on Form 990, Part VIII, line	1	<b>►</b> \$	
	uded in Form 990, Part X		<b>-</b> \$	
		historical treasures, or other similar assets in SFAS 116 (ASC 958) relating to these items		ovide the
a Revenue incl	luded on Form 990, Part VIII, line 1		<b>►</b> \$	

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

Part	1111	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Trea	asures,	or Ot	her Similar A	ssets	
		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, cl						e of its	
а	ГР	ublic exhibition		d	l Lo	an or e	exchange	progra	ms		
b	┌ s	cholarly research		е	┌ ot	her					
С	ΓP	reservation for future generations									
4	Provid Part X	de a description of the organization's III	s collections and exp	laın ho	w they fur	ther t	he organız	atıon's	exempt purpose	ın	
	asset	g the year, did the organization solic s to be sold to raise funds rather tha	an to be maintained a							□ No	
Part	<b>H</b> IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, Par	t IV,	line 9, o	r repo	orted an amour	nt on Form 99	0,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todıan or other ınterr	nediary	for contr	ıbutıo	ns or othe	rasse	ts not <b>ryes</b>	∏ No	
ь	If"	Yes," explain the arrangement in Pa	rt XIII and complete	the fo	llowing ta	ble			Am	ount	
c		Jinning balance			3		I	1c			
d		ditions during the year					Ì	1d			
e	Dıs	tributions during the year						1e			
f	End	ling balance						1f			_
2a		e organization include an amount or	n Form 990, Part X, II	ne 21,	for escro	worc	ustodial a	ccoun	liability? <b>Yes</b>	□ No	_
		J	, ,	,					,		
b	If"Ye	s," explain the arrangement in Part	XIII Check here ıf tl	he expl	anation h	as bee	en provide	d ın Pa	art XIII	Г	-
Par	t V	Endowment Funds. Complet	te if the organizati	on ans	swered "	Yes"	to Form	990, I	Part IV, line 10		
			(a)Current year	<b>(b)</b> Pi	nor year	b (c	<b>)</b> Two years l	back (	<b>d)</b> Three years back	(e)Four years ba	ack
1a	Begin	ning of year balance									
b	Contr	ributions · · · · · · ·									
С	losse										
d		s or scholarships									
е		r expenditures for facilities rograms									
f	A dmı	nistrative expenses									
g	End o	fyear balance									_
2	Provid	le the estimated percentage of the o	current year end bala	nce (lır	ne 1g, col	umn (a	a)) held as	<del></del> -			_
		designated or quasi-endowment	•	•	σ,	•	,,				
b		anent endowment ►									
c	Temp	orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s	should agual 100%								
3 <b>a</b>	A re th	nere endowment funds not in the pos ization by	•	ızatıon	that are h	ield ar	nd admınıs	tered	for the	Yes No	_
		related organizations					•		3a	ı(i)	_
		lated organizations							За	(ii)	_
		s" on 3a(II), are the related organiza								3b	_
4		tibe in Part XIII the intended uses o		ndowm	nent funds						
Part	·VI	Land, Buildings, and Equiporal Complete of the organization a		orm 9	90 Dart	TV I	ıne 11a S	See Fo	orm 990 Part X	( line 10	
		Description of property	ilswered res to r		(a) ost or other	basis	(b) Cost or oth	er basıs	Accumulated	(d)Book valu	ie
12	and			+	(ınvestmeı	11.)	(othe	er) 050,345	<u> </u>	1 050	3/15
				·  -				609,183		1,050 97 2,292	
		old improvements		. '├			2,	009,103	310,45	2,292	-000
		nent		·				131,758	56,90	)7 74	,850
				.  -							

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3,417,881

See Form 990, Part X, line 12.		(b)Book value	
(a) Description of security or category (including name of security)	у	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>		
Part VIII  Complete if the organization answere	d 'Yes' on Form 990,	Part IV, line 11c. <sub>Se</sub>	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
	<b>*</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization	ıon answered 'Yes' on Fo	orm 990, Part IV, line	
(1) PREDEVELOPMENT PROJECT COSTS	cription		<b>(b)</b> Book value 3,889,687
(2) DUE FROM AFFILIATES			22,682,621
(3) RESTRICTED PROPERTY SERVICES (4) OTHER ASSETS			551,735 47,892
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		27,171,935
Part X Other Liabilities. Complete if the org			
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value		
Federal income taxes		0	
DUE TO AFFILIATES	6,294,80		
ACCRUED INTEREST	37,37	<u>'3                                    </u>	
TENANT SECURITY DEPOSIT	15,00	0	
		_	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 6,347,17	7	

	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	1	-
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
: I	Other (Describe in Part XIII )		
' }	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ı	Other (Describe in Part XIII ) 4b		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
			Dotus
art	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	Retur
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	per 1	Retur
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	•	Retur
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	•	Retur
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	•	Retur
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	•	Retur
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	Retur
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	Retur
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	Retur
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	Retur
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	Retur
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	2e 3	Retur
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	Retur

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

Return Reference	Explanation
INCOME TAX PROVISION	Mercy Housing, Inc (MHI) and its consolidated nonprofit corporations are exempt from 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 years ended December 31, 2015 and 2014. Due to their tax exempt status, MHC and the consolidated nonprofit corporations are not subject to income taxes MHC and the consolidated nonprofit corporations are required to file tax returns with the Internal Revenue Service (IRS) and other taxing authorities. Accordingly, these financial statements do not reflect a provision for income taxes and there are no other tax positions which must be considered for disclosure. During 2009, the Company adopted the accounting guidance pertaining to accounting for uncertainty in income taxes. For the years ended December 31, 2015 and 2014, the Company did not identify any uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The limited partnerships in which the Company has a partnership interest have elected to be treated as a pass-through entity for income tax purposes and, as such, are not subject to income taxes. Rather, all items of taxable income, deductions and tax credits are passed through to and are reported by its owners on their respective income tax returns. The partnerships federal tax statuses are based on their legal status as partnership. Accordingly, the partnerships are required to take any tax positions in order to qualify as a pass-through entity. The partnerships are required to file and do file tax returns with the IRS and other taxing authorities. Accordingly, these financial statements do not reflect a provision for income taxes and the partnerships have no other tax positions which must be considered for disclosure. Income tax returns filed by the entities are subject to examination by the IRS for a period of three years. While no income tax returns are currently being examined by the IRS, tax years since 2012 remain open.

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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**General Information on Grants and Assistance** 

Schedule I (Form 990)

Internal Revenue Service

Name of the organization

MERCY HOUSING CALIFORNIA

Department of the

Treasury

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2015

DLN: 93493228055326

Open to Public Inspection

**Employer identification number** 

94-3081666

<u> </u>	•	<u>~</u>	use of grant funds in the			
			<b>omestic Governments.</b> ( dditional space is neede	zation answered "Yes" o	n Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Arden Aire 1999 Broadway Suite 1000 Denver, CO 80202	76-0827799	N/A	73,075			LOW-INCOME HOUSING
(2) A cacia Meadows 1999 Broadway Suite 1000 Denver, CO 80202	68-0233835	N/A	7,421			LOW-INCOME HOUSING
(3) Sierra Vista 1999 Broadway Suite 1000 Denver, CO 80202	68-2033835	N/A	67,542			LOW-INCOME HOUSING
(4) SF Housing Now 465 California St Ste 425 San Francisco, CA 94104	94-2963228	501(c)(3)	10,000			LOW-INCOME HOUSING
(5) RCHC 1999 Broadway Suite 1000 Denver, CO 80202	68-0336533	501(c)(3)	38,000			low-income housing
(6) Vera Haile GP 1999 Broadway Suite 1000 Denver, CO 80202	68-2033835	N/A	492,500			low-income housing
(7) Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202	94-3160341	501(c)(3)	2,196,571			low-income housing
(8) New Dana Strand IV 1999 Broadway Suite 1000 Denver, CO 80202	68-0233835	N/A	19,681			low-income housing
CAROLINE SEVERANCE (9) MANOR 1999 BROADWAY SUITE 1000 DENVER,CO 80202		N/A	24,429			low-income housing

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

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22	<u>:</u>
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance						
Part IV Supplemental Infor	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										
<b>=</b>											

Return Reference Explanation

PART I The majority of grants expense represents contributions to affiliated organizations. Donors contribute to the Organization for specific capital projects or

