

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



Form **990**

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

DLN: 93493306018337 OMB No 1545-0047

Open to Public

Department of the Treasury

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

nterna	l Rever	nue Service	▶ Information about	: Form 990 and its instructions is at <u>ww</u>	W IKS GOV/TO	<u>rm990</u>		Inspection
A F	or the	e 2016 ca	ılendar year, or tax year begini	ning 01-01-2016 , and ending 12-3	1-2016			
		oplicable	C Name of organization MERCY HOUSING CALWEST			D Employ	er identif	ication number
	dress c me cha	change	(FORMERLY ACCESS TO HOUSING IN	C)		94-296	3228	
☐ Ini	tial reti	_	Doing business as					
Fin Detur		ninated	Number and street (or P O box if ma	Il is not delivered to street address) Room/si	uto	E Telephor	ne number	
		l return	1999 BROADWAY SUITE 1000	in is not delivered to street address; Roomy st	aite	(303) 8	30-3300	
⊔ Ap _l	plicatio	on pending	City or town, state or province, count	ry, and ZIP or foreign postal code				
			DENVER, CO 80202			G Gross re	ceipts \$ 6	,141,202
			F Name and address of principal DOUG SHOEMAKER	officer	H(a) Is the	nis a group re	turn for	
			1999 BROADWAY SUITE 1000			ordinates? all subordinat	.05	☐Yes ☑No
r Tav	v-avam	npt status	DENVER, CO 80202			ided?	.03	☐ Yes ☐No
			☑ 501(c)(3) □ 501(c)() ◄ (1	nsert no)		lo," attach a l		•
) W	ebsite	e:► wwv	v mercyhousing org		II(C) Grou	up exemption	number	•
K Forn	n of ore	ganization	✓ Corporation ☐ Trust ☐ Associ	uation ☐ Other ▶	L Year of form	mation 1985	M State	of legal domicile CA
		gamzadon						
Pa	rt I	Sumr						
			cribe the organization's mission or E AND DIRECT LOW-INCOME HOU	most significant activities SING AND PROVIDE SERVICES TO LOW	/-INCOME FA	MILIES, ELDE	RLY, HAI	NDICAPPED,
č	<u> </u>	HOMELESS	, POTENTIALLY HOMELESS, OR O	THERWISE DISADVANTAGED PERSONS				
Jer	=							
Ae I	-							
3				continued its operations or disposed of its body (Part VI, line 1a)			ssets 3	5
Activities & Governance	l			the governing body (Part VI, line 1b)			4	0
Ж			· -	endar year 2016 (Part V, line 2a)			5	0
C C	6	Total num	ber of volunteers (estimate if nece	essary)			6	0
٩	7a -	Total unre	elated business revenue from Part	VIII, column (C), line 12			7a	0
	ь	Net unrela	ated business taxable income from	Form 990-T, line 34		•	7b	0
					Р	rior Year		Current Year
3			ons and grants (Part VIII, line 1h)			703,	_	3,728,035
Ravenue		-	service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), l			2,548,		2,302,842 110,325
æ			enue (Part VIII, column (A), lines	, ,		110,.	0	110,325
	l			t equal Part VIII, column (A), line 12)		3,362,	- 1	6,141,202
	-		d sımılar amounts paıd (Part IX, c				0	47,265
	14	Benefits p	aid to or for members (Part IX, co	lumn (A), line 4)			0	(
æ	15	Salaries, d	other compensation, employee ber	nefits (Part IX, column (A), lines 5–10)		317,0	097	282,865
Expenses	16a	Professio	nal fundraising fees (Part IX, colun	nn (A), line 11e)			0	(
Ä			aising expenses (Part IX, column (D), lir	· -				
		·	enses (Part IX, column (A), lines 1	•		4,920,9	_	6,473,351
	l	•	enses Add lines 13-17 (must equal ess expenses Subtract line 18 fro	m line 12		5,238,0 -1,875,8	_	6,803,481 -662,279
× 20		itevenue i	ess expenses subtract line to no		Beginnın	g of Current Y		End of Year
Net Assets or Fund Balances								
Ass. Bal			ets (Part X, line 16)			12,958,		-32,065,682
₹ <u>₹</u>			lities (Part X, line 26)			15,375,	_	12,822,024
	22		s or fund balances Subtract line 2	I from line 20		-2,416,	/49	-44,887,706
				ned this return, including accompanying	schedules ai	nd statements	s, and to	the best of my
	edge nowle		, it is true, correct, and complete	Declaration of preparer (other than offi	cer) is based	on all inform	ation of v	which preparer has
<i>,</i>		<u>-</u>						
		Signatu	re of officer			017-11-02 ate		
Sign Here		, -						
			DODDS Treasurer print name and title					
			int/Type preparer's name		Date		PTIN	
Paid	t	L K	athy Blackburn	Kathy Blackburn		heck LJ If elf-employed	P0045062	J
_	oare	₹ !	rm's name COHNREZNICK LLP		_	rm's EIN ► 22-		
Use	Onl	ly [⊩]	rm's address ► 525 North Tryon Street		P	hone no (704)	332-9100	
			Charlotte, NC 28202					
Чay t	ne IRS	S discuss	this return with the preparer show	n above? (see instructions)			✓ \	∕es □No

Cat No 11282Y

Form **990** (2016)

Form	990 (2	016)				Page 2
Par	t III	Statement of Program Se	ervice Accomplis	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III		🗹
1	Briefly	describe the organization's miss		•		
HOM DISE ACTI WITH INDI	ELESS, JURSEM VITIES I PROCE	POTENTIALLY HOMELESS, OR OTENTS IN FURTHERANCE OF THE OTHERWISE, DISBURSEMENTS EDURES OR SUBJECT TO CONDITIONS RECEIVES AND ORGANIZATIONS RECEIVES	THERWISE DISADVAN ORGANIZATION'S EX IN FURTHERANCE OF TIONS ESTABLISHED	ITAGED PERSONS, IN EMPT-PURPOSE PROGI THE ORGANIZATION' BY THE ORGANIZATIO	ME HOUSING AND SUPPORTIVE SEF ACCORDANCE WITH ITS EXEMPT PU RAMS ARE MADE IN THE ACTIVE CO S EXEMPT-PURPOSE PROGRAMS ARI N'S BOARD OF DIRECTORS DESIGN IVESTIGATED TO ESTABLISH THEY A	RPOSE MOST NDUCT OF THE ABOVE E MADE IN ACCORDANCE ED TO ENSURE THAT
2	Did th	e organization undertake any sig	inificant program con	uses during the year w	which were not listed on	
2		or Form 990 or 990-EZ?	milicant program serv	rices during the year w	Which were not listed on	☐ Yes ☑ No
	•	s," describe these new services o	n Cabadula O			□ res ⊡ No
3		e organization cease conducting,		changes in how it cond	lucts any program	
3		es?	or make significant t	inanges in now it cond	dets, any program	☐ Yes ☑ No
						□ res 🖭 No
4	Descri Sectio		ervice accomplishmer lizations are required	to report the amount	e largest program services, as measu of grants and allocations to others, t	
4a	(Code) (Expenses \$	5,951,463	including grants of \$	47,265) (Revenue \$	2,302,842)
	See Ad	dditional Data	. ,			
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services (Describe in S nses \$	chedule O) including grants of	\$) (Revenue \$)
40	Total	nrogram service expenses	5 951 4	63		

Yes

Page 3

No

No

No

Nο

Nο

No

No

No

Νo

Nο

Nο

No

Nο

No

Νo

No

No

Nο

Form **990** (2016)

or X as applicable

Section 501(c)(3) organizations.

Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

No No

Yes

Yes

Yes

Yes

29

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 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,"

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2016)

Page 4

Νo

Nο

Νo

Nο

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Νo

Nο

Yes

orm	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 00			
	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			
L		2ь		
D	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)	-		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Č	If res, to fine 3a of 3b, and the organization me form 5000 ft.	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 were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		
۵2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	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)			
3-	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	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. 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			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 9	990 (2016)			Page
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	• •		✓
Sec	tion 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 1a 5		res	NO
	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 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	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	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
	r		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	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			
	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			
С	Conflicts?	12b	Yes	
_	Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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)			
	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	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Sec	tion C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed▶ CA			
	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)			
9	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			

✓

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 tax

- 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 trus compensated employees, and former such persor	ns					·			-	
Check this box if neither the organization nor (A) Name and Title	(B) Average hours per week (list any hours	Position than o	n (do	(C) o no ox, u n of) t ch inle ficei	eck mess pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) VALERIE AGOSTINO VICE PRESIDENT/DIRECTOR	1 00 40 00	×		х				0	201,197	20,143
(2) DOUGLAS SHOEMAKER PRESIDENT/DIRECTOR	1 00 40 00	×		х				0	213,552	18,938
(3) BARBARA GUALCO CHAIRMAN/VP/Director	1 00	x		х				0	152,927	7,934
(4) CHRIS BURCKHARDT DIRECTOR/VICE CHAIRMAN	1 00	×						0	279,517	38,802
(5) MELISSA CLAYTON DIRECTOR/VICE PRESIDENT	1 00	×		х				0	198,698	27,225
(6) JANE GRAF VICE PRESIDENT	1 00			х				0	341,529	12,175
(7) EDWARD HOLDER VICE PRESIDENT	1 00			х				0	196,869	37,509
(8) AMY BAYLEY ASST SECRETARY	1 00			х				0	0	0
(9) VINCE DODDS TREASURER	1 00			х				0	184,725	33,324
(10) STEPHAN DAUES VICE PRESIDENT	40 00 1 00			х				0	129,704	10,884
(11) STEVE SPEARS VICE PRESIDENT	1 00			х				0	285,664	44,969
(12) JOSEPH ROSENBLUM SECRETARY	1 00			х				0	100,675	3,691
(13) BRUCE SAAB VICE PRESIDENT	1 00			х				0	129,552	14,365
(14) JENNIFER DOLIN VICE PRESIDENT	1 00			х				0	131,408	22,418
(15) SHEELA JIVAN VICE PRESIDENT	1 00			х				0	122,581	22,341
(16) ERIKA VILLABLANCA VICE PRESIDENT	40 00 1 00 40 00			×				0	97,330	21,677

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and Title (C)
Position (do not check more (B) (D) (E) (F) Reportable Average Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation

any hours for related	(otn a direct	rust	•		organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the
organizations below dotted line)	Individual trustee or director	Institutional Trustee	 key employee	Highest compensated	Former	2/1099-M15C)	2/1099-MISC)	organization and related organizations

1b Sub-Total c Total from continuat						*				
<u>d</u> Total (add lines 1b a	nd 1c)	 				_ ▶		0	2,765,928	336,395
2 Total number of indiv			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000	

			-	_											
	Sub-Total					•	•	•							
	Total from continuation sheets to Pa Total (add lines 1b and 1c)					•			(2,765,9	928		336,395
2	Total number of individuals (including of reportable compensation from the		e list	ed al	bove	e) who	o rec	eıved m	ore tha	n \$1	00,000)			
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>												3		No
4	For any individual listed on line 1a, is organization and related organization										the				

	Sub-Total						•										
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	•					•			0			2,76	5,928			336,395
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rec	eived mo	re than	\$100	0,000)				
																Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i>				•				-			•		3	,		No
4	For any individual listed on line 1a, is organization and related organization individual	greater than	\$150,00	0? <i>If</i>	"Yes	," c	omple	te Sc	hedule J	for suci	7					Yes	
5	Did any person listed on line 1a receivervices rendered to the organization	e or accrue co	mpensa	tıon f	rom	any	unrela	ated	organiza	tion or i	ndıvı	idual		5		162	No.

