

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST CATHERINE RESIDENCE INC % STEVE SPEARS Doing business as		D Employer identification number 39-0857537
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1999 broadway suite 1000		E Telephone number (303) 830-3300
	City or town, state or province, country, and ZIP or foreign postal code denver, CO 80202		G Gross receipts \$ 926,117
	F Name and address of principal officer MARK ANGELINI 1999 broadway suite 1000 denver, CO 80202		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number <input type="checkbox"/> 0928

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

J Website: stcatherineresidence.org

K Form of organization Corporation Trust Association Other

L Year of formation 1986 **M** State of legal domicile WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities provide housing and supportive services for any woman needing a safe home from which to start over				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0		
	6 Total number of volunteers (estimate if necessary)	6	125		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0			
b Net unrelated business taxable income from Form 990-T, line 34	7b				
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	237,566	Current Year	126,697
	9 Program service revenue (Part VIII, line 2g)		800,713		799,436
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		987		-16
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,039,266		926,117
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			269,946		265,359
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			939,626		914,799
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,209,572		1,273,658	
19 Revenue less expenses Subtract line 18 from line 12		-170,306		-347,541	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)		3,134,235		3,890,355
	21 Total liabilities (Part X, line 26)		240,016		496,430
	22 Net assets or fund balances Subtract line 21 from line 20		2,894,219		3,393,925

Part II Signature Block

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

Sign Here	***** Signature of officer	2016-11-15 Date
	G p Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KATHY BLACKBURN	Preparer's signature KATHY BLACKBURN	Date	Check <input type="checkbox"/> if self-employed	PTIN P00450629
	Firm's name <input type="checkbox"/> COHNREZNICK LLP			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 525 N TRYON STREET STE 1000 CHARLOTTE, NC 28202			Phone no (704) 332-9100	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
TO ENSURE SAFE, AFFORDABLE, AND SUPPORTIVE HOUSING TO WOMEN WITH LIMITED INCOME WHO HAVE DIVERSE TALENTS AND NEEDS AND ASPIRE TO MAXIMIZE THEIR PERSONAL GROWTH AND EMPLOYMENT OPPORTUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,273,658 including grants of \$ 93,500) (Revenue \$ 799,436)
The Organization manages and directs a housing complex that ensures safe, affordable, and supportive housing to women who have limited income but do have diverse talents and needs The support provided by the organization includes but is not limited to General Housing for over 250 women, the right start/Independent living program which supports young and unwed mothers, and the next step program which is specifically designed to support women who are homeless and have a disability

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

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

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

4e Total program service expenses 1,273,658

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

<p>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>	<p>Yes</p>	
<p>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>		<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p>	<p>23</p>	<p>Yes</p>	
<p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>		<p>No</p>
<p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>		<p>No</p>
<p>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>		<p>No</p>
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>		<p>No</p>
<p>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>		<p>No</p>
<p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>	<p>Yes</p>	
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>	<p>Yes</p>	
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>		<p>No</p>
<p>b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>		
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>		<p>No</p>
<p>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>		<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>	

Part 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> STEVE SPEARS 1999 BROADWAY SUITE 1000 denver, CO 80202 (303) 830-3300

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) chns burckhardt director	1 0 40 0	X						0	253,663	37,879
(2) fatmah farraj director/vp/vice chairman	1 0 40 0	X		X				0	91,965	9,646
(3) mark angelini director/chairman/president	1 0 40 0	X		X				0	188,588	36,678
(4) melissa clayton vice president	1 0 40 0			X				0	174,565	25,759
(5) bruce saab vice president	1 0 40 0			X				0	117,836	15,283
(6) vince dodds treasurer	1 0 40 0			X				0	179,192	32,548
(7) joe rosenblum secretary	1 0 40 0			X				0	85,134	24,358