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

Schedule I (Form 990) 2015

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 94-3081666

Name: MERCY HOUSING CALIFORNIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arden Aire 1999 Broadway Suite 1000 Denver, CO 80202	76-0827799	N/A	73,075				LOW-INCOME HOUSING
A cacia Meadows 1999 Broadway Suite 1000 Denver, CO 80202	68-0233835	N/A	7,421				LOW-INCOME HOUSING
Sierra Vista 1999 Broadway Suite 1000 Denver, CO 80202	68-2033835	N/A	67,542				LOW-INCOME HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SF Housing Now 465 California St Ste 425 San Francisco, CA 94104	94-2963228	501(c)(3)	10,000				LOW-INCOME HOUSING			
RCHC 1999 Broadway Suite 1000 Denver,CO 80202	68-0336533	501(c)(3)	38,000				low-income housing			
Vera Haile GP 1999 Broadway Suite 1000 Denver, CO 80202	68-2033835	N/A	492,500				low-income housing			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202	94-3160341	501(c)(3)	2,196,571				low-income housing
New Dana Strand IV 1999 Broadway Suite 1000 Denver, CO 80202	68-0233835	N/A	19,681				low-income housing
CAROLINE SEVERANCE MANOR 1999 BROADWAY SUITE 1000 DENVER,CO 80202		N/A	24,429				low-income housing

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DLN: 93493228055326

OMB No 1545-0047

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

Department of the Treasury

# **Compensation Information**

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

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

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

2015

Open to Public Inspection

Internal Revenue Service	
Name of the organiz	ation
MERCY HOUSING CALIF	ORNIA

**Employer identification number** 

94-3081666

C	Questions Regarding Compensation			
			Yes	No
а	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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 of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  A pproval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	If "Yes," on line 5a or 5b, describe in Part III			
ı	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
	For persons listed on 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
	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		NI ~
		0		Νo
	If "Yes" on 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 duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column(B) reported as deferred on prior Form 990	
		Base (i) compensation	Base Benus & recentive Other reportable Compensation		(B)(ı)-(D)			
1 JANE GRAFvice president	(i)	0	0	0	0	0	0	0
	(ii)	323,742	0	0	10,219	1,931	335,892	0
2 VALERIE AGOSTINO VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	191,556	0	0	6,873	15,893	214,322	0
3 EDWARD HOLDER VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	191,095	0	0	5,917	30,686	227,698	0
4 VINCENT DODDS TREASURER	DDS (i) 0 0		0	0	0	0	0	
	(ii)	179,192	0	0	7,567	24,982	211,741	0
5 DOUGLAS SHOEMAKER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	196,245	5,140		216,694	0		
6 BARBARA GUALCO VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	148,131	0	0	5,396	2,296	155,823	0
7 MELISSA CLAYTON VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	174,565	0	0	4,606	21,153	200,324	0
8 STEVE SPEARS VICE PRESIDENT	(i)	0	0	0	0	0	0	0
[	(ii)	268,274	0	0	6,552	3,580	278,406	0

Schedule J (Form 990) 2015

### Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2015

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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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2015

Open to Public Inspection

Name of the organization MERCY HOUSING CALIFORNIA	Employer identification number
	94-3081666

Return Reference	Explanation
PART VI SECTION A	#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.

Return Reference	Explanation
PART VI SECTION B	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

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

Return Reference	Explanation
PART XII	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.

PART VII, SECTION A  SISTER AMY BAYLEY, RSM, SERVES AS AN OFFICER/DIRECTOR OF GARDEN PARK APARTMENTS COMMUNITY AND PERFORMS SERVICES FOR MERCY HOUSING, INC MERCY HOUSING, INC AND THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST HAVE ENTERED INTO A CONTRACT WHEREBY AMY BAYLEY HAS BEEN ASSIGNED TO MERCY HOUSING, INC TO PERFORM SERVICES AND PROVIDE LEADERSHIP FOR MERCY HOUSING, INC AND ITS SUBSIDIARIES SISTER BAYLEY IS A MEMBER OF A RELIGIOUS COMMUNITY AND DOES NOT RECEIVE ANY PERSONAL INCOME. SISTER BAYLEY IS NOT AN EMPLOYEE OF MERCY HOUSING, INC OR GARDEN PARK APARTMENTS COMMUNITY MERCY HOUSING, INC MAKES PAYMENTS DIRECTLY TO THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST FOR MONTHLY STIPEND PAYMENTS AND BENEFITS RELATING TO THE SERVICES PERFORMED BY SISTER BAYLEY. THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST ARE RESPONSIBLE FOR PROVIDING THE LIVING EXPENSES OF SISTER BAYLEY FOR 2015 MERCY HOUSING, INC. PAID \$99,925 FOR THE ANNUAL STIPEND FEE AND BENEFITS EQUIVALENT.	Return Reference	Explanation
·	· ·	PERFORMS SERVICES FOR MERCY HOUSING, INC MERCY HOUSING, INC AND THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST HAVE ENTERED INTO A CONTRACT WHEREBY AMY BAYLEY HAS BEEN ASSIGNED TO MERCY HOUSING, INC TO PERFORM SERVICES AND PROVIDE LEADERSHIP FOR MERCY HOUSING, INC AND ITS SUBSIDIARIES SISTER BAYLEY IS A MEMBER OF A RELIGIOUS COMMUNITY AND DOES NOT RECEIVE ANY PERSONAL INCOME. SISTER BAYLEY IS NOT AN EMPLOYEE OF MERCY HOUSING, INC OR GARDEN PARK APARTMENTS COMMUNITY. MERCY HOUSING, INC MAKES PAYMENTS DIRECTLY TO THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST FOR MONTHLY STIPEND PAYMENTS AND BENEFITS RELATING TO THE SERVICES PERFORMED BY SISTER BAYLEY. THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST ARE RESPONSIBLE FOR PROVIDING THE LIVING EXPENSES OF SISTER BAYLEY. FOR 2015 MERCY HOUSING,

Return Reference	Explanation
PART XI LINE 9	IN 2015, MCC 1360, LLC WAS SOLD AND \$2,196,571 WAS DISTRIBUTED TO MERCY COMMERCIAL CALIFORNIA, 100% OWNED BY MERCY HOUSING, INC FROM MPCAL, LLC, \$104,312 WAS TRANSFERRED TO RELATED PARTIES

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DLN: 93493228055326

2015

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

Name of the organization MERCY HOUSING CALIFORNIA

**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

Part I

**Employer identification number** 

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

94-3081666

(a)	(b)	(c)	(a)	(e)		(1)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state	Total income	End-of-year assets		Direct controlling		
		or foreign country)				entity		
(1) MCC 1360 LLC	low-inc hsng	CA	7,686,271	5,296,891	N/A			
1999 Broadway Suite 1000								
Denver, CO 80202 47-3777982								
(2) MPCal LLC	low-inc hsng	CA	68,188	2,748,966	N/A			
1999 Broadway Suite 1000	low life rising		00,100	2,740,300	'''			
Denver, CO 80202								
	+				+			
Part II Identification of Related Tax-Exempt Orga	nizations Complete if	the organization an	swered "Yes" o	n Form 990 Pari	t IV lın	e 34 because it	had on	<u>e</u>
or more related tax-exempt organizations during	the tax vear	and organization an	owered res c			e o i because it	naa on	_
(a)	(b)	(c)	(d)	(e)		(f)	T (	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code secti	on   Public charity sta	atus	Direct controlling	Section	า 512(ไ
		or foreign country)		(if section 501(c)	)(3))	entity	(13) co	
							Yes	tity? No
See Additional Data Table			+				165	NO
See Additional Data Table							$\overline{}$	Т
								_
			+				+	+
For Panerwork Reduction Act Notice, see the Instructions for Form	200	Cat No 501	257	•	-	Schedule R (For	000)	001E

	cation of Related Organizations Taxable as a Partnership Complete if the orga		es" 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				311)			Yes	No		Yes	No	
See Additional Data Table												
Down TV Identification of Polated Oversitations Tayable a	Co		on Tures C	amalata if th	0.0000000	tion and	, a na d	"\\ o o !"	02 F0422 O	00 [	) n = +	TV luna

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.