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

	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
	action B. Indopendent Contractors			

	organization and related organizations greater than \$150,000 / If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con-	npensa	ition	

5	services rendered to the organization? If "Yes," complete Schedule J for such person							
Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year							

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No					
Se	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		ensatio	on					
	(A) Name and business address	(B) Description of services		(C) Compensation					

1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		sation
	(A) Name and business address	(B) Description of services	(C) Compensation

_	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization \triangleright 0	eceived more than \$100,000 of	
	compensation from the organization P 0		
			Form 990 (2016)

Part	VIII			3 rosn		oto to any	lina in ti	hio Dart VII					П
		Check If Schedul	le O contains	a respo	onse or r	lote to any	(A) revenue	Rela exe fun	B) ted or empt ction enue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512-514	m
	1a	Federated campaig	ns	1a		I			101	citae		312 311	
nts Ints	Ь	Membership dues		1b									
3ra not	c	Fundraising events		1c									
ў.(Д		Related organizatio		1d		3,728,035							
a dit		Government grants (co		1e									
<u></u>		All other contributions		<u>re</u>									
ijo I S	'	and similar amounts n		1f									
ibu Xthe	g	Noncash contribution	ons included										
Contributions, Gifts, Grants and Other Similar Amounts	h	in lines 1a-1f \$ Total.Add lines 1a-1	lf	. .		<u> </u>	3	,728,035					
⊉						Business							
Service Revenue	_	RENT					531390	-	693,411	1,693,4			
ož 1.		SERVICE FEES					531390 531390		573,444 35,987	573,4 35,9			
ر ک ا	С	DAMAGES INCOME					531390		35,987	35,9	87		
3.	d			_									
a	e												
Program		All other program se				·	302,842		-				
4		Fotal.Add lines 2a-21			>		-						
		nvestment income (ii milar amounts) .			interest,	and other		110,32	25			110	0,325
		ncome from investme	ent of tax-exe		ond proc	-	-	<u> </u>					
		loyalties		-									
		,	(ı) Rea			Personal			+				
	6a	Gross rents											
	b	Less rental expenses											
	_	·											
	С	Rental income or (loss)											
	d	Net rental income o	r (loss)	•		. •							
			(ı) Securi	ties	(11)	Other							
		Gross amount from sales of											
		assets other than inventory											
		Less cost or											
	U	other basis and sales expenses											
	c	Gain or (loss)											
		Net gain or (loss)			l	•	_						
		Gross income from f				· · · · · · · · · · · · · · · · · · ·							
a l		(not including \$ contributions reporte		of									
₹		See Part IV, line 18		. а									
Re	b	Less direct expense	s	b									
ē	c	Net income or (loss)	from fundrais	sing ev	ents .								
Other Revenue		Gross income from g See Part IV, line 19		ies									
		See Part IV, IIIle 19		а									
	b	Less direct expense	s	Ь									
	С	Net income or (loss)	from gaming	activit	ies .	· •	_						
		Gross sales of invent											
		returns and allowand	ces	a									
	b	Less cost of goods s	sold	b									
		Net income or (loss)		: invent	ory .	. •							
		Miscellaneous				ess Code							
l	11 a	a											
	b												
	c												
	d	All other revenue .											
	e	Total. Add lines 11a	-11d		٠	>							
	12	Total revenue. See	Instructions							+			
								6,141,20	02	2,302,842		0 110 Form 990 (2)	0,325

orm	990 (2016)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	47,265	47,265		
	Grants and other assistance to domestic individuals See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees				
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	282,865	282,865		
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	138,385	138,385		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	470,661	470,661		
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	478,955	478,955		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	466,328	466,328		
23	Insurance				
	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)				
	G/L ON PROGRAM INVTMNTS	4,067,004	4,067,004		
- b	ADMINISTRATIVE	841,550		841,550	
-	C/L CN CN F OF ACCETS	7.056		7.056	
_	G/L ON SALE OF ASSETS	7,056		7,056	_
_	I IMPAIRED ASSET PROV	3,412		3,412	
_	All other expenses				
	Total functional expenses. Add lines 1 through 24e	6,803,481	5,951,463	852,018	0
	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 > I if following SOP 98-2 (ASC 958-720)	1			I

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

1	Cash-non-interest-bearing	1,008,251	1	4,880,770
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	43,059	4	2,895
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	

7,974,422

1,032,927

Beginning of year

Page **11**

26,448

6,941,495

-47.293.183

3.375.893

-32.065.682

92,662

3,970

6.966.818

5.758.574

12,822,024

-48,193,229

3.305.523

-32.065.682

Form **990** (2016)

(B)

End of year

6

8

9

10c

11 12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

34

37.243

9.948.616

-1.191.630

3,112,854

12,958,393

178,402

7,929

9.462.160

5.726.651

15,375,142

-5.972.272

3.555.523

12.958.393

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

34

Liabilities 22

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b

Investments—publicly traded securities .

Intangible assets

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Total liabilities. Add lines 17 through 25 .

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)

Fund Balances 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds Net -2,416,749 33 -44,887,706 33 Total net assets or fund balances

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,	.141,202
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,	803,481
3	Revenue less expenses Subtract line 2 from line 1	3			662,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-2,	416,749
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-41,	.808,678
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-44,	887,706
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
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 reviewed separate basis, consolidated basis, or both	on a			
	☐ 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 separate consolidated basis, or both	basis,			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			

За

3b

Yes

Yes (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

OTHERWISE DISADVANTAGED PERSONS

Software Version:

EIN: 94-2963228

TO MANAGE AND DIRECT LOW-INCOME HOUSING AND PROVIDE SERVICES TO LOW-INCOME FAMILIES, ELDERLY, HANDICAPPED, HOMELESS, POTENTIALLY HOMELESS, OR

Name: MERCY HOUSING CALWEST

(FORMERLY ACCESS TO HOUSING INC)

Form 990, Part III, Line 4a:

Form 990 (2016)

Software ID:

CITIC	e GRA	APHIC prir	<u> 1t - DO NO</u>	T PROCESS	As Filed Data -			DLN: 9	: 93493306018337		
SCI	IED	ULE A		Public (Charity Statu	s and Put	olic Supp	ort	OMB No 1545-0047		
•	m 990	0 or	Con		ganization is a secti	ion 501 (c)(3) d	organization o		2016		
990E	.L)				4947(a)(1) nonexe ► Attach to Form 9						
-		the Treasury	► Inf	ormation abou	t Schedule A (Form	990 or 990-EZ ov/form990.) and its instru	ictions is at	Open to Public Inspection		
Name	e of th	ue Service ne organizat	tion		, www.	<u> </u>		Employer identific			
		ING CALWEST CCESS TO HOU	JSING INC)					94-2963228			
	rt I				ıs (All organızatıon:			See instructions.			
	rganız		•		it is (For lines 1 thro	· ·	,				
1		A church, c	onvention of	churches, or as	sociation of churches (described in sec t	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in se	ection 170(b)(:	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))				
3		A hospital o	r a cooperat	ive hospital serv	rice organization descr	ribed in section	170(b)(1)(A)(iii).			
4		name, city,	and state _		ed in conjunction with						
5		-	ition operate [iv]. (Comple		of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6	П			•	governmental unit de	scribed in sectic	on 170(b)(1)(A	۱)(v).			
7				rmally receives a (vi). (Complete	a substantial part of its Part II)	s support from a	governmental u	init or from the gener	al public described in		
8					170(b)(1)(A)(vi)	(Complete Part I	I)				
9					scribed in 170(b)(1) ee instructions Enter t				ege or university or a		
10	✓	from activit	ies related to income and	o its exempt fund unrelated busine	(1) more than 331/3% ctions—subject to cert ess taxable income (le mplete Part III)	ain exceptions,	and (2) no more	than 331/3% of its su	,		
11		•			exclusively to test for	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported	l organizations d	exclusively for the be lescribed in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	ne purposes of one or a)(3). Check the box		
а		Type I. A so	upporting or n(s) the pow	ganızatıon opera	ated, supervised, or co ppoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		Type II. A manageme	supporting on t of the sup	organization supe	ervised or controlled in ition vested in the san						
С		Type III fu	ınctionally	i ntegrated. A s	upporting organization ons) You must com j				ited with, its		
d		functionally	ıntegrated	The organization	d. A supporting organi n generally must satisf t IV, Sections A and	fy a distribution i	requirement and				
e		Check this l	oox if the org	ganization receiv	red a written determin	ation from the II		pe I, Type II, Type II	I functionally		
f	Enter			non-functionally	integrated supporting	organization					
g g				-	pported organization(s)					
	Provide the following information about the sign in Provide the following information (ii) PIN (iii) PIN				(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)		
						Yes	No				
Total		unula Daulia I	lian Ask N	tice, see the In	aturations for	Cat No 11285		Cohodula A (Farm C	90 or 990-EZ) 2016		

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
P	art III Support Schedule for (Complete only if you che III. If the organization fa	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or	if the organization	on failed to quali	
	ection A. Public Support	no to quanty un	441 1110 10313 113	tea below, pied	se complete i al		
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) Total
	(or fiscal year beginning in) ▶	(a)2012	(0)2013	(0)2014	(4)2013	(e)2010	(T)TOtal
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						,
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	. ,	, ,	, ,	 ``	. ,	
8	Gross income from interest,				+		
٠	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						
11	(Explain in Part VI) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	h tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
14	Public support percentage for 2016 (lin	e 6, column (f) dı	vided by line 11,	column (f))		14	
15	Public support percentage for 2015 Sch	nedule A, Part II, l	ine 14			15	
16a	33 1/3% support test—2016. If the	organization did r	ot check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						ightharpoons
Ŀ					and line 15 is 33 i	1/3% or more, chec	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ □
17 a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	icly supported	. \square
	organization	2045 1511			12.46.46	47 11	▶ □
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			. 5-	,	. ,	►□
18		n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	L7b, check this box	k and see	
	instructions		,	. ,	·		ightharpoons
					Schadu	le A (Form 990 o	r 990-F7) 2016

any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities

6,803,141

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,828,877	1,579,273	3,454,957	703,336	3,728,035	11,294,478
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	90 957	588 600	1 272 180	2 548 553	2 302 842	6 803 141

588,609

furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 1,919,834 2,167,882 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified 8.962 23.258 persons that exceed the greater of \$5,000 or 1% of the amount on line

8,962 (a)2012 **(b)**2013 1,919,834 Gross income from interest,

1,919,834

Section B. Total Support Calendar year (or fiscal year beginning in) ▶

13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6)

Amounts from line 6

Add lines 10a and 10b

regularly carried on

11, and 12)

dividends, payments received on securities loans, rents, royalties

and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Net income from unrelated business activities not included in line 10b, whether or not the business is

Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

10a

12

15

16

20

1975

90,957

23,258

2,167,882

6,469

6,469

2,174,351

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

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

4,727,137

55,357

55,357

4,727,137

105,388

105,388

4,832,525

(c)2014

1,272,180

3,251,889

178.250

178,250

3,251,889

110,284

110,284

3,362,173

(d)2015

2,548,553

121,313

6,030,877

110,325

110,325

6,141,202

Schedule A (Form 990 or 990-EZ) 2016

15

16

17

(e)2016

2,302,842

6,030,877

121,313

18,097,619 387,140 387,140 17,710,479

(f)Total

18,097,619

332,466

332,466

18,430,085

96 100 %

96 150 %

1 800 %

1 750 %

▶□

0

Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18

Public support percentage from 2015 Schedule A, Part III, line 15

Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))

Section C. Computation of Public Support Percentage

19a 331/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. 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

Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,				
	describe the designation If historic and continuing relationship, explain	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 Part VI how the organization determined that the supported organization was described				
	in section 509(a)(1) or (2)				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below	3a			
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes." describe in Part VI when and how the organization made the				

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6). If the rest allower (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	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 Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI 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 Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
	Supervised by or in connection with its supported organizations		

	determination	3b	
С	the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below		
		4a	
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	4b	
С	supervised 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	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	ecked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	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	4c	
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	5a	

U	bld the organization have ditinate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	id the organization support any foreign supported organization that does not have an IRS determination under sections 01(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	4c	
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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		
C-	ection B. Type I Supporting Organizations			
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 of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	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		T.	
	Did the appropriate any would be each of the grown what a manufacture has the last through a COL manufacture.	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
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 Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

b Excess from 2013.

d Excess from 2015.

e Excess from 2016. . . .

c Excess from 2014.



efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

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.

DLN: 93493306018337 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

MEF	CCY HOUSING CALWEST			Linployer identification	ii iidiiibei
`	RMERLY ACCESS TO HOUSING INC)			94-2963228	
Pa	rt I Organizations Maintaining Dono Complete if the organization answer			or Accounts.	
		(a) Donor advised funds		(b)Funds and other acc	ounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				_
ı	Aggregate value at end of year				_
5	Did the organization inform all donors and donor funds are the organization's property, subject to			_	Yes 🗌 No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writing the benefit of the donor or donor a	aat grant funds ca dvisor, or for any	other purpose	Yes 🗌 No
Pa	rt II Conservation Easements. Comple	te if the organization answe	red "Yes" on Fo	rm 990, Part IV, line 7.	
L	Purpose(s) of conservation easements held by the	ne organization (check all that ap	pply)		
	\square Preservation of land for public use (e g , re	creation or education)	Preservation of a	n historically important land	area
	Protection of natural habitat		Preservation of a	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation co	ntribution in the f	orm of a <u>conservation</u> Held at the End	of the Year
а	Total number of conservation easements			2a	or the rear
b	Total acreage restricted by conservation easemei	nts		2b	
С	Number of conservation easements on a certified	l historic structure included in (a)	2c	
d	Number of conservation easements included in (o structure listed in the National Register	c) acquired after 8/17/06, and no	ot on a historic	2d	
3	Number of conservation easements modified, tratax year ▶	ansferred, released, extinguished	, or terminated b	y the organization during the	
ı	Number of states where property subject to cons	servation easement is located >			
5	Does the organization have a written policy rega and enforcement of the conservation easements		spection, handling	g of violations,	□ No
5	Staff and volunteer hours devoted to monitoring	, inspecting, handling of violation	ns, and enforcing		ng the year
,	Amount of expenses incurred in monitoring, insp ▶ \$	ecting, handling of violations, ar	nd enforcing conse	ervation easements during th	e year
3	Does each conservation easement reported on li	ne 2(d) above satisfy the require	ments of section	170(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			☐ Yes	□ No
)	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the texthe organization's accounting for conservation ex	t of the footnote to the organiza			
ar	Organizations Maintaining Collect Complete if the organization answer	ctions of Art, Historical Tr	•	her Similar Assets.	
La	If the organization elected, as permitted under S art, historical treasures, or other similar assets h provide, in Part XIII, the text of the footnote to i	neld for public exhibition, educati	on, or research in	furtherance of public service	
b	If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items	FAS 116 (ASC 958), to report in	ıts revenue state	ment and balance sheet wor	
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
(i	i)Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, following amounts required to be reported under	•			
а	Revenue included on Form 990, Part VIII, line 1	. , ,		▶ \$	
b	Assets included in Form 990, Part X				
	Panarwork Poduction Act Notice, see the Inst	tiana fan Earna 000	Cat N	> \$	000) 201

d Equipment . .