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	126,697				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	126,697				
Program Service Revenue			Business Code				
	2a	RENTAL INCOME	532000	578,805	578,805		
	b	OTHER REVENUE	532000	153,184	153,184		
	c	INTEREST	532000	67,447	67,447		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		799,436			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
		d	Net rental income or (loss)		0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		-16		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold b					
c		Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		926,117	799,436			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	93,500	93,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	265,359	265,359		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	119,325	119,325		
b	Legal	16,843	16,843		
c	Accounting	5,333	5,333		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,587	1,587		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	128,835	128,835		
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FACILITY	540,004	540,004		
b	RESIDENT SERVICES CONTRACT FEE	50,000	50,000		
c	PROVISION FOR IMPAIRED LOSSES	39,886	39,886		
d	BAD DEBTS	12,986	12,986		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,273,658	1,273,658	0	0
26	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	76,745	1	127,238	
	2 Savings and temporary cash investments	0	2	0	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	43,073	4	56,863	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0	
	7 Notes and loans receivable, net	479,674	7	1,328,316	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	20,937	9	22,334	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	5,052,069			
	b Less: accumulated depreciation	3,301,949	1,878,954	10c	1,750,120
	11 Investments—publicly traded securities	0	11	0	
	12 Investments—other securities. See Part IV, line 11	0	12	0	
	13 Investments—program-related. See Part IV, line 11	600,422	13	600,406	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	34,430	15	5,078	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,134,235	16	3,890,355		
Liabilities	17 Accounts payable and accrued expenses	138,057	17	382,289	
	18 Grants payable	0	18	0	
	19 Deferred revenue	0	19	0	
	20 Tax-exempt bond liabilities	0	20	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	101,959	25	114,141		
26 Total liabilities. Add lines 17 through 25	240,016	26	496,430		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,786,098	27	3,285,804	
	28 Temporarily restricted net assets	106,121	28	106,121	
	29 Permanently restricted net assets	2,000	29	2,000	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	2,894,219	33	3,393,925		
34 Total liabilities and net assets/fund balances	3,134,235	34	3,890,355		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	926,117
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,273,658
3	Revenue less expenses Subtract line 2 from line 1	3	-347,541
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,894,219
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	847,247
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,393,925

Part XII 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b 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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CATHERINE RESIDENCE INC

Employer identification number

39-0857537

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 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, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
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.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
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.		
c 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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
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.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section 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 instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- 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 supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- 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.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 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 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e 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 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization ST CATHERINE RESIDENCE INC

Employer identification number 39-0857537

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year. Includes questions 5 and 6 regarding donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and 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 100.000%
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:

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN SC RESIDENCE MM	600,537	C
(2) INVESTMENT IN SC RESIDENCE LLC	-131	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	600,406	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
SECURITY DEPOSITS	27,000
DUE TO AFFILIATES	87,141
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	114,141

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
fin 48 (asc 740)	MHI AND ITS CONSOLIDATED NONPROFIT CORPORATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE STATUTES MHI DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014 ALL NONPROFIT CORPORATIONS ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, THE COMPANY DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
PART I	THE GRANT EXPENSE REPRESENTS CONTRIBUTIONS TO AFFILIATED ORGANIZATIONS DONORS CONTRIBUTE TO THE ORGANIZATION FOR SPECIFIC CAPITAL PROJECTS OR OTHER RESTRICTED OPERATING AND PROGRAM ACTIVITIES, AND THE ORGANIZATION PASSES THE CONTRIBUTION TO A RELATED ENTITY IN ACCORDANCE WITH THE DONOR RESTRICTIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CATHERINE RESIDENCE INC

Employer identification number

39-0857537

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

Note. The sum of columns (B)(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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 chris burckhardt director	(i) 0	0	0	0	0	0	0
	(ii) 253,663	0	0	7,193	30,686	291,542	0
2 melissa clayton vice president	(i) 0	0	0	0	0	0	0
	(ii) 174,565	0	0	4,606	21,153	200,324	0
3 vince dodd treasurer	(i) 0	0	0	0	0	0	0
	(ii) 179,192	0	0	7,566	24,982	211,740	0
4 mark angelini director/chairman/president	(i) 0	0	0	0	0	0	0
	(ii) 188,588	0	0	6,000	30,678	225,266	0