Prır	(b) mary 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	<b>(g)</b> Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	No	
ble										
										ł

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	lated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)				1e	Yes	
<b>f</b> Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
				1i		No
i Exchange of assets with related organization(s)				1j		No
j Lease of facilities, equipment, or other assets to related organization(s)				<u> </u>		
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
Performance of services or membership or fundraising solicitations for related organization(s)				$\perp$	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
				$\vdash$	Yes	
o Sharing of paid employees with related organization(s)					163	
p Reimbursement paid to related organization(s) for expenses				1p		No
Reimbursement paid by related organization(s) for expenses				1q		No
A INCHIBATS CITICAL PARA BY TOTAL CONTROL OF THE PROPERTY OF T						
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete to	this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount in	volved	
ee Additional Data Table						

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

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

revenue) that was not a related organization. See instructions																	
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets		bo of Sc k (Form		(h) Disproprtionate allocations?		managing partner?		n managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
											1	1	İ				
			<u> </u>	_		-	1	I		<u> </u>							

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

1999 Broadway Suite 1000 Denver, CO 80202 94-2366315 Software ID: Software Version:

**EIN:** 94-3081666

Name: MERCY HOUSING CALIFORNIA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (f) (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state section status (b)(13) entity or foreign country) (if section 501(c) controlled entity? (3)) Yes 501 (c)(3) ow-inc hsng СА 11a NΑ Νo 2101 Telegraph Avenue Inc 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935 ow-inc hsng CA 501 (c)(3) NΑ All Hallows Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2722870 СО 501 (c)(3) NΑ Νo low-ınc hsng Allegre Point Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295472 ΑZ 501 (c)(3) NΑ Νo low-inc hsng Avondale Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0980810 501 (c)(3) low-ınc hsng ΑZ NΑ Νo Camelot Casitas 1999 Broadway Suite 1000 Denver, CO 80202 86-0980809 NΑ CA 501 (c)(3) Νo low-ınc hsng Cantebria Senior Homes 1999 Broadway Suite 1000 Denver, CO 80202 94-3361794 501 (c) (3) NΑ ΑΖ Νo ow-inc hsng Casa de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0808941 ow-inc hsng ΑZ 501 (c)(3) 11a NΑ Νo Casa de Shanti 1999 Broadway Suite 1000 Denver, CO 80202 86-0728526 NΑ low-inc hsng СА 501 (c)(3) Νo Central Coast Housing 1999 Broadway Suite 1000 Denver, CO 80202 77-0117473 low-ınc hsng ОН 501 (c)(3) NΑ Νo Charles Crest Corporation (Charles Crest 1999 Broadway Suite 1000 Denver, CO 80202 34-1399869 ow-ınc hsng ОН 501 (c)(3) NΑ Νo Charles Crest II Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1714407 501 (c)(3) ΟН NΑ Νo low-ınc hsng Charles Meadows Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1552671 ow-inc hsng СО 501 (c)(3) NΑ Νo **Decatur Place** 1999 Broadway Suite 1000 Denver, CO 80202 84-1062097 low-ınc hsng ΚY 501 (c) (3) NΑ Νo Dublin Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 02-0655254 501 (c)(3) ΙD NΑ Νo low-inc hsng Eagle Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 03-0410639 CA501 (c)(3) 11a NΑ ow-inc hsng Νo EHCC Housing Corp (Eden House) 1999 Broadway Suite 1000 Denver, CO 80202 94-3234538 501 (c)(3) NΑ ow-inc hsng ΑZ Νo El Mirage Senior 1999 Broadway Suite 1000 Denver, CO 80202 86-0847975 СА 501 (c)(3) NΑ Νo ow-inc hsng Fairfax Nonprofit Housing Development Co 1999 Broadway Suite 1000 Denver, CO 80202 94-2772546 СА 501 (c)(3) 11a NΑ ow-inc hsng Florin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0336533 CA501 (c)(3) NΑ ow-inc hsng Νo Francis of Assisi Community

Form 990, Schedule R, Part II - Identification of Relat			1	1	1	1 .	
(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	Section (b) (cont	<b>g)</b> on 512 (13) rolled aty?
						Yes	No
Garden Park Apt Community 1999 Broadway Suite 1000 Denver, CO 80202 68-0484147	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Gault Street Senior 1999 Broadway Suite 1000 Denver, CO 80202 75-2983979	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Guadalupe Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0897709	low-inc hsng	ΑZ	501 (c) (3)	9	NA		No
Homes for Greeley 1999 Broadway Suite 1000 Denver, CO 80202 84-1349918	low-ınc hsng	со	501 (c) (3)	9	NA		No
Independence Hill Inc 1999 Broadway Suite 1000 Denver, CO 80202 72-1545927	low-ınc hsng	ID	501 (c) (3)	11a	NA		No
Intercommunity Housing Ferndale 1999 Broadway Suite 1000 Denver, CO 80202 91-1667138	low-ınc hsng	WA	501 (c) (3)	9	NA		No
John W King Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3282891	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Kane County Neighborhood Stabilization C 1999 Broadway Suite 1000 Denver, CO 80202 27-2239991	low-ınc hsng	IL	501 (c) (3)	9	NA		No
Macleav Non-Proft Housing Development 1999 Broadway Suite 1000 Denver, CO 80202 94-2762529	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Maria B Freitas Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3190261	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Marin Homes for Independent Living 1999 Broadway Suite 1000 Denver, CO 80202 94-2787430	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Marin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-1358291	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Marlton Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 91-2164481	low-ınc hsng	CA	501 (c)(3)	11a	NA		No
Marshside Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-1910771	low-ınc hsng	SC	501 (c)(3)	9	NA		No
McAuley Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548500	low-ınc hsng	КҮ	501 (c) (3)	9	NA		No
Mercy Bond Properties AZ I 1999 Broadway Suite 1000 Denver, CO 80202 94-3142767	low-ınc hsng	ΑZ	501 (c)(3)	11a	NA		No
Mercy Bond Properties Colorado I 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-ınc hsng	со	501 (c)(3)	11a	NA		No
Mercy Bond Properties Nebraska I 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-ınc hsng	NE	501 (c)(3)	11a	NA		No
Mercy Community Housing Georgia 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-ınc hsng	GA	501 (c) (3)	11a	NA		No
Mercy Gardens 1999 Broadway Suite 1000 Denver, CO 80202 33-0809069	low-ınc hsng	СА	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Rela			1	1	1	ı	
(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))	<b>(f)</b> Direct controlling entity	Section (b) cont	<b>g)</b> on 512 (13) rolled uty?
						Yes	No
Mercy Holly Park East 1999 Broadway Suite 1000 Denver, CO 80202 84-1347445	low-ınc hsng	СО	501 (c) (3)	11a	NA		No
Mercy Housing CA Holding Co 1999 Broadway Suite 1000 Denver, CO 80202 94-2834861	low-ınc hsng	СА	501 (c)(3)	11a	NA		No
Mercy Housing California 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	СА	501 (c)(3)	9	NA		No
Mercy Housing California Family Properti 1999 Broadway Suite 1000 Denver, CO 80202 33-0998451	low-ınc hsng	CA	501 (c)(3)	11a	NA		No
Mercy Housing California Senior Properti 1999 Broadway Suite 1000 Denver, CO 80202 20-3177114	low-ınc hsng	IL	501 (c)(3)	9	NA		No
Mercy Housing California Special Needs 1999 Broadway Suite 1000 Denver, CO 80202 94-3088260	low-ınc hsng	СА	501 (c)(3)	11a	NA		No
Mercy Housing CalWest 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-ınc hsng	СА	501 (c)(3)	9	NA		No
Mercy Housing Lakefront 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-ınc hsng	IL	501 (c)(3)	7	NA		No
MERCY HOUSING MANAGEMENT GROUP 1999 Broadway Suite 1000 Denver, CO 80202 82-0376108	low-ınc hsng	IL	501 (c)(3)	9	NA		No
Mercy Housing Midwest 1999 Broadway Suite 1000 Denver, CO 80202 47-0772351	low-ınc hsng	NE	501 (c)(3)	9	NA		No
MERCY HOUSING MOUNTAIN PLAINS 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-ınc hsng	СО	501 (c)(3)	9	NA		No
Mercy Housing Northwest 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-ınc hsng	WA	501 (c)(3)	9	NA		No
Mercy Housing Northwest Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-ınc hsng	ID	501 (c)(3)	11a	NA		No
Mercy Housing Ohio Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-2373936	low-ınc hsng	ОН	501 (c)(3)	11a	NA		No
Mercy Housing Pembroke Inc 1999 Broadway Suite 1000 Denver, CO 80202 13-4224803	low-ınc hsng	GA	501 (c)(3)	9	NA		No
Mercy Housing Southeast 1999 Broadway Suite 1000 Denver, CO 80202 56-1993872	low-ınc hsng	NC	501 (c)(3)	9	NA		No
Mercy Housing Southwest 1999 Broadway Suite 1000 Denver, CO 80202 86-0743192	low-ınc hsng	AZ	501 (c)(3)	9	NA		No
Mercy Housing West 1999 Broadway Suite 1000 Denver, CO 80202 68-0254564	low-ınc hsng	СА	501 (c)(3)	9	NA		No
Mercy Housing 2904 N 45th St Omaha 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-ınc hsng	NE	501 (c)(3)	9	NA		No
Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202 47-0646706	low-ınc hsng	СА	501 (c)(3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Relat			1	1	1	1 .	
(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	Section (b)(	<b>g)</b> on 512 (13) rolled :ity?
						Yes	No
Mercy Loan Fund 1999 Broadway Suite 1000 Denver, CO 80202 84-1559406	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Mercy Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1344092	low-ınc hsng	TN	501 (c) (3)	9	NA		No
Mercy Midtown Inc 1999 Broadway Suite 1000 Denver, CO 80202 68-0002157	low-ınc hsng	СА	501 (c)(3)	9	NA		No
Mercy Moscow Inc (Hawthorne) 1999 Broadway Suite 1000 Denver, CO 80202 82-0475388	low-ınc hsng	ID	501 (c) (3)	9	NA		No
Mercy Oaks Village 1999 Broadway Suite 1000 Denver, CO 80202 75-3134134	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Mercy Oakwood Gardens 1999 Broadway Suite 1000 Denver, CO 80202 84-1344220	low-ınc hsng	ΑZ	501 (c) (3)	9	NA		No
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-ınc hsng	NC	501 (c) (3)	9	NA		No
Mercy Portfolio Services 1999 Broadway Suite 1000 Denver, CO 80202 26-4002114	low-ınc hsng	со	501 (c) (3)	9	NA		No
Mercy Properties Arizona 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-ınc hsng	AR	501 (c) (3)	9	NA		No
Mercy Properties California 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-ınc hsng	CA	501 (c)(3)	11a	NA		No
Mercy Properties II Inc 1999 Broadway Suite 1000 Denver, CO 80202 82-0485862	low-ınc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Properties WA II 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-ınc hsng	WA	501 (c) (3)	9	NA		No
Mercy Properties Washington 1999 Broadway Suite 1000 Denver, CO 80202 91-1903782	low-ınc hsng	WA	501 (c) (3)	11a	NA		No
Mercy Properties Inc (MPI) 1999 Broadway Suite 1000 Denver, CO 80202 84-1173689	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Mercy Senior Housing Oxnard 1999 Broadway Suite 1000 Denver, CO 80202 94-3224446	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Mercy Southeast Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1284293	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Mercy Village Joplin 1999 Broadway Suite 1000 Denver, CO 80202 37-1459692	low-ınc hsng	МО	501 (c)(3)	9	NA		No
Mesa Senior Meadows 1999 Broadway Suite 1000 Denver, CO 80202 86-0897708	low-ınc hsng	AZ	501 (c)(3)	9	NA		No
Most Holy Redeemer Senior Housing Corpor 1999 Broadway Suite 1000 Denver, CO 80202 94-3044873	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Neary Lagoon Inc 1999 Broadway Suite 1000 Denver, CO 80202 77-0214799	low-ınc hsng	СА	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Relat			1		I	1	
(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	Section (b) cont	<b>g)</b> on 512 (13) rolled city?
						Yes	No
Notre Dame Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3209503	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Oceana Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3167825	low-inc hsng	СА	501 (c) (3)	9	NA		No
Padre Apartments Community 1999 Broadway Suite 1000 Denver, CO 80202 84-0789830	low-inc hsng	СА	501 (c)(3)	11a	NA		No
Peoria Place 1999 Broadway Suite 1000 Denver, CO 80202 86-0980811	low-inc hsng	ΑZ	501 (c)(3)	9	NA		No
Plazas de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0758961	low-inc hsng	ΑZ	501 (c) (3)	9	NA		No
Presentation Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3264209	low-ınc hsng	CA	501 (c)(3)	9	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)	9	NA		No
Roseland Place Inc NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-2330256	low-ınc hsng	IL	501 (c) (3)	9	NA		No
Roseland Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 26-4723017	low-ınc hsng	IL	501 (c)(3)	9	NA		No
Russell Manor 1999 Broadway Suite 1000 Denver, CO 80202 93-1189914	low-inc hsng	CA	501 (c)(3)	9	NA		No
Sacred Heart Village I Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411531	low-inc hsng	КҮ	501 (c)(3)	9	NA		No
Sacred Heart Village II Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1339396	low-inc hsng	КҮ	501 (c)(3)	9	NA		No
Sacred Heart Village III Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1367719	low-inc hsng	ОН	501 (c)(3)	9	NA		No
San Juan Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0378676	low-inc hsng	CA	501 (c)(3)	11a	NA		No
Savannah Gardens Senior Residences Inc 1999 Broadway Suite 1000 Denver, CO 80202 27-3400284	low-inc hsng	GA	501 (c) (3)	9	NA		No
Siena Springs (Siena Springs I) 1999 Broadway Suite 1000 Denver, CO 80202 31-1052772	low-inc hsng	ОН	501 (c)(3)	9	NA		No
Siena Springs II 1999 Broadway Suite 1000 Denver, CO 80202 31-1591780	low-inc hsng	ОН	501 (c)(3)	9	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
St Catherine Residence Inc 1999 Broadway Suite 1000 Denver, CO 80202 39-0857537	low-ınc hsng	WI	501 (c) (3)	1	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