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

Page **2**

 Using the organization's acquisition, accession, and other records, check any of the following that are a significant (check all that apply) Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exer Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported X, line 21. 	ms npt purpose in r
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exer Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other simila assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported X, line 21.	npt purpose in r
Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exer Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other simila assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported X, line 21.	r Yes No
 Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exer Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other simila assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported X, line 21. 	r Yes No
Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other simila assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported X, line 21.	r Yes No
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported X, line 21.	☐ Yes ☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported X, line 21.	
	an amount on Form 990, Part
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table	Amount
C Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	_
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabil	lity?
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XII	les 🗆 No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part I	IV, line 10.
(a)Current year (b)Prior year (c)Two years back (c)	d)Three years back (e)Four years back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	
a Board designated or quasi-endowment ▶	
b Permanent endowment ▶	
c Temporarily restricted endowment ▶	
The percentages on lines 2a, 2b, and 2c should equal 100%	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by	ne Yes No
(i) unrelated organizations	3a(i)
(ii) related organizations	3a(ii) 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds	<u> </u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form	990, Part X, line 10.
Description of property (a) Cost or other basis (b)Cost or other basis (other) (investment) (c)Accumulated depression (investment)	reciation (d)Book value
1a Land	731,593
	1,001,770 6,154,313
c Leasehold improvements	<u> </u>

55,589

6,941,495

31,157

Part VII Investments—Other Securities. Complete if the organizate See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (1)Financial derivatives (2)Closely-held equity interests (3)Other (A)	(b)Book	(c)Method of valuation or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests (3)Other (A)		,
(A) (B)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the organize	ation angulared West or	Form 000 Part IV line 11c
See Form 990, Part X, line 13.		
(a) Description of investment (b) Bo		(c) Method of valuation or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	000 Part IV has 444 S	5
Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description	m 990, Part IV, line IId S	(b) Book value
(1) DUE FROM AFFILIATE (2) RESTRICTED PROPERTY RESERVES		2,913,813 462,080
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	es' on Form 990 Part I	3,375,893
See Form 990, Part X, line 25.	·	v, ille 11e or 11r.
1. (a) Description of liability (1) Federal income taxes	(b) Book value	
NOTES PAYABLE TO AFFILIATES	2,851,360	
NOTES PAYABLE	135,946	
TENANT SECURITIES	75,498	
ACCRUED INTEREST	2,695,770	
(5)		
·		
(6)		
(6) (7) (8)		
(7)		
(7)	5,758,574	

1

2

b

c

d

е

3

Schedule D (Form 990) 2016

2e

3

Page 4

Donated services and use of facilities . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Subtract line 2e from line 1 .

Recoveries of prior year grants

5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12
Part	Reconciliation of Expenses per Audited Finan Complete if the organization answered
1	Total expenses and losses per audited financial statements
2	Amounts included on line 1 but not on Form 990, Part IX, line 25
а	Donated services and use of facilities
b	Prior year adjustments
c	Other losses
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b
b	Other (Describe in Part XIII)
C	Add lines 4a and 4b
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1
Par	XIII Supplemental Information
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

3	Subtract line Ze from line 1 .		
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII) .		4b
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	
Par		i <mark>on of Expenses per Audited Financi</mark> Complete if the organization answered 'Y	
1	Total expenses and losses per au	dited financial statements	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25	
а	Donated services and use of facili	ties	2a
b	Prior year adjustments		2b
С	Other losses		2c
d	Other (Describe in Part XIII) .		2d
е	Add lines 2a through 2d		
3	Subtract line ${f 2e}$ from line ${f 1}$.		
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII) .		4b
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18)
Pai	t XIII Supplemental Info	ormation	
		art II, lines 3, 5, and 9, Part III, lines 1a and nes 2d and 4b, and Part XII, lines 2d and 4b	
	Return Reference		Explanation
See A	Additional Data Table		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4c 5 s With Expenses per Return. 90, Part IV, line 12a. 2e 3 4c 5 nis part to provide any addit

_	
2e	
3	
4c	
5	
de any	additional information
Sched	ule D (Form 990) 201!

Page 5	Schedule D (Form 990) 2015						
	Information <i>(continued)</i>	Part XIII Supplemental Info					
planation		Return Reference					

Schedule D (Form 990) 2016

Additional Data

Software ID:

Software Version:

EIN: 94-2963228

Name: MERCY HOUSING CALWEST

(FORMERLY ACCESS TO HOUSING INC)

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Mercy Housing, Inc (MHI) and its consolidated nonprofit corporations are exempt from fede ral and state income taxes under Section 501(c)(3) of the Internal Revenue Code and compar able state statutes and did not have any unrelated business income for the year ended Dece mber 31, 2016. Due to their tax exempt status, MHI and the consolidated nonprofit corporations are not subject to income taxes. MHI and the consolidated nonprofit corporations are required to file tax returns with the IRS and other taxing authorities. Accordingly, the financial statements do not reflect a provision for income taxes and there are no other tax positions which must be considered for disclosure. Income tax returns filed by the corpor ation are subject to examination by the internal revenue service for a period of three years. While no income tax returns are currently being examined by the internal revenue service, tax years since 2013 remain open.

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -					DL	N: 93493306018337
Schedule I (Form 990)	С	OMB No 1545-0047 2016 Open to Public						
Department of the Treasury Internal Revenue Service	▶ Infor	mation about Schedule	► Attach to Form I (Form 990) and its i		w.irs.gov/form990.			Inspection
Name of the organization MERCY HOUSING CALWEST (FORMERLY ACCESS TO HOUSING Part I General Inform	NG INC) nation on Grants	and Assistance					Employer identific 94-2963228	ation number
	intain records to sub to award the grants	stantiate the amount of tool or assistance?			for the grants or assistanc	e, and		☑ Yes ☐ No
		estic Organizations ar		nts. Complete If the or	ganızatıon answered "Yes'	on 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) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of cash assistance	(h) Purpose of grant or assistance
(1) MERCY HOUSING CALIFORNIA 1999 BROADWAY SUITE 1000 DENVER, CO 80202		501(C)(3)	47,265					LOW INCOME HOUSING
2 Enter total number of sec 3 Enter total number of oth	er organizations liste	d in the line 1 table						1
For Paperwork Reduction Act Not	ice, see the Instructio	ns for Form 990.		Cat No 50055	P		Sch	edule I (Form 990) 2016

Page **2**

Schedule I (Form 990) 2016

(2) (3)

(4) (5)

THE 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

(6) (7) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV

Return Reference

PART I, LINE 2

Explanation

ACCORDANCE WITH THE DONOR RESTRICTIONS

Schedule I (Form 990) 2016

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.

2015

OMB No 1545-0047

DLN: 93493306018337

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

Name of the organization MERCY HOUSING CALWEST (FORMERLY ACCESS TO HOUSING INC)

Employer identification number 94-2963228

Pa	rt I	Questions Regarding Compensation					
						Yes	No
1a				ny of the following to or for a person listed on Form ide any relevant information regarding these items			
	┌ Fi	rst-class or charter travel	Г	Housing allowance or residence for personal use			
	⊢ Tr	ravel for companions	Г	Payments for business use of personal residence			
	ГΤа	ax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	L D	scretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b		of the boxes in line 1a are checked, did the org irsement or provision of all of the expenses de		on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b		
2		e organization require substantiation prior to re ors, trustees, officers, including the CEO/Exec		ing or allowing expenses incurred by all irector, regarding the items checked in line 1a?	2		
3	organı	te which, if any, of the following the filing organ zation's CEO/Executive Director Check all the y a related organization to establish compensa	at apply	·			
	L C	ompensation committee	Г	Written employment contract			
	┌ In	dependent compensation consultant	Ŀ	Compensation survey or study			
	r Fo	orm 990 of other organizations	Ľ	Approval by the board or compensation committee			
4		the year, did any person listed on Form 990, I lated organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receiv	ve a severance payment or change-of-control p	oaymen	t?	4a		Νo
b	Partic	ipate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		Νo
c	Partic	ipate in, or receive payment from, an equity-ba	sed cor	mpensation arrangement?	4c		Νo
	If"Yes	s" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 5	01(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mu	ıst complete lines 5-9.			
5		rsons listed on Form 990, Part VII, Section A, ensation contingent on the revenues of	line 1a	i, did the organization pay or accrue any			
а	The or	ganization?			5a		Νo
b	Any re	lated organization?			5b		Νo
	If"Yes	s," on line 5a or 5b, describe in Part III					
5		rsons listed on Form 990, Part VII, Section A, ensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The or	ganization?			6a		Νo
b	Any re	lated organization?			6b		Νo
	If"Yes	s," on line 6a or 6b, describe in Part III					
7	For pe	rsons listed on Form 990, Part VII, Section A, ents not described in lines 5 and 6? If "Yes," d			7		No
В				accured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	_		
					8		Νo
9		s" on line 8, did the organization also follow the n 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations			

Schedule J (Form 990) 2015							Page Z		
Part III Officers, Directors	, Trustees, Key Er	nployees, and Hig	hest Compensate	ed 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual									
(A) Name and Title	(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								
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Return Reference	Explanation					
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						
Part IIII Supplemental Inform	nation					
Schedule J (Form 990) 2015	Page 3					

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 94-2963228

Name: MERCY HOUSING CALWEST

(FORMERLY ACCESS TO HOUSING INC)

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	C	· ·	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1VALERIE AGOSTINO VICE PRESIDENT/DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	201,197	0	0	7,032	13,111	221,340	0
1DOUGLAS SHOEMAKER PRESIDENT/DIRECTOR	(1)	0	0	0	0	0	0	0
	(11)	213,552	0	0	5,137	13,801	232,490	0
2BARBARA GUALCO CHAIRMAN/VP/Director	(1)	0	0	0	0	0	0	0
	(11)	152,927	0	0	5,586	2,348	160,861	0
3CHRIS BURCKHARDT DIRECTOR/VICE CHAIRMAN	(1)	0	0	0	0	0	0	0
	(11)	279,517	0	0	7,397	31,405	318,319	0
4MELISSA CLAYTON DIRECTOR/VICE PRESIDENT	(1)	0	0	0	0	0	0	0
	(11)	198,698	0	0	5,960	21,265	225,923	0
5JANE GRAFVICE PRESIDENT	(1)	0	0	0	0	0	0	0
	(11)	341,529	0	0	10,219	1,956	353,704	0
6EDWARD HOLDER VICE PRESIDENT	(1)	0	0	0	0	0	0	0
	(11)	196,869	0	0	6,104	31,405	234,378	0
7VINCE DODDSTREASURER	(1)	0	0	0	0	0	0	0
	(11)	184,725	0	0	7,812	25,512	218,049	0
8STEVE SPEARS VICE PRESIDENT	(1)	0	0	0	0	0	0	0
	(11)	285,664	0	0	7,413	37,556	330,633	0
9JENNIFER DOLIN VICE PRESIDENT	(1)	0	0	0	0	0	0	0
	(11)	131,408	0	0	5,199	17,219	153,826	0

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DL	N: 93493306018337
		Supplemental Information to Form 99	90 or 990-F7	OMB No 1545-0047
		Complete to provide information for responses to specific form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ.	ific questions on	2016
Department of the T		► Information about Schedule 0 (Form 990 or 990-EZ) and www.irs.gov/form990.	its instructions is at	Open to Public Inspection
Internal Revenue Se Name of the org MERCY HOUSING ((FORMERLY ACCES	CALWEST	ING INC)	Employer ide 94-2963228	ntification number
990 Schedul	e O, Sup	plemental Information		
Return Reference		Explanation		
Form 990, Part VI, Section A, Iine 6	empt fron	ousing CALIFORNIA, a CALIFORNIA nonprofit corporation, is the sole in federal income tax as an organization described in Section 501(c)(3) enue Code of 1986		

Return Explanation
Reference

The board of trustees of mercy housing. Inc. has authority over Mercy Housing Calwest in v.

990 Schedule O, Supplemental Information

Form 990.

Part VI,
Section A,
line 7a

arious aspects of operations and management. The reserved rights held by the mercy housing board of trustees, which may be further delegated to the president and CEO of Mercy Housing, Inc., include approval of the following activities revisions to articles and bylaws, mergers and acquisitions, establishment of new entities, pledging, mortgaging or disposing of all or substantially all assets, obligations of new operating and mortgage debt, and, appointment or removal of governing board members and officers

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Same as Line 7A Part VI, Section A. line 7b

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 11b

Return Explanation

line 12c

Form 990,
Part VI,
Section B.