Part III Supplemental Information

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CATHERINE RESIDENCE INC

Employer identification number

39-0857537

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI SECTION B #15A & #15B	THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT, CHAIRMAN, OFFICERS, AND DIRECTORS IS DETERMINED BY AN EMPLOYEE BENEFITS COMMITTEE, WHICH IS APPOINTED BY THE BOARD OF DIRECTORS OF MERCY HOUSING, INC TO ENSURE COMPETITIVENESS AND REASONABLENESS, WAGES ARE COMPARED TO OTHER AFFORDABLE HOUSING ORGANIZATIONS, BOTH FOR- AND NOT-FOR-PROFIT, OR THE LOCAL MARKET FOR POSITIONS APPLICABLE TO A BROADER COMPETITIVE MARKET MERCY HOUSING, INC WILL COMPLY WITH ALL APPLICABLE FEDERAL AND STATE LABOR LAWS AND REGULATIONS THE PROCESS WILL BE ADMINISTERED ACCORDING TO THE RELEVANT HUMAN RESOURCE OPERATIONAL POLICIES AND BY THE HUMAN RESOURCE DEPARTMENT WITH DIRECTION FROM THE SENIOR LEADERSHIP TEAM THE CEO WILL MAKE A REPORT TO THE BOARD OF TRUSTEES ON IMPLEMENTATION OF THE WAGE AND BENEFIT PROGRAM ANNUALLY PERIODICALLY THE HUMAN RESOURCES COMMITTEE WITHIN THE MERCY HOUSING, INC BOARD OF TRUSTEES WILL REVIEW EXECUTIVE SALARIES TO ENSURE COMPETITIVENESS AND REASONABLENESS WITH EXTERNAL MARKETS AND FOR INTERNAL EQUITY IN RELATION TO GENERAL EMPLOYEE WAGES AND BENEFITS, INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE, AND THE FINANCIAL RESOURCES OF THE ORGANIZATION
PART VI SECTION C #19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
PART VI SECTION B #11	EACH MEMBER IS GIVEN THE OPPORTUNITY TO REVIEW THE RETURN BEFORE IT IS FILED
PART VI SECTION B #12C	THE AUDIT COMMITTEE OF MERCY HOUSING, INC REVIEWS PERIODICALLY THE CONFLICT OF INTEREST DISCLOSURES AND DETERMINES WHETHER ANY ACTION IS REQUIRED
PART VI SECTION A #7A & #7B	THE BOARD OF TRUSTEES OF MERCY HOUSING, INC HAS AUTHORITY OVER st catherine residence inc IN VARIOUS ASPECTS OF OPERATIONS AND MANAGEMENT THE RESERVED RIGHTS HELD BY THE MERCY HOUSING BOARD OF TRUSTEES, WHICH MAY BE FURTHER DELEGATED TO THE PRESIDENT AND CEO OF MERCY HOUSING, INC, include approval of the following activities revisions to articles and bylaws, mergers and acquisitions, establishment of new entities, pledging, mortgaging, or disposing of all or substantially all assets, obligations of new operating and mortgage debt, and appointment or removal of governing board members and officers
PART VI SECTION A #6	st catherine residence, inc IS A NONSTOCK, NONPROFIT CORPORATION WITH MERCY HOUSING lakefront AS THE SOLE MEMBER
PART XII 2C	Mercy Housing, Inc assumes responsibility for oversight of the audit and the selection of an independent accountant
PART XI LINE 9	THIS ADJUSTMENT TO EQUITY IS THE RESULT OF AN AUDIT ADJUSTMENT MADE AFTER THE TAX RETURN WENT FINAL

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CATHERINE RESIDENCE INC

Employer identification number
39-0857537

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

(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) SC RESIDENCE MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-0675760	low-inc hshg	WI	39,886	662,231 NA	

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

Table with columns: Transaction type (a-s), Name of related organization (a), Transaction type (b), Amount involved (c), Method of determining amount involved (d), Yes/No columns (1a-1s).

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

Table with columns: Name of related organization (a), Transaction type (b), Amount involved (c), Method of determining amount involved (d), Yes/No columns (1r-1s).