Form 990, Schedule R, Part II - Identification of Relate	ed Tax-Exempt Or	ganizations					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity		on 512 (13) rolled
					l	Yes	No
St Mary's Villa at Riverview II Inc ( 1999 Broadway Suite 1000 Denver, CO 80202 31-1723287	low-ınc hsng	TN	501 (c)(3)	11a	NA		No
St Mary's Villa Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548512	low-ınc hsng	КҮ	501 (c)(3)	9	NA		No
St Theresa Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411529	low-ınc hsng	ОН	501 (c)(3)	9	NA		No
Sterling Senior Housing 1999 Broadway Suite 1000 Denver, CO 80202 14-1866405	low-inc hsng	WA	501 (c)(3)	9	NA		No
Sunset Lane Apartments LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-3959651	low-ınc hsng	CA	501 (c)(3)	11A	NA		No
Tierra Del Sol Inc 1999 Broadway Suite 1000 Denver, CO 80202 75-3004763	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Transbay Block 6 LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-5357713	low-ınc hsng	CA	501 (c)(3)	9	NA		No
Villa Caridad Senior Housing 1999 Broadway Suite 1000 Denver, CO 80202 68-0387620	low-ınc hsng	CA	501 (c)(3)	9	NA		No
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Vista Alegre 1999 Broadway Suite 1000 Denver, CO 80202 86-0947230	low-ınc hsng	AZ	501 (c) (3)	9	NA		No
Walnut Grove 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Willow Street Apartments 1999 Broadway Suite 1000 Denver, CO 80202 84-1334167	low-ınc hsng	СО	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of end-Share of total Domicile Direct or Name, address, and EIN of allocations? Percentage Primary activity income(related ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No 1028 Howard St Associates low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 94-3160742 104th Street LP ΙL RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 27-2755027 1100 Ocean Avenue LP RELATED low-inc hsng CA Νo Ina 1999 Broadway Suite 1000 Denver, CO 80202 45-4437017 1101 Howard St Associates low-inc hsng СА RELATED Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3160341 111 Jones Street Assoc CA RELATED Νo Νo low-inc hsng na (111 Jones St) 1999 Broadway Suite 1000 Denver, CO 80202 94-3142765 1475 167th Avenue Assoc СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 94-3249328 16th & Church Street Assoc low-inc hsng CAna RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3135262 RELATED 180 Properties ΙL Νo Νo low-inc hsng lna 1999 Broadway Suite 1000 Denver, CO 80202 27-0561021 1760 Bush LP low-inc hsng СА na RELATED Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-3449006  $\mathsf{C}\mathsf{A}$ 1880 Pine LP RELATED Νo low-inc hsng na Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-1291546 2000 Illinois Aurora LLC RELATED ΙL Νo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 46-2558442 2101 Telegraph Avenue low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935 RELATED 2220 10th Avenue Assoc  $\mathsf{C}\mathsf{A}$ low-inc hsng na Νo Νo (Santana Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3140163 2698 California LP СА RELATED Nο Νo llow-inc hsna Ina 1999 Broadway Suite 1000 Denver, CO 80202 47-3462784 2814 Fifth Street СА RELATED Νo low-inc hsng na Νo Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 68-0340317

Form 990, Schedule R, P	art III - Identif		of Related C	)rganizations	Taxable as a	a Partnership	,		1			ı
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	Income	(g) Share of end- of-year assets	lalloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Mana Partn	neral or aging :ner?	<b>(k)</b> Percentage ownership
365 Fulton LP (Parcel G)	low-inc hsng	CA	na	RELATED			163	No	<del>                                     </del>		No	
1999 Broadway Suite 1000 Denver, CO 80202 26-1539223												
	low-inc hsng	IL	na	RELATED				No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 36-3762788				!			!		'			
5042 Winthrop Apartments LP	low-ınc hsng	IL	na	RELATED				No	,		No	1
1999 Broadway Suite 1000 Denver, CO 80202 36-3855358				!								
55 Laguna LP	low-inc hsng	CA	na	RELATED			•	No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 45-3582721				!			!					
901 West 63rd LP (Englewood Apartments)	low-inc hsng	IL	na	RELATED				No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 26-1233617												
	low-ınc hsng	GA	na	RELATED			,	No	,		No	1
1999 Broadway Suite 1000 Denver, CO 80202 20-4465851				!			1					
	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-4465972				!					!			
	low-inc hsng	GA	na	RELATED				No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2252791				!								
Allegre Mercy Redevelopment LLLP	low-ınc hsng	WA	na	RELATED			1	No	'		No	1
1999 Broadway Suite 1000 Denver, CO 80202 45-3540725				!								
	low-ınc hsng	GA	na	RELATED				No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 27-0194197				!								
Appıan Way Mercy LLC	low-ınc hsng	WA	na	RELATED			<u>'</u>	No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 91-1546525												
Aromor Mercy LLC (Aromor Apartments)	low-ınc hsng	СО	na	RELATED			\[ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No			No	
1999 Broadway Suite 1000 Denver, CO 80202 30-0296042												
	low-ınc hsng	WA	na	RELATED			'	No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378							 					
Belray Apartments	low-ınc hsng	IL	na	RELATED			,	No	,		No	1
1999 Broadway Suite 1000 Denver, CO 80202 36-4027474							!					
	low-ınc hsng	CA	na	RELATED			,	No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308081				!					!			