The audit committee of Mercy Housing, Inc. reviews periodically the conflict of interest d
isclosures and determines whether any action is required

Reference	
Form 990, Part VI, Section B, line 15	The process for determining compensation for the president, chairman, officers, and direct ors is determined by an employee benefits committee, which is appointed by the board of di rectors of Mercy Housing, Inc. to ensure competitiveness, wages are compared to other affordable housing organizations, both for- and not-for-profit, or the local market for positions applicable to a broader competitive market. Mercy Housing, Inc. will comply with all a

Explanation

pplicable federal and state labor laws and regulations. The process will be administered a ccording to the relevant human resource operational policies and by the human resource department with direction from the senior leadership team. The CEO will make a report to the board of trustees on implementation of the wage and benefit program annually. Periodically the executive committee within the Mercy Housing, Inc. board of trustees will review executive salaries to ensure competitiveness and reasonableness with external markets and for internal equity in relation to general employee wages and benefits, individual and organiz

ational performance, and the financial resources of the organization

990 Schedule O, Supplemental Information

Return Explanation

Deference

Reference	
Form 990, Part VI,	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
Section C, line 19	

Return Reference	Explanation
FORM 990, PART VII, SECTION A	SISTER AMY BAYLEY, RSM, SERVES AS AN OFFICER/DIRECTOR OF MERCY HOUSING CALWEST AND PERFORM S SERVICES FOR MERCY HOUSING INC MERCY HOUSING, INC AND THE SISTERS OF MERCY OF THE AMER ICAS WEST MIDWEST HAVE ENTERED INTO A CONTRACT WHEREBY AMY BAYLEY HAS BEEN ASSIGNED TO MER CY HOUSING, INC TO PERFORM SERVICES AND PROVIDE LEADERSHIP FOR MERCY HOUSING, INC AND IT S SUBSIDIARIES SISTER BAYLEY IS A MEMBER OF A RELIGIOUS COMMUNITY AND HAS TAKEN A VOW OF POVERTY AND THEREFORE DOES NOT RECEIVE ANY PERSONAL INCOME SISTER BAYLEY IS NOT AN EMPLOY EE OF MERCY HOUSING, INC OR MERCY HOUSING CALWEST MERCY HOUSING, INC MAKES PAYMENTS DIR ECTLY TO THE SISTERS OF MERCY OF THE AMERICAS WEST MIDWEST FOR MONTHLY STIPEND PAYMENTS AN D BENEFITS RELATING TO THE SERVICES PERFORMED BY SISTER BAYLEY THE SISTERS OF MERCY OF TH E AMERICAS WEST MIDWEST ARE RESPONSIBLE FOR PROVIDING THE LIVING EXPENSES OF SISTER BAYLEY FOR 2016 MERCY HOUSING, INC PAID \$101,023 FOR THE ANNUAL STIPEND FEE AND BENEFITS EQUIV ALENT

Return Explanation

Reference	
	TRANSFERS TO RELATED ORGANIZATIONS -42,016,021 prior net assets of plaza maria, now filing as stand alone partnership 207,343
a	

Return Explanation
Reference

FORM 990,
PART XII,
LINE 2C
LINE 2C
LINE 2C
LINE 2C
LINE 3C
LI

Return
Reference
FORM 990. INCLUDED IN THIS RETURN ARE THE ASSETS, REVENUE, AND EXPENSES FOR TWENTY-ONE SINGLE MEMBER

990 Schedule O, Supplemental Information

PART VIII

LLC'S OF WHICH MERCY HOUSING CALWEST IS THE SOLE MEMBER 7TH & H GP LLC, MADONNA SENIOR H
OUSING LLC, ESPARTO FAMILY APARTMENTS LLC, SUNSET LANE APARTMENTS LLC, CAROLINE SEVERANCE
LLC, EL MONTE VETERANS APARTMENTS LLC, 1028 HOWARD STREET LLC, CROSSROAD GARDENS LLC, TRAN
SBAY BLOCK 6, SUNSET VALLEY DUPLEXES LLC, LAND PARK WOODS LLC, MERCY MATHER VETERANS, MERC
Y HOUSING CA 65 LLC, TRANSBAY BLOCK 7 LLC, MERCY HOUSING CAMINO LLC, MERCY HOUSING LA CIEN
EGA LLC, ST MARY'S TOWER LLC, FRANCIS OF ASSISI LLC, 623 VERNON LLC, ST MARY'S TOWER AND
MERCY TRANSFORMATION LLC

efile GRAPHIC print - D	O NOT PROCESS As Fil	ed Data -								DLN: 93493	306018	3337
SCHEDULE R	В	Polated Organi	zatione	and Ha	rolato	d Dartn	orchin			OMB No :	£545-00	17
SCHEDULE R (Form 990)	2016											
	► Attach to Form 990.	► Information al	oout Schedul	e R (Form	990) and	its instruct	ions is at <u>i</u>	www.irs.go	v/form990 <mark>.</mark>	Open to	Publication	С
Name of the organization								Employer	· identificatio	n number		
	NC)							94-29632	28			
Part I Identification	n of Disregarded Entities	Complete If the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 33	3.				
See Additional Data Table	(2)] /b		1 1	c)	(a)	1	(a)	(f	`	
Name, address, and	d EIN (ıf applıcable) of dısregarded er	ntity			Legal dom	nicile (state	Total inco	ome End-		Direct co ent	ntrolling	
			te if the org	janization	l answered	"Yes" on F	orm 990,	Part IV, line	e 34 because	ıt had one or	more	
	(a)	I	(b)	1 1	c)	(d)	· I	(a)	i	(f)	(9	
Name, address, ar	nd EIN of related organization	Prim		Legal don	nicile (state			Public charity		rect controlling entity	Section (13) col ent	512(b) ntrolled
				+		1					Yes	No
For Panerwork Reduction A	ct Notice, see the Instruction	s for Form 990			t No 5013	1 35Y			Sch	edule R (Form	990) 20	116

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

See Additional Data Table													
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	total incom	(g) Share of e end-of-year assets	(H Disprop alloca		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging mer?	(k) Percentage ownership
					32.7			Yes	No		Yes	No	
Part IV Identification of Related Organi because it had one or more related						ızatıon ans	wered "Yes	" on Fo	orm 9	90, Part IV,	line	34	
See Additional Data Table													
(a) Name, address, and EIN of related organization	(b) Primary activity	Li doi (state i	(c) egal micile or foreign intry)	Direc	entity (C c	(e) pe of entity corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of-Percer owne	ntage rship	(1:	(i) ction 512(b) 3) controlled entity? (es No

(1)MERCY HOUSING CALIFORNIA

(2)MERCY HOUSING INC

(4)1000 4TH STREET

(3)MHMG

Schedule R (Form 990) 2016			Pa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to related organization(s)		1b	Yes	
c Gift, grant, or capital contribution from related organization(s)		1c	Yes	
d Loans or loan guarantees to or for related organization(s)		1d	Yes	
e Loans or loan guarantees by related organization(s)		1e	Yes	
f 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
i Exchange of assets with related organization(s)	•	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)		1 j		No
k lease of facilities, equipment, or other assets from related organization(s).		1k	<u> </u>	No

е	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	

(b)

Transaction

type (a-s)

C

Е

0

(c)

Amount involved

3,728,035

544,875

282,865

135.947

CASH

CASH

CASH

CASH

1m

1n 1o | Yes

1q

1r

1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

No No

No

No

No

No

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

(a)
Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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

	. ,,	,	1 1			ا ا	۱ ۱			1			
(a) Name, address, and EIN of entity	(b) Primary activity	l domicilo l	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite)	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	or Ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No	1	Yes	No	
										Schedul	e R (Forn	1 99	0) 2016



Software ID: **Software Version:**

EIN: 94-2963228

Name: MERCY HOUSING CALWEST (FORMERLY ACCESS TO HOUSING INC)

Form 990, Schedule R, Part I - Identification of Disregarded Entities

Form 990, Schedule R, Part I - Identification of Disregarded E	ntities 		 	1	I
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) 1028 Howard Street LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-5096743	low-inc hsng	CA	469,286	3,243,987	MH CALWEST
(1) 7th & H GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-4984910	low-inc hsng	CA	16,391	14,269,196	MH CALWEST
(2) CAROLINE SEVERANCE LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-3821132	low-inc hsng	CA	9,336	18,648	MH CALWEST
(3) El Monte Veterans Apartments LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-1353344	low-inc hsng	CA	20,982	92,015	MH CALWEST
(4) ESPARTO FAMILY APARTMENTS LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-3952011	low-inc hsng	CA	8,500	30,277	MH CALWEST
(5) Madonna Senior Housing LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-2344057	low-inc hsng	CA	15,000	104,224	MH CALWEST
(6) SUNSET LANE APARTMENTS LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202 45-3959651	LOW-INC HSING	CA	6,375	18,202	MH CALWEST
(7) CROSSROAD GARDENS LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202 61-1707938	LOW-INC HSING	CA	662,742	4,367,293	MH CALWEST
(8) TRANSBAY BLOCK 6 LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202 46-5357713	LOW-INC HSING	CA	539,305	1,249,171	MH CALWEST
(9) SUNSET VALLEY DUPLEXES LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202	low-inc hsing	CA	281,476	423,380	MH CALWEST
(10) MERCY MATHER VETERANS LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202	LOW-INC HSING	CA	111,725	111,668	MH CALWEST
(11) Mercy Housing CA 65 LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202	LOW-INC HSING	CA	0	1,179	MH CALWEST
(12) Land Park Woods LLC 1999 BROADWAY SUITE 1000 Denver, CO 80202	LOW-INC HSING	CA	0	119,830	MH CALWEST
(13) TRANSBAY BLOCK 7 LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202	LOW-INC HSING	CA	0	-8,943	MH CALWEST
(14) MERCY HOUSING CAMINO LLC 1999 BROADWAY SUITE 1000 DENver, CO 80202	LOW-INC HSING	CA	0	0	MH CALWEST
(15) MERCY HOUSING LA CIENEGA LLC 1999 BROADWAY SUITE 1000 DEnver, CO 80202	LOW-INC HSING	CA	0	72	MH CALWEST
(16) ST MARY'S TOWER LLC 1999 BROADWAY SUITE 1000 DEnver, CO 80202	LOW-INC HSING	CA	0	-10,013,603	MH CALWEST
(17) FRANCIS OF ASSISI LLC 1999 Broadway Suite 1000 Denver, CO 80202	LOW-INC HSING	CA	0	-26,717,396	MH CALWEST
(18) 623 VERNON LLC 1999 Broadway Suite 1000 Denver, CO 80202	LOW-INC HSING	CA	1,425,500	1,425,499	MH CALWEST
(19) ST MARY'S TOWER 1999 Broadway Suite 1000 Denver, CO 80202	LOW-INC HSING	CA	597,723	145,752	MH CALWEST

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

(b)
Primary Activity

(c)
Legal Domicile
(State
or Foreign Country)

(d)
Total income assets

(e)
End-of-year
assets

Direct Controlling
Entity

Form 990, Schedule R, Part I - Identification of Disregarded Entities

Denver, CO 80202

(21) MERCY TRANSFORMATION LLC 1999 Broadway Suite 1000	LOW-INC HSING	CA	0	0	MH CALWEST

Form 990, Schedule R, Part II - Identification of Related Ta				(-)		(a)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) ection 512
		(state or foreign country)	section	status (ıf section 501(c)	entity	(b)(13) controlled
				(3))		entity?
(1)	low-inc hsng	CA	501 (c) (3)	12a	N/A	Yes No
1999 Broadway Suite 1000						
Denver, CO 80202 94-3222935						
(1)	low-inc hsng	IN	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 47-5177987						
(2)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
94-2722870	low-inc hsng	СО	501 (c) (3)	10	N/A	No
	low-inc fishig		301 (c) (3)		N/A	I NO
1999 Broadway Suite 1000 Denver, CO 80202						
20-4295472 (4)	low-inc hsng	IL	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 36-3942336						
(5)	low-inc hsng	IL	501 (c) (3)		N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 36-3803443						
(6)	low-inc hsng	IL	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
36-391 ⁴ 084 (7)	low-inc hsng	IL	501 (c) (3)	10	N/A	No
	low-inc fishg	IL.	301 (c) (3)		IN/A	I NO
1999 Broadway Suite 1000 Denver, CO 80202						
36-403 ⁹ 278 (8)	low-inc hsng	IL	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 36-4049150						
(9)	low-inc hsng	WI	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
39-1771526	<u> </u>					
(10)	low-inc hsng	WI	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
39-1814815 (11)	low-inc hsng	IL	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000	,		(-, (-,			
Denver, CO 80202 80-0623447						
(12)	low-inc hsng	WI	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 36-3767250						
(13)	low-inc hsng	AZ	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
86-0980810 (14)	low upo bong	AZ	501 (c) (3)	10	N/A	No
	low-ınc hsng	AZ	301 (c) (3)		IV/A	140
1999 Broadway Suite 1000 Denver, CO 80202						
86-0980809 (15)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000	_					
Denver, CO 80202 94-3361794						
(16)	low-inc hsng	IL	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
36-3957850						
(17)	low-inc hsng	AZ	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
86-0808941 (18)	low-inc hsng	AZ	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000	.o., me namy	74	(5)			145
Denver, CO 80202						
86-0728526 (19)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000	_					
Denver, CO 80202 77-0117473						