Part VII Supplemental Information

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

Return Reference

Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0857537
Name: ST CATHERINE RESIDENCE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2101 Telegraph Avenue Inc 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	501 (c) (3)	11a	NA		No
All Hallows Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2722870	low-inc hsng	CA	501 (c) (3)	9	NA		No
Allegre Point Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295472	low-inc hsng	CO	501 (c) (3)	9	NA		No
Avondale Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0980810	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Camelot Casitas 1999 Broadway Suite 1000 Denver, CO 80202 86-0980809	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Cantebria Senior Homes 1999 Broadway Suite 1000 Denver, CO 80202 94-3361794	low-inc hsng	CA	501 (c) (3)	9	NA		No
Casa de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0808941	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Casa de Shanti 1999 Broadway Suite 1000 Denver, CO 80202 86-0728526	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Central Coast Housing 1999 Broadway Suite 1000 Denver, CO 80202 77-0117473	low-inc hsng	CA	501 (c) (3)	9	NA		No
Charles Crest Corporation (Charles Crest) 1999 Broadway Suite 1000 Denver, CO 80202 34-1399869	low-inc hsng	OH	501 (c) (3)	9	NA		No
Charles Crest II Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1714407	low-inc hsng	OH	501 (c) (3)	9	NA		No
Charles Meadows Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1552671	low-inc hsng	OH	501 (c) (3)	9	NA		No
Decatur Place 1999 Broadway Suite 1000 Denver, CO 80202 84-1062097	low-inc hsng	CO	501 (c) (3)	9	NA		No
Dublin Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 02-0655254	low-inc hsng	KY	501 (c) (3)	9	NA		No
Eagle Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 03-0410639	low-inc hsng	ID	501 (c) (3)	9	NA		No
EHCC Housing Corp (Eden House) 1999 Broadway Suite 1000 Denver, CO 80202 94-3234538	low-inc hsng	CA	501 (c) (3)	11a	NA		No
El Mirage Senior 1999 Broadway Suite 1000 Denver, CO 80202 86-0847975	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Fairfax Nonprofit Housing Development Co 1999 Broadway Suite 1000 Denver, CO 80202 94-2772546	low-inc hsng	CA	501 (c) (3)	9	NA		No
Florin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0336533	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Francis of Assisi Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2366315	low-inc hsng	CA	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Garden Park Apt Community 1999 Broadway Suite 1000 Denver, CO 80202 68-0484147	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Gault Street Senior 1999 Broadway Suite 1000 Denver, CO 80202 75-2983979	low-inc hsng	CA	501 (c) (3)	9	NA		No
Guadalupe Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0897709	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Homes for Greeley 1999 Broadway Suite 1000 Denver, CO 80202 84-1349918	low-inc hsng	CO	501 (c) (3)	9	NA		No
Independence Hill Inc 1999 Broadway Suite 1000 Denver, CO 80202 72-1545927	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Intercommunity Housing Ferndale 1999 Broadway Suite 1000 Denver, CO 80202 91-1667138	low-inc hsng	WA	501 (c) (3)	9	NA		No
John W King Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3282891	low-inc hsng	CA	501 (c) (3)	9	NA		No
Kane County Neighborhood Stabilization C 1999 Broadway Suite 1000 Denver, CO 80202 27-2239991	low-inc hsng	IL	501 (c) (3)	9	NA		No
Macleav Non-Proft Housing Development 1999 Broadway Suite 1000 Denver, CO 80202 94-2762529	low-inc hsng	CA	501 (c) (3)	9	NA		No
Maria B Freitas Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3190261	low-inc hsng	CA	501 (c) (3)	9	NA		No
Marin Homes for Independent Living 1999 Broadway Suite 1000 Denver, CO 80202 94-2787430	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Marin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-1358291	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Marlton Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 91-2164481	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Marshside Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-1910771	low-inc hsng	SC	501 (c) (3)	9	NA		No
McAuley Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548500	low-inc hsng	KY	501 (c) (3)	9	NA		No
Mercy Bond Properties AZ I 1999 Broadway Suite 1000 Denver, CO 80202 94-3142767	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Mercy Bond Properties Colorado I 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Mercy Bond Properties Nebraska I 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Community Housing Georgia 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	501 (c) (3)	11a	NA		No
Mercy Gardens 1999 Broadway Suite 1000 Denver, CO 80202 33-0809069	low-inc hsng	CA	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Mercy Holly Park East 1999 Broadway Suite 1000 Denver, CO 80202 84-1347445	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Mercy Housing CA Holding Co 1999 Broadway Suite 1000 Denver, CO 80202 94-2834861	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing California 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Housing California Family Properti 1999 Broadway Suite 1000 Denver, CO 80202 33-0998451	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing California Senior Properti 1999 Broadway Suite 1000 Denver, CO 80202 20-3177114	low-inc hsng	IL	501 (c) (3)	9	NA		No
Mercy Housing California Special Needs 1999 Broadway Suite 1000 Denver, CO 80202 94-3088260	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing CalWest 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Housing Lakefront 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	IL	501 (c) (3)	7	NA		No