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General Legal (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of total Domicile Direct Share of endor Name, address, and EIN of allocations? Percentage Primary activity income(related ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No Bishops Block (Bishops IΑ RELATED Νo Νo low-inc hsng na Block) 1999 Broadway Suite 1000 Denver, CO 80202 01-0477157 Bluff Mercy LLC low-inc hsng CO na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-0954394 Boise Senior 202 Owner LP ΙD RELATED Νo Νo llow-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 27-0992784 Boundary Village WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED Brentwood Green Valley СА Νo Νo low-inc hsna na Apts 1999 Broadway Suite 1000 Denver, CO 80202 94-3135990 Britton Street Assoc(Britton low-inc hsng RELATED CA Nο Nο Ina Court) 1999 Broadway Suite 1000 Denver, CO 80202 94-3300509 RELATED Cambridge Apartments low-inc hsng WA Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Cascade Apartments low-inc hsng WA RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Cascade Village WA RELATED Νo Νo low-inc hsng lna 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Cedarwood I WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED Cedarwood IV WA Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Centro Partners СА RELATED Νo Νo low-inc hsna Ina 1999 Broadway Suite 1000 Denver, CO 80202 77-0295344 Cheney Gardens low-inc hsng WA na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Coastside Senior Housing LP low-inc hsng СА RELATED Nο Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-2262853 Colonia San Martin СА RELATED Νo low-inc hsng na Νo Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 83-0481233

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General (d) (f) Legal (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of total Domicile Direct Share of endor Name, address, and EIN of Primary activity allocations? Percentage income(related ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No Commons on Main LP ОН RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 20-8033896 Countryside Senior ΙL RELATED Νo Νo low-inc hsng na Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851 Danville Veterans Housing ΙL RELATED Νo Νo low-inc hsng na LLC 1999 Broadway Suite 1000 Denver, CO 80202 35-2441770 Dorothy Day Community LP СА RELATED Νo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 65-1308078 Dove Family Housing RELATED Νo low-inc hsng CAna Νo Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 33-0975782 RELATED Eden House LP CAΝo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 46-2704216 El Monte LP RELATED low-inc hsng СА Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 46-1360554 Evergreen Manor low-inc hsng WA RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Evergreen Vista 1 Owner LP low-inc hsng WA RELATED Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 27-4160484 Family Tree & Lincoln Way WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 46-2841485 RELATED Ferndale Villa low-inc hsng WA Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED Fircrest WA Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Florin Wood Assoc RELATED Νo Νo low-inc hsng CAna 1999 Broadway Suite 1000 Denver, CO 80202 68-0318012 Franciscan Homes III LP low-inc hsng ΟН na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 31-1394513 RELATED Franciscan Homes IV LP low-inc hsna ОН lna Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 31-1463371

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General or Legal (d) (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of end-Share of total Domicile Direct Name, address, and EIN of allocations? Percentage Primary activity income(related, ın (State Controlling ıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated, Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No Galewood SLF Associates LP low-inc hsng ΙL RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 20-1882654 RELATED Grayslake senior housing ΙL Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 26-3800351 Greenwich Park Apartments RELATED low-inc hsng WI Νo Νo lna LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0453460 Harold Washington ΙL RELATED Νo Νo low-inc hsng na Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291 HWA-850 EASTWOOD LP ΙL RELATED low-inc hsng na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-1257130 Impact Family Village GP LLC RELATED Νo low-inc hsng WA Nο lna 1999 Broadway Suite 1000 Denver, CO 80202 36-4715432 Impact Family Village LP WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 80-0769567 RELATED Νo WA Νo Intercommunity Mercy low-inc hsng na Washington II 1999 Broadway Suite 1000 Denver, CO 80202 91-1572690 JFK Tower LP СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 47-3477829 Johnston Center Outlots LLC WI RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550 RELATED Johnston Center Re-Use LP ΙL Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 30-0529359 Junipero Serra LP СА RELATED Νo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 65-1308082 RELATED Kankakee Station Street low-inc hsng ΙL na Νo Νo Senior Housing L 1999 Broadway Suite 1000 Denver, CO 80202 46-1841937 RELATED Kennedy Estates Hsg Assoc low-inc hsng  $\mathsf{C}\mathsf{A}$ na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 68-0355465 RELATED La Playa Residential low-inc hsna СА lna Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0278613

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General Legal (g) Predominant Disproprtionate Code V-UBI amount (k) (a) (b) Share of total Direct Share of endor Domicile Name, address, and EIN of allocations? Percentage Primary activity income(related ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No RELATED Lake Stevens low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Lake Village East RELATED low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 WA RELATED Νo Mabton Gardens low-inc hsng na Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Magnolia Limited Partnership low-inc hsng ΙL RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 36-3822288 Malden Limited Partnership RELATED Νo low-inc hsng  $\mathsf{IL}$ Νo na ΙI 1999 Broadway Suite 1000 Denver, CO 80202 20-8746121 Marlton Affordable Hsg СА RELATED Νo Νo low-inc hsng na Assoc 1999 Broadway Suite 1000 Denver, CO 80202 04-3594636 СО Mason Apartments (Mason RELATED Νo Νo low-inc hsng na School Apts) 1999 Broadway Suite 1000 Denver, CO 80202 42-1301449 Mercy Alston Lake LLC SC RELATED Νo Νo low-inc hsna na 1999 Broadway Suite 1000 Denver, CO 80202 20-2948887 ΝE RELATED Νo Mercy Crestview Village low-inc hsng Νo na Housing LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578510 Mercy Eden House LLC RELATED low-inc hsng СА na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 46-4227209 MERCY FAMILY PLAZA LP СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 94-3094867 Mercy Housing Arizona I ΑZ RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 86-0791473 Mercy Housing Arizona II RELATED ΑZ Νo Νo low-inc hsna na (Page Commons) 1999 Broadway Suite 1000 Denver, CO 80202 33-1075152 Mercy Housing Ca XXXIII СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 43-2100410 Mercy Housing Ca XXXVII RELATED Νo CA Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 68-0631916

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal (d) (f) General (g) Disproprtionate Code V-UBI amount Predominant (k) (a) Direct Share of total Share of end-Domicile or Name, address, and EIN of allocations? Percentage Primary activity income(related ın Controlling ıncome of-year assets Managing (State ownership related organization unrelated, Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No СА Mercy Housing California 46 low-inc hsng RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 27-2321382 Mercy Housing California 47 low-inc hsng RELATED CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 27-2930358 Mercy Housing California 48 low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 27-3117667 Mercy Housing California 49 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 27-3277379 Mercy Housing California 50 low-inc hsng RELATED CAna Νo Νo LP(St Anth 1999 Broadway Suite 1000 Denver, CO 80202 27-3381997 RELATED Mercy Housing California 51 low-inc hsng CAΝo Νo na LP (200 6th 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228 RELATED Mercy Housing California 52 low-inc hsng CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-2751062 RELATED Mercy Housing California 53 low-inc hsng CAΝo Νo na LP (Madonna 1999 Broadway Suite 1000 Denver, CO 80202 45-2050339 Mercy Housing California 54 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228 RELATED Mercy Housing California 55 low-inc hsng CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-3710672 RELATED Mercy Housing California 56 low-inc hsng СА Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-4659051 RELATED Mercy Housing California 57 low-inc hsng GΑ Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-4711412 Mercy Housing California 58 low-inc hsng RELATED CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-4486957 Mercy Housing California 59 | low-inc hsng RELATED CAΝo Νo na LP 1999 Broadway Suite 1000 Denver, CO 80202 46-2537487 Mercy Housing California 60 low-inc hsng RELATED CAΝo Νo na LP 1999 Broadway Suite 1000 Denver, CO 80202 46-1239561