Form 990, Schedule R, Part II - Identification of Related Ta			(4)	1 (2)	(4)	(~)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled
				(3))	-	entity?
(21)	low-inc hsng	ОН	501 (c) (3)	10	N/A	Yes No
1999 Broadway Suite 1000						
Denver, CO 80202 34-1399869						
(1)	low-inc hsng	ОН	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
34-1714407						
(2)	low-inc hsng	ОН	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
34-1552671 (3)	low-inc hsng	СО	501 (c) (3)		N/A	No
1999 Broadway Suite 1000	ion me nong		501 (c) (3)		14,73	""
Denver, CO 80202 23-7200039						
(4)	low-inc hsng	СО	501 (c) (3)		N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 74-2740978						
(5)	low-inc hsng	со	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
84-1062097		101				
(6)	low-inc hsng	KY	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
02-0655254 (7)	low-inc hsng	ID	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000	lett in a nemg				.,,,	
Denver, CO 80202 03-0410639						
(8)	low-inc hsng	IL	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 47-5190275						
(9)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
94-3234538	law wa han a	AZ	E01 (a) (3)	10	N/A	No.
(10)	low-ınc hsng	AZ	501 (c) (3)		IN/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
86-0847975 (11)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 94-2772546						
(12)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 68-0336533						
(13)	low-inc hsng	IL	501 (c) (3)		N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
84-0626174 (14)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000	ion inclining					140
Denver, CO 80202 94-2366315						
(15)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 68-0484147						
(16)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
75-2983979						
(17)	low-inc hsng	AZ	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202						
86-089 ⁷ 709 (18)	low-inc hsng	ID	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000	.e me nong					140
Denver, CO 80202						
72-1545927 (19)	low-inc hsng	WA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000						
Denver, CO 80202 91-1667138						

Form 990, Schedule R, Part II - Identification of Related Ta								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) ection 512		
		(state or foreign country)	section	status (ıf section 501(c)		(b)(13) controlled		
				(3))		entity?		
(41)	low-inc hsng	CA	501 (c) (3)	10	N/A	es No		
1999 Broadway Suite 1000								
Denver, CO 80202 94-3282891								
(1)	low-inc hsng	IN	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 47-5189624								
(2)	low-inc hsng	IL	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
27-2239991 (3)	low-inc hsng	FL	501 (c) (3)		N/A	No		
1999 Broadway Suite 1000	low-inc rising	"-	301 (c) (3)		N/A	l No		
Denver, CO 80202								
<u>47-5190723</u> (4)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 94-2762529								
(5)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
94-3190261	laurus a la su a	14/7	E01 (-) (2)	10	NI/A	NI.		
(6)	low-inc hsng	WI	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
39-1515867 (7)	low-inc hsng	IL	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 36-2750105								
(8)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 94-2787430								
(9)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
94-1358291 (10)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000	low me hang		301 (c) (3)	124		110		
Denver, CO 80202 91-2164481								
(11)	low-inc hsng	SC	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 20-1910771								
(12)	low-inc hsng	KY	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
31-1548500			E01 (-) (2)	12-	A1/A	NI-		
(13)	low-ınc hsng	AZ	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
94-3142767 (14)	low-inc hsng	со	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 94-3286321								
(15)	low-inc hsng	NE	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
68-0378674	1	<u> </u>	F04 () (2)	12-	NI/A			
(16)	low-inc hsng	GA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
58-2461689 (17)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 33-0809069								
(18)	low-inc hsng	СО	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 84-1347445								
(19)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
94-2834861								

Form 990, Schedule R, Part II - Identification of Related Ta								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) ection 512		
		(state or foreign country)	section	status (ıf section 501(c)		(b)(13) controlled		
				(3))		entity?		
(61)	low-inc hsng	CA	501 (c) (3)	10	N/A	Yes No		
1999 Broadway Suite 1000								
Denver, CO 80202 94-3081666								
(1)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 33-0998451								
(2)	low-inc hsng	IL	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
20-3177114 (3)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
	low-inc fishig		301 (c) (3)	124	N/A	I NO		
1999 Broadway Suite 1000 Denver, CO 80202								
94-3088260 (4)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 94-2963228								
(5)	low-inc hsng	со	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
81-3397958								
(6)	low-inc hsng	IL	501 (c) (3)	7	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
36-3453183 (7)	low-inc hsng	IL	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000	low life fishing	1	301 (c) (3)			100		
Denver, CO 80202 82-0376108								
(8)	low-inc hsng	NE	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 47-0772351								
(9)	low-inc hsng	со	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
20-1583332		1446	504 () (2)	10	21/2			
(10)	low-inc hsng	WA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
91-1546525 (11)	low-inc hsng	ID	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 36-3453183								
(12)	low-inc hsng	ОН	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
20-2373936								
(13)	low-inc hsng	GA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
13-4224803 (14)	low-inc hsng	NC	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000						''		
Denver, CO 80202 56-1993872								
(15)	low-inc hsng	AZ	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 86-0743192								
(16)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
68-0254564		NE	E01 (-) (2)	10	NI/A	N-		
(17)	low-inc hsng	NE	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
37-1068780 (18)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 47-0646706								
4/-0646/06 (19)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 84-1559406								

Form 990, Schedule R, Part II - Identification of Related Ta								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512		
		(state or foreign country)	section	status (if section 501(c)	entity	(b)(13) controlled		
				(3))	<u> </u>	entity?		
(81)	low-inc hsng	TN	501 (c) (3)	10	N/A	Yes No		
1999 Broadway Suite 1000								
Denver, CO 80202 61-1344092								
(1)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 68-0002157								
(2)	low-inc hsng	ID	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
82-0475388	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000	low-life fishig		301 (c) (3)		N/A	100		
Denver, CO 80202								
75-3134134 (4)	low-inc hsng	AZ	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 84-1344220								
(5)	low-inc hsng	NC	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
80-0034784	<u> </u>				21/2	<u> </u>		
(6)	low-inc hsng	со	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
26-4002114 (7)	low-inc hsng	AR	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000	len me neng					"		
Denver, CO 80202 86-0772987								
(8)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 68-0233835								
(9)	low-inc hsng	ID	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
82-0485862 (10)	low me hang	WA	501 (c) (3)	10	N/A	No		
	low-ınc hsng	· · · · · · · · · · · · · · · · · · ·	301 (c) (3)		IV/A	140		
1999 Broadway Suite 1000 Denver, CO 80202								
30-0117515 (11)	low-inc hsng	WA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 91-1903782								
(12)	low-inc hsng	WA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
30-0117515	<u>.</u>							
(13)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
84-1173689 (14)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000			(-)(-)					
Denver, CO 80202 94-3224446								
(15)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 84-1284293								
(16)	low-inc hsng	МО	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
37-1459692	law !	A7	E01 (-) (2)	10	NI/A			
(17)	low-ınc hsng	AZ	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
86-0897708 (18)	low-inc hsng	IL	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000						'		
Denver, CO 80202								
47-5216971 (19)	low-inc hsng	IL	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 47-5217175								

Form 990, Schedule R, Part II - Identification of Related Ta								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity		(g) Section 512		
		(state or foreign country)	section	status (ıf section 501(c)	entity	(b)(13) controlled		
				(3))		entity?		
(101)	low-inc hsng	CA	501 (c) (3)	10	N/A	Yes No		
1999 Broadway Suite 1000	low life fibring	5,1	301 (0) (3)		1,7,7			
Denver, CO 80202 94-3044873								
(1)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 77-0214799								
(2)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
94-3209503	<u> </u>		F04 () (2)	10	10/4			
(3)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
94-3167825 (4)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 84-0789830								
(5)	low-inc hsng	IL	501 (c) (3)		N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
47-5203278		<u> </u>		10	N/4			
(6)	low-inc hsng	AZ	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
86-0980811 (7)	low-inc hsng	AZ	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 86-0758961								
(8)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
94-3264209	<u> </u>							
(9)	low-inc hsng	IL	501 (c) (3)		N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
47-5202983 (10)	low-inc hsng	IL	501 (c) (3)		N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 47-5202868								
(11)	low-inc hsng	TN	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
62-1782683	<u> </u>			10				
(12)	low-inc hsng	IL	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
26-2330256 (13)	low-inc hsng	IL	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 26-4723017								
(14)	low-inc hsng	CA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
93-1189914 (15)	low upo bong	KY	E01 (c) (2)	10	N/A	No		
1999 Broadway Suite 1000	low-ınc hsng		501 (c) (3)		"70	NO		
Denver, CO 80202 31-1411531								
(16)	low-inc hsng	KY	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 61-1339396								
(17)	low-inc hsng	ОН	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000 Denver, CO 80202								
61-1367719 (18)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No		
1999 Broadway Suite 1000	now me namy		(0) (3)	129		140		
Denver, CO 80202								
68-0378676 (19)	low-inc hsng	GA	501 (c) (3)	10	N/A	No		
1999 Broadway Suite 1000								
Denver, CO 80202 27-3400284								

Form 990, Schedule R, Part II - Identification of Related T			1	1	1	l
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						Yes No
(121)	low-inc hsng	ОН	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 31-1052772						
(1)	low-inc hsng	ОН	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 31-1591780						
(2)	low-ınc hsng	CA	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 94-3199902						
(3)	low-inc hsng	WI	501 (c) (3)	1	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 39-0857537						
(4)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 94-2705149						
(5)	low-inc hsng	TN	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 31-1723287						
(6)	low-ınc hsng	KY	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 31-1548512						
(7)	low-ınc hsng	ОН	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 31-1411529						
(8)	low-ınc hsng	WA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 14-1866405						
(9)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 45-3959651						
(10)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 75-3004763						
(11)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 46-5357713						
(12)	low-inc hsng	CA	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 68-0387620						
(13)	low-inc hsng	IL	501 (c) (3)		N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 84-1347868						
(14)	low-inc hsng	CA	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 94-3273336						
(15)	low-inc hsng	AZ	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 86-0947230						
(16)	low-ınc hsng	CA	501 (c) (3)	12a	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 68-0233835						
(17)	low-inc hsng	СО	501 (c) (3)	10	N/A	No
1999 Broadway Suite 1000 Denver, CO 80202 84-1334167						

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (g) Predominant Disproprtionate (k) (b) (i) (a) Direct Share of total Share of end-Domicile or Name, address, and EIN of allocations? Code V-UBI amount in Percentage Primary activity income(related, Managing (State Controlling ıncome of-year assets Box 20 of Schedule K-1 related organization unrelated. ownership Partner? Entity (Form 1065) excluded from Foreign tax under Country) sections 512-514) Yes No Yes No (1) 1028 Howard St Associates low-inc hsng CA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 94-3160742 (1) 104th Street LP RELATED low-inc hsng ΙL N/A No No 1999 Broadway Suite 1000 Denver, CO 80202 27-2755027 (2) 1100 Ocean Avenue LP low-inc hsng CA N/A RELATED Νo Nο 1999 Broadway Suite 1000 Denver, CO 80202 45-4437017 (3) 1101 Howard St Associates RELATED CA N/A No No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 94-3160341 (4) CA RELATED N/A No low-inc hsng Nο 111 Jones Street Assoc (111 Jones St) 1999 Broadway Suite 1000 Denver, CO 80202 94-3142765 (5) 1475 167th Avenue Assoc CA N/A RELATED No No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 94-3249328 (6) 16th & Church Street Assoc CA N/A RELATED No Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 94-3135262 (7) 180 Properties ΙL N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 27-0561021 (8) 1760 Bush LP low-inc hsng CA N/A RELATED No Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-3449006 (9) 1880 Pine LP CA N/A RELATED low-inc hsng Nο Nο 1999 Broadway Suite 1000 Denver, CO 80202 47-1291546 (10) 2000 Illinois Aurora LLC low-inc hsng ΙL N/A RELATED No Νo 1999 Broadway Suite 1000 Denver, CO 80202 46-2558442 (11) CA N/A RELATED No Νo low-inc hsng 2101 Telegraph Avenue Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935 (12)low-inc hsng CA N/A RELATED No No 2220 10th Avenue Assoc (Santana Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3140163 N/A RELATED (13) 2698 California LP low-inc hsng CA Nο Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-3462784 RELATED (14)N/A No CA Nο low-inc hsng 2814 Fifth Street Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 68-0340317