MERCY HOUSING MANAGEMENT GROUP 1999 Broadway Suite 1000 Denver, CO 80202 82-0376108	low-inc hsng	IL	501 (c) (3)	9	NA		No
Mercy Housing Midwest 1999 Broadway Suite 1000 Denver, CO 80202 47-0772351	low-inc hsng	NE	501 (c) (3)	9	NA		No
MERCY HOUSING MOUNTAIN PLAINS 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	CO	501 (c) (3)	9	NA		No
Mercy Housing Northwest 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	501 (c) (3)	9	NA		No
Mercy Housing Northwest Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Housing Ohio Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-2373936	low-inc hsng	OH	501 (c) (3)	11a	NA		No
Mercy Housing Pembroke Inc 1999 Broadway Suite 1000 Denver, CO 80202 13-4224803	low-inc hsng	GA	501 (c) (3)	9	NA		No
Mercy Housing Southeast 1999 Broadway Suite 1000 Denver, CO 80202 56-1993872	low-inc hsng	NC	501 (c) (3)	9	NA		No
Mercy Housing Southwest 1999 Broadway Suite 1000 Denver, CO 80202 86-0743192	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Mercy Housing West 1999 Broadway Suite 1000 Denver, CO 80202 68-0254564	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Housing 2904 N 45th St Omaha 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	9	NA		No
Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202 47-0646706	low-inc hsng	CA	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Mercy Loan Fund 1999 Broadway Suite 1000 Denver, CO 80202 84-1559406	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1344092	low-inc hsng	TN	501 (c) (3)	9	NA		No
Mercy Midtown Inc 1999 Broadway Suite 1000 Denver, CO 80202 68-0002157	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Moscow Inc (Hawthorne) 1999 Broadway Suite 1000 Denver, CO 80202 82-0475388	low-inc hsng	ID	501 (c) (3)	9	NA		No
Mercy Oaks Village 1999 Broadway Suite 1000 Denver, CO 80202 75-3134134	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Oakwood Gardens 1999 Broadway Suite 1000 Denver, CO 80202 84-1344220	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-inc hsng	NC	501 (c) (3)	9	NA		No
Mercy Portfolio Services 1999 Broadway Suite 1000 Denver, CO 80202 26-4002114	low-inc hsng	CO	501 (c) (3)	9	NA		No
Mercy Properties Arizona 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AR	501 (c) (3)	9	NA		No
Mercy Properties California 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Properties II Inc 1999 Broadway Suite 1000 Denver, CO 80202 82-0485862	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Properties WA II 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-inc hsng	WA	501 (c) (3)	9	NA		No
Mercy Properties Washington 1999 Broadway Suite 1000 Denver, CO 80202 91-1903782	low-inc hsng	WA	501 (c) (3)	11a	NA		No
Mercy Properties Inc (MPI) 1999 Broadway Suite 1000 Denver, CO 80202 84-1173689	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Senior Housing Oxnard 1999 Broadway Suite 1000 Denver, CO 80202 94-3224446	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Southeast Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1284293	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Village Joplin 1999 Broadway Suite 1000 Denver, CO 80202 37-1459692	low-inc hsng	MO	501 (c) (3)	9	NA		No
Mesa Senior Meadows 1999 Broadway Suite 1000 Denver, CO 80202 86-0897708	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Most Holy Redeemer Senior Housing Corpor 1999 Broadway Suite 1000 Denver, CO 80202 94-3044873	low-inc hsng	CA	501 (c) (3)	9	NA		No
Neary Lagoon Inc 1999 Broadway Suite 1000 Denver, CO 80202 77-0214799	low-inc hsng	CA	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Notre Dame Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3209503	low-inc hsng	CA	501 (c) (3)	9	NA		No
Oceana Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3167825	low-inc hsng	CA	501 (c) (3)	9	NA		No
Padre Apartments Community 1999 Broadway Suite 1000 Denver, CO 80202 84-0789830	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Peoria Place 1999 Broadway Suite 1000 Denver, CO 80202 86-0980811	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Plazas de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0758961	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Presentation Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3264209	low-inc hsng	CA	501 (c) (3)	9	NA		No
Riverview - St Mary's Inc(St Mary's 1999 Broadway Suite 1000 Denver, CO 80202 62-1782683	low-inc hsng	TN	501 (c) (3)	9	NA		No
Roseland Place Inc NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-2330256	low-inc hsng	IL	501 (c) (3)	9	NA		No
Roseland Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 26-4723017	low-inc hsng	IL	501 (c) (3)	9	NA		No
Russell Manor 1999 Broadway Suite 1000 Denver, CO 80202 93-1189914	low-inc hsng	CA	501 (c) (3)	9	NA		No
Sacred Heart Village I Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411531	low-inc hsng	KY	501 (c) (3)	9	NA		No
Sacred Heart Village II Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1339396	low-inc hsng	KY	501 (c) (3)	9	NA		No
Sacred Heart Village III Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1367719	low-inc hsng	OH	501 (c) (3)	9	NA		No
San Juan Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0378676	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Savannah Gardens Senior Residences Inc 1999 Broadway Suite 1000 Denver, CO 80202 27-3400284	low-inc hsng	GA	501 (c) (3)	9	NA		No
Siena Springs (Siena Springs I) 1999 Broadway Suite 1000 Denver, CO 80202 31-1052772	low-inc hsng	OH	501 (c) (3)	9	NA		No
Siena Springs II 1999 Broadway Suite 1000 Denver, CO 80202 31-1591780	low-inc hsng	OH	501 (c) (3)	9	NA		No
South of Market Mercy 1999 Broadway Suite 1000 Denver, CO 80202 94-3199902	low-inc hsng	CA	501 (c) (3)	11a	NA		No
St Catherine Residence Inc 1999 Broadway Suite 1000 Denver, CO 80202 39-0857537	low-inc hsng	WI	501 (c) (3)	1	NA		No
St Elizabeth Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-2705149	low-inc hsng	CA	501 (c) (3)	11a	NA		No