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Legal General (g) Disproprtionate Code V-UBI amount (k) Predominant (b) (a) Domicile Direct Share of total Share of end-٥r Name, address, and EIN of allocations? Percentage Primary activity income(related ın (State Controllingıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated. Entity Partner? excluded from K-1 Foreign (Form 1065) tax under Country sections 512-514) Yes Yes No No Mercy Housing California 61 low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 46-3636570 Mercy Housing California 62 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 46-3424351 Mercy Housing California 63 low-inc hsng СА na RELATED Νo 1999 Broadway Suite 1000 Denver, CO 80202 46-3921420 Mercy Housing California 64 low-inc hsng CAna RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 46-5015672 Mercy Housing California 65 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 47-1120541 Mercy Housing California 66 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 47-3441276 RELATED Mercy Housing California 67 low-inc hsng CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 47-3628711 RELATED Mercy Housing California 68 low-inc hsng CAna Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-4992813 Mercy Housing California 71 low-inc hsng CAna RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-5468338 RELATED Mercy Housing California 72 low-inc hsng Νo Νo CA na 1999 Broadway Suite 1000 Denver, CO 80202 81-1758210 Mercy Housing California I low-inc hsng CAna RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 84-1210914 RELATED Mercy Housing California II low-inc hsng CA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3187825 Mercy Housing California III low-inc hsng RELATED CAna Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3187826 Mercy Housing California IX low-inc hsng СА na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3230471 Mercy Housing California V СА RELATED Νo Νo llow-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 94-3229051

Form 990, Schedule R, F	Part III - Identi		of Related C	Organizations	Taxable as a	Partnership	1		1	۱ ،	. 1	
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	( <b>h)</b> Disprop alloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gene Mana Parti	ral or iging	( <b>k)</b> Percentage ownership
Mercy Housing California VI	low-ınc hsng	CA	na	RELATED			Yes	<b>No</b> No		Yes	<b>No</b> No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3224528	-											
Mercy Housing California VII	low-ınc hsng	СА	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3229540												
Mercy Housing California VIII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3229541												
Mercy Housing California X (The Rose)	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3232501												
Mercy Housing California XI	low-ınc hsng	СА	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3244521												
Mercy Housing California XII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3366333												
Mercy Housing California XIII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3377935												
Mercy Housing California XIV	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3377941												
Mercy Housing California XIX	low-ınc hsng	СА	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 01-0716135												
	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-1398920												
Mercy Housing California XLI	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2350027												
Mercy Housing California XLII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2575525												
Mercy Housing California XLIII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2553554												
	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-3583090												
	low-ınc hsng	СА	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308076												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (i) (e) General Legal Predominant Disproprtionate Code V-UBI amount (k) (b) Share of total Direct or Domicile Share of end-Name, address, and EIN of Primary activity income(related allocations? ın Percentage Managing Controlling (State ıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No Mercy Housing California low-inc hsng СА RELATED Νo na XLVII 1999 Broadway Suite 1000 Denver, CO 80202 27-2930358 Mercy Housing California XV low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 94-3379316 RELATED Mercy Housing California СА na Νo Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 94-3381170 Mercy Housing California СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 94-3400496 RELATED Mercy Housing California low-inc hsng  $\mathsf{C}\mathsf{A}$ na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 03-0376881 Mercy Housing California XX low-inc hsng СА RELATED Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 36-4497277 Mercy Housing California CA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 48-1259652 Mercy Housing California RELATED Νo low-inc hsng CA na Νo XXII 1999 Broadway Suite 1000 Denver, CO 80202 35-2172040 Mercy Housing California СА RELATED low-inc hsng na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 82-0560494 Mercy Housing California RELATED low-inc hsng CA na Νo Νo XXIV 1999 Broadway Suite 1000 Denver, CO 80202 74-3052786 RELATED Mercy Housing California low-inc hsng CA na Νo Νo XXXX 1999 Broadway Suite 1000 Denver, CO 80202 73-1729092 Mercy Housing California low-inc hsng СА na RELATED Νo Νo XXV1999 Broadway Suite 1000 Denver, CO 80202 81-0564415 Mercy Housing California low-inc hsng СА na RELATED Νo Νo XXVI 1999 Broadway Suite 1000 Denver, CO 80202 58-2679059 Mercy Housing California low-inc hsng СА na RELATED Νo Νo XXVII 1999 Broadway Suite 1000 Denver, CO 80202 65-1207291 Mercy Housing California СА RELATED Νo Νo low-inc hsng na XXVIII 1999 Broadway Suite 1000 Denver, CO 80202 73-1721242

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Legal (d) General or Disproprtionate Code V-UBI amount (k) Predominant (a) (b) Direct Share of total Domicile Share of end-Name, address, and EIN of Percentage Primary activity allocations? income(related, ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No RELATED Mercy Housing California СА Νo Νo low-inc hsng lna 1999 Broadway Suite 1000 Denver, CO 80202 61-1488186 Mercy Housing California СА RELATED Νo Νo low-inc hsng na XXXI 1999 Broadway Suite 1000 Denver, CO 80202 87-0756700 Mercy Housing California low-inc hsng  $\mathsf{C}\mathsf{A}$ na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 87-0756940 Mercy Housing California low-ınc hsng  $\mathsf{C}\mathsf{A}$ lna RELATED Νo Νo XXXIV LP 1999 Broadway Suite 1000 Denver, CO 80202 51-0594948 Mercy Housing California RELATED Νo low-inc hsna CA Νo Ina XXXIX 1999 Broadway Suite 1000 Denver, CO 80202 01-0885277 Mercy Housing California СА RELATED Νo Νo low-inc hsng na XXXV1999 Broadway Suite 1000 Denver, CO 80202 76-0827799 Mercy Housing California СА RELATED Νo Νo low-inc hsng na IVXXX 1999 Broadway Suite 1000 Denver, CO 80202 56-2568833 RELATED Mercy Housing California low-inc hsng  $\mathsf{C}\mathsf{A}$ Νo Νo XXXVIII 1999 Broadway Suite 1000 Denver, CO 80202 33-1153406 MERCY HOUSING СО lna RELATED Νo Νo low-inc hsng COLORADO I LTD 1999 Broadway Suite 1000 Denver. CO 80202 84-1176712 СО RELATED Mercy Housing Colorado III low-inc hsng Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 84-1292696 Mercy Housing Colorado IV RELATED Νo Νo low-inc hsng СО na 1999 Broadway Suite 1000 Denver, CO 80202 84-1284749 Mercy Housing Colorado V СО na RELATED Νo Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 84-1318329 Mercy Housing Colorado VI CO RELATED Νo low-inc hsng na Νo 1999 Broadway Suite 1000 Denver, CO 80202 84-1361296 Mercy Housing Colorado VII low-inc hsng CO RELATED Nο Νo Ina 1999 Broadway Suite 1000 Denver, CO 80202 84-1473883 RELATED Mercy Housing Colorado VIII low-inc hsng СО Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 93-1190349

Form 990, Schedule R, I	Part III - Identi	1	of Related (	Organizations	Taxable as a	Partnership	1		1	l <i>(</i> :	<b>,</b> 1	
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Dispropalloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r nging	( <b>k)</b> Percentage ownership
Mercy Housing Colorado XI LLC	low-ınc hsng	со	na	RELATED				No		100	No	
1999 Broadway Suite 1000 Denver, CO 80202 20-5331841												
Mercy Housing Colorado-I LTD (Grace)	low-ınc hsng	со	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1176712												
Mercy Housing Colorado-II Ltd	low-inc hsng	со	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1176713												
Mercy Housing Colorado-IX	low-ınc hsng	со	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 87-0706258												
Mercy Housing Georgia 12 LP (Savannah G	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-2987561												
Mercy Housing Georgia 13 LP	low-inc hsng	GA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 45-5108221												
Mercy Housing Georgia 14 LP	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 46-2787254												
Mercy Housing Georgia 15 LP	low-inc hsng	GA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 46-5547801												
Mercy Housing Georgia I	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2461689												
Mercy Housing Georgia II	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2621798												
Mercy Housing Georgia III	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 43-1954812												
Mercy Housing Georgia IV	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 56-2328730												
Mercy Housing Georgia IX LP	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-8829418												
Mercy Housing Georgia V LP	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 90-0284434												
Mercy Housing Georgia VI LP	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-4466474												