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General Legal (d) (g) (b) Predominant Disproprtionate (i) (k) (a) Direct Share of total Share of endor Domicile Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling ıncome of-year assets unrelated, Box 20 of Schedule K-1 ownership related organization Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No (16) 455 Fell LP CA N/A RELATED Νo No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 47-4654112 RELATED (1) 4707 Malden Ltd Partnership low-inc hsng IL N/A No No 1999 Broadway Suite 1000 Denver, CO 80202 36-3762788 ΙL N/A RELATED (2) 5042 Winthrop Apartments LP low-inc hsng Νo No 1999 Broadway Suite 1000 Denver, CO 80202 36-3855358 RELATED (3) 55 Laguna LP low-inc hsng CA N/A No Νo 1999 Broadway Suite 1000 Denver, CO 80202 45-3582721 RELATED low-inc hsng ΙL N/A Νo Νo 901 West 63rd LP (Englewood Apartments) 1999 Broadway Suite 1000 Denver, CO 80202 26-1233617 GΑ N/A RELATED No No (5) low-inc hsng Acquisition Properties Georgia I 1999 Broadway Suite 1000 Denver, CO 80202 20-4465851 (6) Adamsville Green LP GΑ N/A RELATED No No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 26-2252791 (7) WA RELATED N/A No No low-inc hsng Allegre Mercy Redevelopment LLLP 1999 Broadway Suite 1000 Denver, CO 80202 45-3540725 RELATED (8) Antioch Villas LP low-inc hsng GΑ N/A Νo No 1999 Broadway Suite 1000 Denver, CO 80202 27-0194197 RELATED (9) Appian Way Mercy LLC low-inc hsng WA N/A No No 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525 СО N/A RELATED (10)Νo Νo low-inc hsna Aromor Mercy LLC (Aromor Apartments) 1999 Broadway Suite 1000 Denver, CO 80202 30-0296042 (11) Bayshore Court WA N/A RELATED No No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 RELATED (12) Belray Apartments IL N/A No No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474 RELATED (13) Bennett House LP low-inc hsng CA N/A No No 1999 Broadway Suite 1000 Denver, CO 80202 65-1308081 RELATED (14)low-inc hsng IΑ N/A No No Bishops Block (Bishops Block) 1999 Broadway Suite 1000

Denver, CO 80202 01-0477157 Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Part	: III - Identificatio 	1	ated Organiza 	itions Taxable	as a Partner	·ship 	ı	ı	1	1 6	s 1	
(a) Name, address, and EIN of related organization	(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 Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
(31) Bluff Mercy LLC	low-inc hsng	со	N/A	RELATED			1.00	No		1.00	No	
1999 Broadway Suite 1000 Denver, CO 80202 27-0954394												
(1) Boise Senior 202 Owner LP	low-ınc hsng	ID	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-0992784												
(2) Boundary Village	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463												
(3) Brentwood Green Valley Apts	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3135990												
(4) Britton Street Assoc(Britton Court)	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3300509												
(5) Cambridge Apartments	low-ınc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378												
(6) Cascade Apartments	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463												
(7) Cascade Village	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378												
(8) Cedarwood I	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463												
(9) Cedarwood IV	low-ınc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463												
(10) Centro Partners	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0295344												
(11) Cheney Gardens	low-ınc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378												
(12) Coastside Senior Housing LP	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 45-2262853												
(13) Colonia San Martin Associates LP	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 83-0481233												
(14) Commons on Main LP	low-ınc hsng	ОН	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-8033896												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal General Predominant Disproprtionate (k) (b) Direct or Domicile Share of total Share of end-Name, address, and EIN of allocations? Code V-UBI amount in Percentage Primary activity income(related, Managing (State Controlling income of-year assets ownership Box 20 of Schedule K-1 related organization unrelated, Partner? Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No (46)low-inc hsng ΙL N/A RELATED No Νo Countryside Senior Apartments 1999 Broadway Suite 1000 Denver, CO 80202 <u>26-148</u>3851 N/A RELATED (1) low-inc hsng ΙL No No Danville Veterans Housing LLC 1999 Broadway Suite 1000 Denver, CO 80202 35-2441770 (2) Dorothy Day Community LP CA N/A RELATED low-inc hsng No Νo 1999 Broadway Suite 1000 Denver, CO 80202 65-1308078 RELATED (3) CA N/A low-inc hsng No No Dove Family Housing Associates 1999 Broadway Suite 1000 Denver, CO 80202 33-0975782 (4) Eden House LP CA N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 46-2704216 (5) El Monte LP low-inc hsng CA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 46-1360554 (6) Evergreen Manor WA N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 (7) Evergreen Vista 1 Owner LP low-inc hsng WA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 27-4160484 WA N/A RELATED No No low-inc hsng Family Tree & Lincoln Way LLLP 1999 Broadway Suite 1000 Denver, CO 80202 46-2841485 (9) Ferndale Villa low-inc hsng WA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 (10) Fircrest RELATED WA N/A No Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 (11) Florin Wood Assoc low-inc hsng CA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 68-0318012 (12) Franciscan Homes III LP RELATED ОН N/A No Nο low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 31-1394513 (13) Franciscan Homes IV LP ОН N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 31-1463371 (14) Galewood SLF Associates LP low-inc hsng N/A RELATED ILNo Νo 1999 Broadway Suite 1000

Denver, CO 80202 20-1882654 Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Part	III - Identificatio		ated Organiza I	itions Taxable	as a Partner	ship	1		1	. ر	:s	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r aging ner?	(k) Percentage ownership
(61) Grayslake senior housing	low-ınc hsng	IL	N/A	RELATED			103	No		103	No	
1999 Broadway Suite 1000 Denver, CO 80202 26-3800351												
	low-ınc hsng	WI	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 32-0453460												_
(2) Harold Washington Apartments	low-ınc hsng	IL	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 36-3556291												
(3) HWA-850 EASTWOOD LP	low-ınc hsng	IL	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-1257130												
(4) Impact Family Village GP LLC	low-ınc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 36-4715432												
(5) Impact Family Village LP	low-ınc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 80-0769567												
(6) JFK Tower LP	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 47-3477829												
(7) Johnston Center Outlots LLC	low-ınc hsng	WI	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-0162550												
(8) Johnston Center Re-Use LP	low-inc hsng	IL	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 30-0529359												
(9) Junipero Serra LP	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308082												
(10) Kankakee Station Street Senior Housing	low-inc hsng	IL	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 46-1841937												
	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 68-0355465												
(12) La Playa Residential	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0278613												
(13) Lake Stevens	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463												
(14) Lake Village East	low-ınc hsng	WA	N/A	RELATED				No			No	
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) (h) (e) Legal (d) Dırect General **(f)** Share of total (g) (i) Code V-UBI amount in (a) Name, address, and EIN of (b) Predominant Disproprtionate (k) Domicile Share of endor Primary activity income(related, allocations? Percentage Managing Partner? (State Controlling ıncome of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Entity (Form 1065) excluded from Foreign tax under Country) sections 512-514) Yes No Yes No RELATED (76) Mabton Gardens WA N/A No low-inc hsng Nο 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 N/A RELATED (1) Magnolia Limited Partnership low-inc hsng IL No No 1999 Broadway Suite 1000 Denver, CO 80202 36-3822288 (2) Malden Limited Partnership II low-inc hsng IL N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 20-8746121 N/A RELATED (3) Marlton Affordable Hsg Assoc low-inc hsng CA No No 1999 Broadway Suite 1000 Denver, CO 80202 04-3594636 (4) Mercy Alston Lake LLC SC N/A RELATED No No low-inc hsng

(4) Mercy Alston Lake LLC	low including	"	''	INCESTICE .		110			
1999 Broadway Suite 1000 Denver, CO 80202 20-2948887									
(5) Mercy Crestview Village Housing LP	low-inc hsng	NE	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 26-4578510									
(6) Mercy Eden House LLC	low-inc hsng	CA	N/A	RELATED		No		No	_
1999 Broadway Suite 1000 Denver, CO 80202 46-4227209									
(7) MERCY FAMILY PLAZA LP	low-inc hsng	CA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3094867									
(8) Mercy Housing Arizona I	low-inc hsng	AZ	N/A	RELATED		No		No	_
1999 Broadway Suite 1000 Denver, CO 80202 86-0791473									
(9) Mercy Housing Arizona II (Page Commons)	low-ınc hsng	AZ	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 33-1075152									
(10) Mercy Housing Ca XXXIII	low-inc hsng	CA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 43-2100410									
(11) Mercy Housing Ca XXXVII	low-inc hsng	CA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 68-0631916									
(12) Mercy Housing California 47 LP	low-ınc hsng	CA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 27-2930358									
(13) Mercy Housing California 48 LP	low-ınc hsng	CA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 27-3117667									
(14) Mercy Housing California 49 LP	low-inc hsng	CA	N/A	RELATED	 	No		No	
1999 Broadway Suite 1000 Denver, CO 80202 27-3277379									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal Predominant Disproprtionate (b) Direct or Domicile Share of total Share of end-Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing Controlling (State ıncome of-year assets related organization unrelated, Box 20 of Schedule K-1 ownership Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No RELATED (91)low-inc hsng CA N/A No No Mercy Housing California 50 LP 1999 Broadway Suite 1000 Denver, CO 80202 27-3381977 RELATED (1) low-inc hsng CA N/A No No Mercy Housing California 51 LP 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228 (2) N/A RELATED low-inc hsng CA No Nο Mercy Housing California 52 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-2751062 RELATED N/A No No (3) low-ınc hsng CA Mercy Housing California 53 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-2050339 (4) N/A RELATED low-inc hsng CA No No Mercy Housing California 54 LP 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228 N/A RELATED (5) low-ınc hsna CA Nο Νo Mercy Housing California 55 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-3710672 (6) CA N/A RELATED Nο Nο low-inc hsna Mercy Housing California 56 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-4659051 (7) Mercy Housing California 57 LP RELATED CA N/A No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 45-4711412 (8) CA N/A RELATED No No low-inc hsng Mercy Housing California 58 LP 1999 Broadway Suite 1000 Denver, CO 80202 <u>45-4</u>486957 (9) N/A RELATED low-inc hsng CA No No Mercy Housing California 59 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-2537487 (10) N/A RELATED No Νo low-inc hsng CA Mercy Housing California 60 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-1239561 (11) CA N/A RELATED No No low-inc hsng Mercy Housing California 61 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-3636570 CA N/A RELATED No Νo low-inc hsng Mercy Housing California 62 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-3424351 low-inc hsng (13)CA N/A RELATED No No Mercy Housing California 63 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-3921420 low-inc hsng (14)CA N/A RELATED No No Mercy Housing California 64 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-5015672

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (g) Predominant Disproprtionate (k) (b) Domicile Direct Share of total Share of endor allocations? Percentage Name, address, and EIN of Code V-UBI amount in income(related Primary activity Managing (State Controlling ıncome of-year assets Box 20 of Schedule K-1 ownership related organization unrelated. Partner? or Entity excluded from (Form 1065) Foreign tax under Country sections 512-514) Yes No Yes No (106)low-inc hsng CA N/A RELATED No Νo Mercy Housing California 65 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-1120541 (1) N/A RELATED low-inc hsng CA No No Mercy Housing California 66 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-3441276 RELATED N/A (2) CA Nο Nο low-inc hsng Mercy Housing California 67 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-3628711 N/A RELATED No No low-inc hsng CA Mercy Housing California 68 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-4992813 N/A RELATED No low-inc hsng CA Νo Mercy Housing California 69 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-5419818 (5) low-inc hsng CA N/A RELATED No No Mercy Housing California 70 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-5463378 (6) CA N/A RELATED No Nο low-inc hsng Mercy Housing California 71 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-5468338 (7) low-inc hsng CA N/A RELATED No No Mercy Housing California 72 LP 1999 Broadway Suite 1000 Denver, CO 80202 81-1758210 (8) CA N/A RELATED No No low-inc hsng Mercy Housing California 73 LP 1999 Broadway Suite 1000 Denver, CO 80202 81-2079108 low-inc hsng CA N/A RELATED No No Mercy Housing California 74 LP 1999 Broadway Suite 1000 Denver, CO 80202 81-2465663 RELATED (10)low-inc hsng CA N/A Νo Νo Mercy Housing California 75 LP 1999 Broadway Suite 1000 Denver, CO 80202 81-2748406 (11)low-inc hsng CA N/A RELATED Nο Νo Mercy Housing California 76 LP 1999 Broadway Suite 1000 Denver, CO 80202 36-4847211 RELATED (12) Mercy Housing California I low-inc hsng CA N/A No Νo 1999 Broadway Suite 1000 Denver, CO 80202 84-1210914 (13) Mercy Housing California II N/A RELATED low-inc hsng CA No No 1999 Broadway Suite 1000 Denver, CO 80202 94-3187825 (14) Mercy Housing California III low-inc hsng CA N/A RELATED No Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3187826