Form 990, Schedule R,	Part III - Identi	1	of Related (	Organizations	Taxable as a	a Partnership	I		1	. ا	, I	
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Disproj alloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Parti	eral r iging	(k) Percentage ownership
Mercy Housing Georgia VIII LP	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2461689												
Mercy Housing Georgia X (Savannah Garden	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-0162550												
Mercy Housing Georgia XI LP (Etowah Ter	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2523190												
Mercy Housing Idaho I	low-ınc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1212028												
Mercy Housing Idaho II	low-ınc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1212029												
Mercy Housing Idaho III	low-ınc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1251391												
Mercy Housing Idaho IV	low-ınc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 82-0487654												
Mercy Housing Idaho NSP LLC (NSPID)	low-ınc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-1039061												
Mercy Housing Idaho V (Sisters Villa)	low-inc hsng	ID	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 04-3624359												
Mercy Housing Iowa II LP	low-inc hsng	IA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1284752												
mercy housing midwest nebraska llc	low-ınc hsng	NE	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1583332												
Mercy Housing Missouri II	low-ınc hsng	МО	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1201811												
Mercy Housing S Carolina I	low-ınc hsng	sc	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 59-3767323												
Mercy Housing Senior Properties LLC	low-inc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3081666												
Mercy Housing South Carolina I	low-inc hsng	sc	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 59-3767323												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (i) (e) General Legal Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Direct or Domicile Share of total Share of end-Name, address, and EIN of Primary activity income(related allocations? ın Percentage Managing (State Controlling ıncome of-year assets unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No Mercy Housing South Dakota low-inc hsng SD RELATED Νo na 1999 Broadway Suite 1000 Denver. CO 80202 20-2830331 Mercy Housing South Dakota low-inc hsng SD RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 20-2830356 Mercy Housing Utah I low-ınc hsng UT na RELATED Νo 1999 Broadway Suite 1000 Denver, CO 80202 02-0564555 Mercy Housing Washington WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 91-1676111 RELATED Mercy Housing Washington low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 65-1186086 Mercy Housing Washington ΟR RELATED Νo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 84-1457612 Mercy Housing Washington RELATED Νo WA Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 84-1459924 RELATED Mercy Housing Washington WA Νo Νo low-inc hsng lna VII 1999 Broadway Suite 1000 Denver, CO 80202 91-2038920 Mercy Housing Washington WA RELATED Νo Νo low-inc hsng na VIII 1999 Broadway Suite 1000 Denver, CO 80202 91-2124779 Mercy Housing Washington X low-inc hsng WA RELATED Νo Νo na LLC 1999 Broadway Suite 1000 Denver, CO 80202 55-0887839 Mercy Loan Fund Sub-CDE СО low-inc hsng na IRELATED Νo Νo LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-1326149 RELATED Mercy Properties low-ınc hsng WA na Νo Νo Washington I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 RELATED Mercy Properties low-inc hsng WA na Νo Νo Washington II 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515 Mercy Properties low-inc hsng WA na RELATED Νo Νo Washington III LLC 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 MHC Health 1 LP low-inc hsng СА na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-3554305

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General (d) (f) Legal (g) (k) (b) Predominant Disproprtionate Code V-UBI amount Direct Share of total Share of end-Domicile Name, address, and EIN of Primary activity ncome(related, allocations? Percentage Controlling Managing (State ıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country sections 512-514) Yes Yes No No MHNW 9 Othello East LP WA RELATED Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 47-1620007 MHNW 10 Othello West LP RELATED low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-1614235 RELATED MHNW 11 Woodlakes LP WA Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 47-2334969 MHNW 12 Eleanor WA RELATED low-inc hsna Νo Νo na Apartments LLLP 1999 Broadway Suite 1000 Denver, CO 80202 47-3599013 WA RELATED Νo MHNW 13 Building 9 South llow-inc hsng Nο na 1999 Broadway Suite 1000 Denver, CO 80202 47-4660134 MHNW 14 Building 9 North RELATED WA Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 47-4683004 MHSE Adamsville Green RELATED low-inc hsng GΑ na Νo Νo Senior Partners LL 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190 MHSE Bailey Station Senior GΑ RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 46-1868814 MHSE Mercy Park LP RELATED low-inc hsng GΑ na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 61-1757712 MHSE Pinelake LP GΑ RELATED Νo Νo low-inc hsna na 1999 Broadway Suite 1000 Denver, CO 80202 80-0616765 MHSE Pinelake I LP GΑ RELATED Νo Νo low-inc hsna na 1999 Broadway Suite 1000 Denver, CO 80202 90-0856866 MHSE Reynoldstown Senior RELATED GΑ Nο Νo llow-ınc hsna na 1999 Broadway Suite 1000 Denver, CO 80202 46-3054017 MSHE Wilson Senior GΑ RELATED Νo Νo low-inc hsng na Residence LP 1999 Broadway Suite 1000 Denver, CO 80202 46-4907701 Monroe Villa low-inc hsng WA na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Monsignor Lyne LP low-inc hsng  $\mathsf{C}\mathsf{A}$ na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General or Legal (d) (f) (g) (k) (b) Predominant Disproprtionate Code V-UBI amount (a) Share of total Domicile Direct Share of end-Name, address, and EIN of Primary activity ncome(related, allocations? Percentage ın Managing (State Controlling income of-year assets Box 20 of Schedule ownership related organization unrelated, Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No ΙL RELATED Νo Νo Mortgage Resolution Fund lmanagement na 120 LaSalle Suite 1850 Chicago, IL 60603 45-3801619 RELATED Moses Lake Estates low-inc hsng WA Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 MPI Highland Place GΑ RELATED Νo Νo low-inc hsng na Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689 ΙL RELATED Near North Partnership lna Νo Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 32-0143113 low-inc hsng RELATED Νo  $\mathsf{C}\mathsf{A}$ Nο Neary Lagoon Partners na 1999 Broadway Suite 1000 Denver, CO 80202 77-0256317 New Dana Strand IV-A LP  $\mathsf{C}\mathsf{A}$ RELATED Νo Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 47-3082758 RELATED Νo New Dana Strand Partners I low-inc hsng  $\mathsf{C}\mathsf{A}$ na Νo 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022 СА RELATED Νo Νo New Dana Strand na low-inc hsng Townhomes 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022 New Sterling Park LLC low-ınc hsng ΙL na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-2523530 RELATED New Sterling Park MM LLC ΙL na Νo Νo low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 27-2523309 New Tacoma Phase II WA RELATED Νo Νo na low-inc hsng Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-2478067 RELATED New Tacoma Senior Housing low-inc hsng WA na Νo Νo Phase I 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525 Northglen LP low-inc hsng ΝE na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 32-0139512 Oak Harbor RELATED WA Nο Nο lna low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED WA Νo O lympic low-inc hsng na Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General or Legal (d) (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of total Domicile Direct Share of end-Name, address, and EIN of allocations? Percentage Primary activity ncome(related ın (State Controlling ıncome of-year assets Managing ownership related organization Box 20 of Schedule unrelated. Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No Park Terrace Apts (Park СА RELATED Νo Νo low-inc hsng na Terrace Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3332881 Parkside Terrace LP low-inc hsng ΙL na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 36-3914505 Pilchuck RELATED low-inc hsng WA Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Pine Road Village WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 RELATED Pinewood Court Apartments CAΝo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 68-0435836 Rainer Vista Block 43 Owner WA RELATED Νo Νo low-inc hsng na LP (Columbia 1999 Broadway Suite 1000 Denver, CO 80202 27-3221112 Red Door Limited Partnership low-inc hsng ΙL RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 36-3915050 RELATED Reynoldstown Senior Apts GΑ Νo Νo low-inc hsng na (Renoldstown) 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550 Rock Creek Terrace WA RELATED Νo Νo lna low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Roseland Limited Partnerhsip ΙL RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 36-4304416 Roseland Place LP ΙL RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 80-0195044 San Felipe Homes (San Felipe low-inc hsng СА RELATED Νo Νo lna Homes) 1999 Broadway Suite 1000 Denver, CO 80202 95-4384732 Sandstone WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 SC Residence LLC low-inc hsng WI na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-0675562 RELATED Silvercrest low-inc hsna WA Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) (d) (f) Legal (g) Disproprtionate Code V-UBI amount (k) (b) PredominantShare of total Direct Share of end-Domicile Name, address, and EIN of Primary activity ncome(related, allocations? Percentage Controlling Managing (State ıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes Yes No No Skagıt Vıllage WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED Νo Somerset Senior Hsg low-inc hsng  $\mathsf{T}\mathsf{X}$ na Νo 1999 Broadway Suite 1000 Denver, CO 80202 74-2765568 RELATED South Loop Apartments ΙL Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 36-4027476 St Andrew Community LP СА RELATED Νo Νo low-inc hsng lna 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080 Sunnydale Development Co RELATED Νo low-inc hsng CAΝo na 1999 Broadway Suite 1000 Denver, CO 80202 26-3566543 СА na RELATED Νo Tahoe Valley Townhomes low-inc hsng Νo Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3298324 The Keating Building Little RELATED low-inc hsng ΙL na Νo Νo Village LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-4584321 Third and LeCante LP low-inc hsng  $\mathsf{C}\mathsf{A}$ RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-4176495 Vılla Columba Mercy low-ınc hsng  $\mathsf{C}\mathsf{A}$ RELATED Νo Νo Riverside LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076 RELATED Villa Columbia Mercy СА na Νo Νo low-inc hsng Riverside LP (Merc 1999 Broadway Suite 1000 Denver, CO 80202 36-4304416 Villa Kathleen Redevelopment low-inc hsng WA RELATED Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Village Park Housing RELATED Νo  $\mathsf{C}\mathsf{A}$ Nο low-inc hsna lna Associates 1999 Broadway Suite 1000 Denver, CO 80202 68-0254566 Visitation Valley Fam Hsg СА na RELATED Νo Νo low-ınc hsng Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3275566 RELATED Wapato Gardens low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Washington Square low-inc hsng WA RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378