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (g) Predominant Disproprtionate (k) (b) Direct Share of total Share of endor Domicile Name, address, and EIN of allocations? Code V-UBI amount in Percentage Primary activity income(related, Managing (State Controlling ıncome of-year assets Box 20 of Schedule K-1 related organization ownership unrelated. Partner? Entity (Form 1065) excluded from Foreign tax under Country) sections 512-514) Yes Yes No No (121)low-inc hsng CA N/A RELATED No No Mercy Housing California IX 1999 Broadway Suite 1000 Denver, CO 80202 94-3230471 (1) Mercy Housing California V CA N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 94-3229051 (2) Mercy Housing California VI CA N/A RELATED No Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3224528 (3) Mercy Housing California VII CA N/A RELATED Νo No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 94-3229540 (4) low-inc hsng CA N/A RELATED No Νo Mercy Housing California X (The 1999 Broadway Suite 1000 Denver, CO 80202 94-3232501 (5) Mercy Housing California XI CA N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 94-3244521 (6) Mercy Housing California XII N/A RELATED low-inc hsng CA No Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3366333 (7) Mercy Housing California XIII low-inc hsng CA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 94-3377935 (8) Mercy Housing California XIV low-inc hsng CA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 94-3377941 (9) Mercy Housing California XIX low-inc hsng CA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 01-0716135 (10) Mercy Housing California XL low-inc hsng CA N/A RELATED No Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-1398920 (11) Mercy Housing California XLI low-inc hsng N/A RELATED CA No No 1999 Broadway Suite 1000 Denver, CO 80202 26-2350027 (12)low-inc hsng CA N/A RELATED No No Mercy Housing California XLII 1999 Broadway Suite 1000 Denver, CO 80202 26-2575525 (13) CA N/A RELATED No low-inc hsng No Mercy Housing California XLIII 1999 Broadway Suite 1000 Denver, CO 80202 26-2553554 RELATED (14)CA N/A No Νo low-inc hsng Mercy Housing California XLIV 1999 Broadway Suite 1000 Denver, CO 80202 26-3583090

Form 990, Schedule R, Part	III - Identificatio	n of Rel	ated Organiza	tions Taxable	as a Partner	ship						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g)	(h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
(136) Mercy Housing California XLV	low-inc hsng	CA	N/A	RELATED			163	No		163	No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308076												
(1) Mercy Housing California XLVII	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-2930358												
(2) Mercy Housing California XV	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3379316												
(3) Mercy Housing California XVI 1999 Broadway Suite 1000	low-inc hsng	CA	N/A	RELATED				No			No	
Denver, CO 80202 94-3381170												
(4) Mercy Housing California XVII	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3400496												
(5) Mercy Housing California XVIII	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 03-0376881												
(6) Mercy Housing California XX	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 36-4497277												
(7) Mercy Housing California XXI	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 48-1259652												
(8) Mercy Housing California XXII 1999 Broadway Suite 1000 Denver, CO 80202	low-inc hsng	CA	N/A	RELATED				No			No	
35-2172040 (9)	low-inc hsng	CA	N/A	RELATED				No			No	
Mercy Housing California XXIII 1999 Broadway Suite 1000												
Denver, CO 80202 82-0560494												
(10) Mercy Housing California XXIV	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 74-3052786												
(11) Mercy Housing California XXIX	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 73-1729092												
(12) Mercy Housing California XXV	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 81-0564415												
(13) Mercy Housing California XXVI	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2679059												
(14) Mercy Housing California XXVII	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1207291												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Legal (g) Share of end-General Predominant Disproprtionate (k) (b) Direct Share of total or Domicile Name, address, and EIN of allocations? Code V-UBI amount in Percentage income(related, Primary activity (State Controlling Managing ıncome of-year assets ownership related organization unrelated, Box 20 of Schedule K-1 Entity Partner? or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No (151) low-inc hsng CA N/A RELATED Nο Νo Mercy Housing California XXVIII 1999 Broadway Suite 1000 Denver, CO 80202 73-1721242 (1) Mercy Housing California XXX low-inc hsng RELATED CA N/A No No 1999 Broadway Suite 1000 Denver, CO 80202 61-1488186 (2) CA N/A RELATED No No low-inc hsng Mercy Housing California XXXI 1999 Broadway Suite 1000 Denver, CO 80202 87-0756700 N/A RELATED No No low-inc hsng CA Mercy Housing California XXXII 1999 Broadway Suite 1000 Denver, CO 80202 87-0756940 (4) RELATED CA N/A No Νo low-inc hsng Mercy Housing California XXXIV 1999 Broadway Suite 1000 Denver, CO 80202 51-0594948 RELATED (5) CA N/A No No low-inc hsng Mercy Housing California XXXIX 1999 Broadway Suite 1000 Denver, CO 80202 01-0885277 CA N/A RELATED No Νo low-inc hsng Mercy Housing California XXXV 1999 Broadway Suite 1000 Denver, CO 80202 76-0827799 (7) RELATED CA N/A No No low-inc hsng Mercy Housing California XXXVI 1999 Broadway Suite 1000 Denver, CO 80202 56-2568833 RELATED (8) CA N/A No Νo low-inc hsng Mercy Housing California XXXVIII 1999 Broadway Suite 1000 Denver, CO 80202 33-1153406 CO N/A RELATED No No low-inc hsng MÉRCY HOUSING COLORADO I 1999 Broadway Suite 1000 Denver, CO 80202 84-1176712 N/A RELATED No (10) Mercy Housing Colorado III low-inc hsng CO Νo 1999 Broadway Suite 1000 Denver, CO 80202 84-1292696 (11) Mercy Housing Colorado V CO N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 84-1318329 (12) Mercy Housing Colorado VI CO N/A RELATED No Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 84-1361296 (13) Mercy Housing Colorado VII low-inc hsng CO N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 84-1473883 (14) Mercy Housing Colorado VIII low-inc hsng СО N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 93-1190349

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) **(f)** Share of total (d) Direct General Legal (g) Disproprtionate (a) Name, address, and EIN of (b) Predominant (k) (i) Share of endor Domicile Primary activity income(related, allocations? Code V-UBI amount in Percentage Managing Partner? Controlling (State ıncome of-year assets related organization unrelated. Box 20 of Schedule K-1 ownership Entity (Form 1065) excluded from Foreign tax under Country) sections 512-514) Yes No Yes No N/A RELATED (166) low-inc hsng СО No Nο Mercy Housing Colorado XI LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-5331841 (1) СО N/A RELATED No No low-inc hsng Mercy Housing Colorado-I LTD (Grace) 1999 Broadway Suite 1000 Denver, CO 80202 84-1176712 (2) Mercy Housing Colorado-IX RELATED low-inc hsng CO N/A No No 1999 Broadway Suite 1000 Denver, CO 80202 87-0706258 RELATED (3) Mercy Housing Georgia 12 LP low-inc hsng N/A GΑ No No 1999 Broadway Suite 1000 Denver, CO 80202 27-2987561 RELATED (4) Mercy Housing Georgia 13 LP low-inc hsng GΑ N/A No Νo 1999 Broadway Suite 1000 Denver, CO 80202 45-5108221

43-3106221									
(5) Mercy Housing Georgia 14 LP	low-inc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 46-2787254									
(6) Mercy Housing Georgia 15 LP	low-inc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 46-5547801									
(7) Mercy Housing Georgia I	low-ınc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2461689					 				
(8) Mercy Housing Georgia III	low-inc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 43-1954812									
(9) Mercy Housing Georgia IV	low-ınc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 56-2328730									
(10) Mercy Housing Georgia IX LP	low-inc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 20-8829418									
(11) Mercy Housing Georgia V LP	low-ınc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 90-0284434									
(12) Mercy Housing Georgia VI LP	low-inc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 20-4466474							 		
(13) Mercy Housing Georgia VIII LP	low-ınc hsng	GA	N/A	RELATED		No		No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2461689									
(14) Mercy Housing Georgia X	low-ınc hsng	GA	N/A	RELATED	 	No		No	
1999 Broadway Suite 1000 Denver, CO 80202 27-0162550									
	1		1						

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership **(j)** General (c) (e) Legal (d) Direct (f) Share of total (g) Share of end-Predominant Disproprtionate (k) (b) Domicile allocations? Percentage Name, address, and EIN of Primary activity income(related, Code V-UBI amount in Controlling Managing (State ıncome of-year assets ownership Box 20 of Schedule K-1 related organization unrelated, Entity Partner? excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No (181)GΑ N/A RELATED No No low-inc hsng Mercy Housing Georgia XI LP 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190 ID N/A RELATED No (1) No low-inc hsng Mercy Housing Idaho NSP LLC (NSPÍD) 1999 Broadway Suite 1000 Denver, CO 80202 27-1039061 (2) No N/A RELATED ID Νo low-inc hsng Mercy Housing Idaho V (Sisters 1999 Broadway Suite 1000 Denver, CO 80202 04-3624359 (3) Mercy Housing Iowa II LP low-inc hsng IΑ N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 84-1284752 (4) ΝE RELATED N/A No No low-inc hsng mercy housing midwest nebraska 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332 RELATED (5) Mercy Housing S Carolina I low-inc hsng SC N/A No Nο 1999 Broadway Suite 1000 Denver, CO 80202 59-3767323 (6) CA N/A RELATED No No low-inc hsng Mercy Housing Senior Properties 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666 (7) SC N/A RELATED No Νo low-inc hsng Mercy Housing South Carolina I 1999 Broadway Suite 1000 Denver, CO 80202 59-3767323 (8) SD N/A RELATED No No low-inc hsng Housing South Dakota I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-2830331 RELATED (9) SD N/A No No low-inc hsna Mercy Housing South Dakota II 1999 Broadway Suite 1000 Denver, CO 80202 20-2830356 (10) Mercy Housing Utah I UT N/A RELATED No Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 02-0564555 (11)low-inc hsng WA N/A RELATED No No Mercy Housing Washington III 1999 Broadway Suite 1000 Denver, CO 80202 91-1676111 (12) N/A RELATED No WA No low-inc hsng Mercy Housing Washington IX LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1186086 (13) low-inc hsng OR N/A RELATED No No Mercy Housing Washington V 1999 Broadway Suite 1000 Denver, CO 80202 84-1457612 (14) RELATED WA N/A No Nο low-inc hsna Mercy Housing Washington VI 1999 Broadway Suite 1000 Denver. CO 80202 84-1459924

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (g) Disproprtionate (k) Predominant (b) Domicile Direct Share of total Share of endor allocations? Code V-UBI amount in Percentage Name, address, and EIN of income(related, Primary activity Managing (State Controlling ıncome of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, or Entity Partner? excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No (196)WA N/A RELATED No Nο low-inc hsng Mercy Housing Washington VII 1999 Broadway Suite 1000 Denver, CO 80202 91-2038920 RELATED (1) low-inc hsng WA N/A No No Mercy Housing Washington VIII 1999 Broadway Suite 1000 Denver, CO 80202 91-2124779 (2) WA N/A RELATED No No low-inc hsng Mercy Housing Washington X LLC 1999 Broadway Suite 1000 Denver, CO 80202 55-0887839 (3) СО N/A RELATED No No low-inc hsng Mercy Loan Fund Sub-CDE LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-1326149 (4) N/A RELATED low-ınc hsng WA No No Mercy Properties Washington I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 (5) low-inc hsng WA N/A RELATED No No Mercy Properties Washington III LLC 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 (6) MHC Health 1 LP N/A RELATED No Νo low-inc hsng CA 1999 Broadway Suite 1000 Denver, CO 80202 47-3554305 (7) MHC Health 2 LP CA N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 47-4515862 (8) MHNW 9 Othello East LP RELATED low-inc hsng WA N/A No Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-1620007 (9) MHNW 10 Othello West LP WA N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 47-1614235 (10) MHNW 11 Woodlakes LP RELATED WA N/A Nα Nο low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 47-2334969 (11)low-inc hsng WA N/A RELATED Nο Νo MHNW 12 Eleanor Apartments 1999 Broadway Suite 1000 Denver, CO 80202 47-3599013 (12) WA N/A RELATED No No low-inc hsng MHNW 13 Building 9 South LP 1999 Broadway Suite 1000 Denver, CO 80202 <u>47-4</u>660134 (13) WA N/A RELATED No No low-inc hsng MHNW 14 Building 9 North LP 1999 Broadway Suite 1000 Denver, CO 80202 47-4683004 No (14) RELATED WA N/A Νo low-inc hsng MHNW 15 Building 9 Center LP 1999 Broadway Suite 1000 Denver, CO 80202 81-3897409

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

Form 990, Schedule R, Part	TIII - Identification		ted Organizat	ions Taxable a	ns a Partners	hip 		1 1	1 ,,,,	、 1	1
(a) 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	(h) Disproprtionate allocations? Yes No	Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gene or Mana Partr	eral r aging ner?	(k) Percentage ownership
(211) MHSE Adamsville Green Senior Partners	low-inc hsng	GA	N/A	RELATED			Yes No		res	No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2523190											
	low-ınc hsng	GA	N/A	RELATED			No		1	No	<u> </u>
1999 Broadway Suite 1000 Denver, CO 80202 27-5085069											
	low-ınc hsng	GA	N/A	RELATED			No			No	<u> </u>
1999 Broadway Suite 1000 Denver, CO 80202 61-1757712											
(3) MHSE Pinelake LP	low-inc hsng	GA	N/A	RELATED	'		No			No	, _ _
1999 Broadway Suite 1000 Denver, CO 80202 80-0616765											
(4) MHSE Pınelake I LP	low-inc hsng	GA	N/A	RELATED			No			No	
1999 Broadway Suite 1000 Denver, CO 80202 90-0856866											
(5) MHSE Reynoldstown Senior GP LLC	low-inc hsng	GA	N/A	RELATED			No			No	
1999 Broadway Suite 1000 Denver, CO 80202 46-3048811											
	low-inc hsng	GA	N/A	RELATED			No			No	<u> </u>
1999 Broadway Suite 1000 Denver, CO 80202 46-3054017											
(7)	low-ınc hsng	GA	N/A	RELATED			No		\Box	No	·
MSHE Wilson Senior Residence LP 1999 Broadway Suite 1000 Denver, CO 80202											
46-4907701 (8) Monroe Villa	low-inc hsng	WA	N/A	RELATED			No		$\vdash \vdash$	No	<u> </u>
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463											
	low-inc hsng	CA	N/A	RELATED			No			No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308080											
(10) Mortgage Resolution Fund LLC	management	IL	N/A	RELATED			No		-	No	
120 LaSalle Suite 1850 Chicago, IL 60603 45-3801619											
	low-ınc hsng	WA	N/A	RELATED			No		-	No	,
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378											
(12) MPI Highland Place Apartments LP	low-ınc hsng	GA	N/A	RELATED			No			No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2461689		\ 									
	low-inc hsng	IL	N/A	RELATED			No			No	
1999 Broadway Suite 1000 Denver, CO 80202 32-0143113		\ 									
	low-inc hsng	CA	N/A	RELATED			No			No	<u> </u>
1999 Broadway Suite 1000 Denver, CO 80202 77-0256317											

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General Legal (g) (b) Predominant Disproprtionate (i) (k) Direct or Share of total Share of end-Domicile Name, address, and EIN of Primary activity income(related, allocations? Code V-UBI amount in Percentage Managing (State Controlling income of-year assets unrelated, Box 20 of Schedule K-1 ownership related organization Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No (226) New Dana Strand IV-A LP low-inc hsng CA N/A RELATED No Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-3082758 RELATED (1) CA N/A No No low-inc hsna New Dana Strand Partners I LP 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022 (2) CA N/A RELATED No Nο low-inc hsng New Dana Strand Townhomes 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022 (3) New Sterling Park LLC N/A RELATED low-inc hsng ΙL No No 1999 Broadway Suite 1000 Denver, CO 80202 27-2523530 (4) New Sterling Park MM LLC ΙL N/A RELATED No Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 27-2523309 (5) WA N/A RELATED No No low-inc hsng New Tacoma Phase I Owner LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4569316 (6) WA N/A RELATED No Νo low-inc hsna New Tacoma Phase II Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-2478067 (7) RELATED WA N/A No No low-inc hsng New Tacoma Senior Housing Phase I 1999 Broadway Suite 1000 Denver, CO 80202 26-4569316 (8) Northglen LP low-inc hsng ΝE N/A RELATED No Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-4578510 (9) Oak Harbor low-inc hsng WA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 (10) Olympic N/A RELATED No low-inc hsng WA Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED (11)CA N/A No No low-inc hsna Park Terrace Apts (Park Terrace Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3332881 (12) Parkside Terrace LP N/A RELATED No ΙL No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 36-3914505 (13) Pılchuck WA N/A RELATED No low-inc hsng Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 (14) Pine Road Village low-inc hsng WA N/A RELATED No Νo 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 R, Part	111 - Identificatio	1	ated Organiza '	ations Taxable	as a Partner	snib 	ı		1	٠ .		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral or aging ner?	(k) Percentage ownership
(241)	low-inc hsng	CA	N/A	RELATED			Yes	No		res	No	
Pinewood Court Apartments	,		·									
1999 Broadway Suite 1000 Denver, CO 80202 68-0435836												
(1) Plaza Marıa LP	low-ınc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 47-5513121												
(2) Rainer Vista Block 43 Owner LP	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-3221112												_
(3) Red Door Limited Partnership	low-ınc hsng	IL	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 36-3915050												
(4) Rock Creek Terrace	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378												
(5) Roseland Limited Partnerhsip	low-ınc hsng	IL	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 36-4304416												
(6) Roseland Place LP	low-ınc hsng	IL	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 80-0195044												
(7) San Felipe Homes (San Felipe Homes)	low-inc hsng	CA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 95-4384732												
(8) Sandstone	low-ınc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378												
(9) Saxony Manor LLC	low-ınc hsng	WI	N/A	RELATED				No			No	_
1999 Broadway Suite 1000 Denver, CO 80202 35-2521928												
(10) SC Residence LLC	low-inc hsng	WI	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-0675562												
(11) Silvercrest	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378												
(12) Skagıt Vıllage	low-inc hsng	WA	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463												
(13) Somerset Senior Hsg	low-inc hsng	TX	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 74-2765568												
(14) South Loop Apartments	low-inc hsng	IL	N/A	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 36-4027476												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General Legal (d) (g) (b) Predominant Disproprtionate (i) (k) (a) or Direct Share of total Share of end-Domicile Name, address, and EIN of income(related, allocations? Code V-UBI amount in Percentage Primary activity Managing (State Controlling ıncome of-year assets unrelated, Box 20 of Schedule K-1 ownership related organization Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No (256) St Andrew Community LP CA N/A RELATED Νo No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080 RELATED (1) St Mary Tower LLC CA N/A No No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 47-5627488 (2) CA N/A RELATED No No low-inc hsng Sunnydale Development Co LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-3566543 (3) CA RELATED low-inc hsng N/A No No Sycamore Street Commons LLC 1999 Broadway Suite 1000 Denver, CO 80202 77-0117473 (4) low-inc hsng CA N/A RELATED No No Tahoe Valley Townhomes Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3298324 IL N/A RELATED No No low-inc hsng The Keating Building Little Village 1999 Broadway Suite 1000 Denver, CO 80202 26-4584321 (6) Third and LeCante LP CA N/A RELATED Νo No low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 26-4176495 CA N/A RELATED (7)low-inc hsng No No Villa Columba Mercy Riverside LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076 (8) Villa Kathleen Redevelopment low-inc hsng WA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 (9) low-inc hsng CA N/A RELATED No No Village Park Housing Associates 1999 Broadway Suite 1000 Denver, CO 80202 68-0254566 (10) low-inc hsng CA N/A RELATED Νo No Visitation Valley Fam Hsg Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3275566 (11) Wapato Gardens WA N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 (12) Washington Square WA RELATED N/A No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 (13) Wentworth Commons ΙL N/A RELATED No No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 30-0082553 (14) West 28th Street low-inc hsng CA N/A RELATED No No 1999 Broadway Suite 1000 Denver, CO 80202 95-4550003

(j) (c) (e) (h) General (d) (f) (g) Legal Disproprtionate (b) (a) Predominant Direct Share of total Share of end-Domicile or allocations? Code V-UBI amount in Managing Name, address, and EIN of income(related, Primary activity

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

WA

WA

N/A

N/A

low-inc hsng

low-inc hsng

1999 Broadway Suite 1000 Denver, CO 80202 26-4578652

1999 Broadway Suite 1000 Denver, CO 80202 77-0601463

1999 Broadway Suite 1000 Denver, CO 80202 77-0601463

(2) Woodlake Manor II

(1) Woodlake Manor

related organization		or Entity Foreign Country)		unrelated, excluded from tax under sections 512-514)	or-year assets			Box 20 of Schedule K-1 (Form 1065)	Partner?			
				512-514)			Yes	No		Yes	No	
(271) Western Manor LP	low-ınc hsng	NE	N/A	RELATED				No			No	

RELATED

RELATED

Yes	No	
	No	
	I	l

No

(k)

Percentage

ownership

No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (f) (h) (i) (a) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income year ownership (b)(13)controlled (state or foreign or trust) assets country) entity? Yes No N/A (1) 104th street mm llc IL No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 27-2754418 (1) 111th & Wentworth Apartments Corp ΙL N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 38-3648994 (2) Affordable Housing Corp CA N/A low-inc hsng No 1999 Broadway Suite 1000 Denver, CO 80202 84-1173690 (3) Affordable Housing Initiative (AHI) CA N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 94-3096988 (4) Antioch II LLC low-inc hsng GΑ N/A No 1999 Broadway Suite 1000 Denver, CO 80202 27-3209358 (5) Aurora Senior Apartments GP LLC ΙL N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 27-2564297 (6) Belray Apartments Corporation ΙL N/A low-inc hsng No 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474 (7) Belvidere Place Corp I NFP low-inc hsng ΚY N/A No 1999 Broadway Suite 1000 Denver, CO 80202 26-3800299 (8) Countryside Seniors LLC low-inc hsng ΙL N/A Nο 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851 c (9) Danville Veterans Housing MM LLC low-inc hsna ΙL N/A No 1999 Broadway Suite 1000 Denver, CO 80202 36-4728761 (10) Englewood Apartments NFP low-inc hsng ΙL N/A No 1999 Broadway Suite 1000 Denver, CO 80202 26-1233523 (11) Esperanza Crossing II LLC CA low-inc hsng N/A No 1999 Broadway Suite 1000 Denver, CO 80202 81-3887973 (12) Greenwich Park Apartments MM LLC WI low-inc hsng N/A No 1999 Broadway Suite 1000 Denver, CO 80202 61-1750718 (13)low-inc hsng ΙL N/A No Harold Washington Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202

ΙL

low-inc hsna

N/A

No

36-3556291

(14) HWA 850 EastWOOD GP

1999 Broadway Suite 1000 Denver, CO 80202 27-1257072

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (i) (b) (c) (d) (e) (f) (g) (h) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, ıncome year ownership (b)(13)(state or foreign controlled or trust) assets entity? country) Yes No (16) Impact Family Village GP LLC WA N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 36-4715432 (1) ΙL N/A No low-inc hsna Kankakee Station Street Senior Housing MM 1999 Broadway Suite 1000 Denver, CO 80202 32-0399823 (2) Malden Arms Corp II NFP CA low-inc hsng N/A No 1999 Broadway Suite 1000 Denver, CO 80202 36-3815990 (3) McDermott Place low-inc hsng IΑ N/A No 1999 Broadway Suite 1000 Denver, CO 80202 47-0779682 (4) MCHG Partners Inc (MCHG) low-inc hsng GΑ N/A No 1999 Broadway Suite 1000 Denver, CO 80202 20-8824753 (5) Mercy Affordable Housing Inc (MAHI) ID N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 82-0489878 (6) Mercy Commercial California low-inc hsng CA N/A No 1999 Broadway Suite 1000 Denver, CO 80202 94-3382154 (7) Mercy Galewood SLF Inc ΙL N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 20-5825081 (8) Mercy Housing Georgia XI GP LLC GΑ N/A low-inc hsng No 1999 Broadway Suite 1000 Denver, CO 80202 27-3316657 (9) Mercy Lithonia Park View Inc GΑ low-inc hsng N/A No 1999 Broadway Suite 1000 Denver, CO 80202 20-8829364 WA N/A low-inc hsng No Mercy Othello Plaza Condominium Association 1999 Broadway Suite 1000 Denver, CO 80202 (11) Mercy Sterling NFP ΙL N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 27-4446431 (12) MHMP CO GP Inc CO N/A low-inc hsng No 1999 Broadway Suite 1000 Denver, CO 80202 61-1689475 (13) MHSE Adamsville Green Senior Partners GΑ N/A lc No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202

GΑ

low-inc hsng

N/A

No

27-1321251

(14) MHSE Arbors LLC

1999 Broadway Suite 1000 Denver, CO 80202 27-3284075

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, income year ownership (b)(13)(state or foreign assets or trust) controlled country) entity? Yes No (31) MHSE Mercy Park GP LLC lc low-inc hsng GΑ N/A No 1999 Broadway Suite 1000 Denver, CO 80202 47-3464689 (1) MHSE Savannah Gardens Phase III LLC GΑ N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 58-2434289 (2) MHSE Savannah Gardens Phase IV GP GΑ N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 45-4967129 (3) MHSE Savannah Gardens Phase V GP LLC N/A low-inc hsng GΑ No 1999 Broadway Suite 1000 Denver, CO 80202 46-2777338 (4) MHL Keating MM LLC low-inc hsng ΙL N/A No 1999 Broadway Suite 1000 Denver, CO 80202 26-4584262 (5) MPI Highland Place LLC low-inc hsng GΑ N/A No 1999 Broadway Suite 1000 Denver, CO 80202 26-2380898 (6) Near North Apartments Corp NF ΙL N/A low-inc hsng No 1999 Broadway Suite 1000 Denver, CO 80202 36-4570431 (7) New Sterling Park MM LLC low-inc hsng IL N/A No 1999 Broadway Suite 1000 Denver, CO 80202 27-2523309 (8) New Tacoma Condominium Association WA N/A Nο low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 47-3225087 c (9) Roseland Apartments Corporation ΙL N/A No low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 36-4304417 (10) Savannah Rose of Sharon LLC low-inc hsng GΑ N/A No 1999 Broadway Suite 1000 Denver, CO 80202 20-3591948 (11) South Loop Apartments Corporation low-inc hsng ΙL N/A Nο 1999 Broadway Suite 1000 Denver, CO 80202 36-4027475 (12) Stapleton II Mercy LLC CO N/A low-inc hsna Nο 1999 Broadway Suite 1000

Denver, CO 80202 27-0954394

1999 Broadway Suite 1000 Denver, CO 80202 36-3855355

(13) Winthrop Apartments Corporation

low-inc hsng

ΙL

N/A

No