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

Form 990, Schedule K,	rait III - Ideiiti	ilcation	UI KEIALEU C	, garnzations	I axable as a	Parmersinp	I		1			
<b>(a)</b> Name, address, and EIN of related organization	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		ortionate tions?	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gen o Mana Parti	eral r iging	( <b>k)</b> Percentage ownership
				312-314)			Yes	No		Yes	No	
Wentworth Commons 1999 Broadway Suite 1000 Denver, CO 80202 30-0082553	low-inc hsng	IL	na	RELATED				No			No	
West 28th Street  1999 Broadway Suite 1000 Denver, CO 80202 95-4550003	low-inc hsng	CA	na	RELATED				No			No	
Western Manor LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578652	low-inc hsng	NE	na	RELATED				No			No	
Woodlake Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Woodlake Manor II 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (h) (i) (b) (c) (e) (f) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section related organization domicile (C corp, S ownership 512(b)(13) entity ıncome year (state or foreign corp, assets controlled country) or trust) entity? Yes No (1) 104th street mm llc ΙL na Νo management c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-2754418 (1) 111th & Wentworth Apartments Corp ΙL management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 38-3648994 (2) Affordable Housing Corp CA management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 84-1173690 (3) Affordable Housing Initiative (AHI) management CA na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3096988 (4) Antioch II LLC GΑ na Νo management c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-3209358 ΙL c corp (5) Aurora Snior Apartments GP LLC management na Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-2564297 (6) Belray Apartments Corporation management ΙL na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474 (7) Belvidere Place Corp I NFP ΚY na Νo low-inc hsng c corp 1999 Broadway Suite 1000 Denver, CO 80202 26-3800299 (8) Countryside Seniors LLC ΙL c corp Νo management na 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851 (9) Englewood Apartments NFP ΙL management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-1233523 (10) Greenwich Park Apartments MM LLC management WI na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 61-1750718 (11)ΙL c corp Νo management na Harold Washington Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291 (12) HWA 850 EastWOOD GP ΙL management Νo na c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-1257072 (13) Impact Family Village GP LLC management WA na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 36-4715432 (14) Malden Arms Corp II NFP CA Νo management na c corp 1999 Broadway Suite 1000 Denver, CO 80202 36-3815990

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (g) (h) (i) Name, address, and EIN of Direct controlling Type of entity Share of end-of-Primary activity Legal Share of total Percentage Section related organization domicile entity (C corp, S ıncome year ownership 512(b)(13) (state or foreign corp, assets controlled country) or trust) entity? Yes (16) McDermott Place management IΑ na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-0779682 (1) MCHG Partners Inc (MCHG) management GΑ na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-8824753 (2) Mercy Affordable Housing Inc (MAHI) ID management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 82-0489878 (3) Mercy Commercial California СА management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3382154 (4) Mercy Galewood SLF Inc ΙL management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-5825081 (5) Mercy Housing Georgia XI GP LLC GΑ Νo management na c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-3316657 (6) Mercy Lithonia Park View Inc (MLithPV) GΑ management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-8829364 (7) Mercy Sterling NFP ΙL management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-4446431 (8) MHMP CO GP Inc low-inc hsng CO na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 61-1689475 (9) MHSE Adamsville Green Senior Partners | low-inc hsng GΑ na Νo c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-1321251 (10) MHSE Arbors LLC GΑ low-inc hsng na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-3284075 (11)low-inc hsng GΑ Νo na c corp MHSE Savannah Gardens Phase III LLC 1999 Broadway Suite 1000 Denver, CO 80202 58-2434289 (12) MHSE Savannah Gardens Phase IV GP | management GΑ na Νo c corp 1999 Broadway Suite 1000 Denver, CO 80202 45-4967129 (13)GΑ low-inc hsng na c corp Νo MHSE Savannah Gardens Phase V GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-2777338 (14) MHL Keating MM LLC management ΙL na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-4584262

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Secti 512(b) contro entit	on (13) olled y?
(24) M27 H   H   L21							-	Yes	No
(31) MPI Highland Place LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-2380898	low-inc hsng	GA	na	c corp					No
(1) Near North Apartments Corp NF 1999 Broadway Suite 1000 Denver, CO 80202 36-4570431	management	IL	na	c corp					No
(2) New Sterling Park MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-2523309	management	IL	na	c corp					No
(3) New Tacoma Condominium Association 1999 Broadway Suite 1000 Denver, CO 80202 47-3225087	low-ınc hsng	WA	na	c corp					No
(4) Roseland Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4304417	management	IL	na	c corp					No
(5) Savannah Rose of Sharon LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-3591948	low-ınc hsng	GA	na	c corp					No
(6) South Loop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027475	management	IL	na	c corp					No
(7) Stapleton II Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0954394	low-ınc hsng	СО	na	c corp					No
(8) Winthrop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3855355	management	IL	na	c corp					No

Form 990, Schedule R, Part V - Transactions With Related Organizations							
	(a) Name of related organization	( <b>b)</b> Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved			
(1)	School House Vista	А	120,048	Cash			
(1)	MCC Interest	А	71,400	CASH			
(2)	CHW loan pmnt-Sierra Vista	В	67,542	Cash			
(3)	Arden Aire Operating Deficit	В	73,075	Cash			
(4)	Vera Haile GL Contribution	В	492,500	Cash			
(5)	Sale of Mission Street properties	В	2,196,571	Cash			
(6)	MERCY TERRACE	С	864,306	CASH			
(7)	MARTINELLI HOUSE	С	182,855	CASH			
(8)	345 Arguello	D	53,605	Cash			
(9)	Garden Park	D	114,690	Cash			
(10)	Plaza Maria	D	472,986	Cash			
(11)	Mercy Properties California	D	724,398	Cash			
(12)	New Dana Strand Phase IV MHI LOC	E	75,147	Cash			
(13)	Francis of Assisi MHI LOC	E	245,176	Cash			
(14)	345 Arguello MHI LOC	Е	53,978	Cash			
(15)	Placencia MHI LOC	E	83,384	Cash			
(16)	Columbia Park MHI LOC	E	265,451	Cash			
(17)	Baldwin & Rose MHI LOC	E	122,953	Cash			
(18)	St Mary's Tower MHI LOC	Е	173,865	Cash			
(19)	Rent space from Mercy Commercial California	К	133,987	Cash			
(20)	1100 Ocean Resident Services	L	53,796	Cash			
(21)	111 Jones Street Resident Services	L	88,212	Cash			
(22)	1180 4th Street Resident Services	L	78,768	Cash			
(23)	1880 Pine Resident Services	L	55,258	Cash			
(24)	345 Arguello Resident Services	L	57,540	Cash			

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of related organization Transaction Amount Involved Method of determining amount type(a-s) ınvolved Cash (26) 7th & H Resident Services L 165,384 (1) Arlington Hotel Resident Services L 218,241 Cash Boulevard Court Resident Services L 75,876 Cash (2) L Cash (3) Caroline Severance Resident Services 68,000 Cash (4) Carter Terrace Resident Services L 80,808 (5) Casa San Juan Resident Services L 122,196 Cash (6) Casa Verde Resident Services L 51,216 Cash (7) Columbia Park Resident Services L 74,832 Cash (8) Creekview Resident Services L 60,708 Cash (9) Eden House Resident Services L 69,024 Cash (10) Gleason Park Resident Services L 78,948 Cash L (11) Kent Gardens Resident Services 96,600 Cash (12) Linbrook Resident Services L 81,324 Cash L (13) Madonna Resident Services 81,636 Cash L 65,003 Cash (14)McAuley Meadows Resident Services Cash (15) Mitown Park Resident Services L 111,192 Cash (16) Neary Lagoon Resident Services L 68,076 L (17) Nueva Vista Resident Services 68,544 Cash (18) Polk Street Resident Services L 56,004 Cash L (19) School House Vista Grande Resident Services 61,008 Cash L (20) 116,076 Cash Vera Haile Resident Services L (21) Villa Amador Resident Services 60,600 Cash L 73,836 Cash (22) Vineyard Resident Services (23) Sunnydale Real Estate Dev Svcs L 157,853 Cash (24)1880 Pine Relocation 81,125 Cash

Form 990, Schedule R, Part V - Transactions With Related Organizations								
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved				
(51)	MCC - Property Dev Services for MCC 1360 Sale	L	315,000	Cash				
(1)	15888 Hesperian Developer Fee	L	875,999	Cash				
(2)	1880 Pine Developer Fee	L	820,319	Cash				
(3)	200 6th St Developer Fee	L	465,519	Cash				
(4)	345 Arguello Developer Fee	L	833,429	Cash				
(5)	55 Laguna Developer Fee	L	589,163	Cash				
(6)	1500 Page Developer Fee	L	445,354	Cash				
(7)	Land Park Woods Developer Fee	L	332,853	Cash				
(8)	Mathers Developer Fee	L	356,363	Cash				
(9)	Sunset Valley Developer Fee	L	644,226	Cash				
(10)	Transbay 6 Developer Fee	L	765,589	Cash				
(11)	MERCY HOUSING MANAGEMENT GROUP	0	1,170,777	CASH				
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