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

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

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
365 Fulton LP (Parcel G) 1999 Broadway Suite 1000 Denver, CO 80202 26-1539223	low-inc hsng	CA	na	RELATED				No			No	
4707 Malden Ltd Partnership 1999 Broadway Suite 1000 Denver, CO 80202 36-3762788	low-inc hsng	IL	na	RELATED				No			No	
5042 Winthrop Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 36-3855358	low-inc hsng	IL	na	RELATED				No			No	
55 Laguna LP 1999 Broadway Suite 1000 Denver, CO 80202 45-3582721	low-inc hsng	CA	na	RELATED				No			No	
901 West 63rd LP (Englewood Apartments) 1999 Broadway Suite 1000 Denver, CO 80202 26-1233617	low-inc hsng	IL	na	RELATED				No			No	
Acquisition Properties Georgia I 1999 Broadway Suite 1000 Denver, CO 80202 20-4465851	low-inc hsng	GA	na	RELATED				No			No	
Acquisition Properties Georgia II 1999 Broadway Suite 1000 Denver, CO 80202 20-4465972	low-inc hsng	GA	na	RELATED				No			No	
Adamsville Green LP 1999 Broadway Suite 1000 Denver, CO 80202 26-2252791	low-inc hsng	GA	na	RELATED				No			No	
Allegre Mercy Redevelopment LLLP 1999 Broadway Suite 1000 Denver, CO 80202 45-3540725	low-inc hsng	WA	na	RELATED				No			No	
Antioch Villas LP 1999 Broadway Suite 1000 Denver, CO 80202 27-0194197	low-inc hsng	GA	na	RELATED				No			No	
Appian Way Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	na	RELATED				No			No	
Aromor Mercy LLC (Aromor Apartments) 1999 Broadway Suite 1000 Denver, CO 80202 30-0296042	low-inc hsng	CO	na	RELATED				No			No	
Bayshore Court 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED				No			No	
Belray Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474	low-inc hsng	IL	na	RELATED				No			No	
Bennett House LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308081	low-inc hsng	CA	na	RELATED				No			No	

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

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							Yes	No		Yes	No	
Commons on Main LP 1999 Broadway Suite 1000 Denver, CO 80202 20-8033896	low-inc hsng	OH	na	RELATED				No			No	
Countryside Senior Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	low-inc hsng	IL	na	RELATED				No			No	
Danville Veterans Housing LLC 1999 Broadway Suite 1000 Denver, CO 80202 35-2441770	low-inc hsng	IL	na	RELATED				No			No	
Dorothy Day Community LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308078	low-inc hsng	CA	na	RELATED				No			No	
Dove Family Housing Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 33-0975782	low-inc hsng	CA	na	RELATED				No			No	
Eden House LP 1999 Broadway Suite 1000 Denver, CO 80202 46-2704216	low-inc hsng	CA	na	RELATED				No			No	
El Monte LP 1999 Broadway Suite 1000 Denver, CO 80202 46-1360554	low-inc hsng	CA	na	RELATED				No			No	
Evergreen Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Evergreen Vista 1 Owner LP 1999 Broadway Suite 1000 Denver, CO 80202 27-4160484	low-inc hsng	WA	na	RELATED				No			No	
Family Tree & Lincoln Way LLLP 1999 Broadway Suite 1000 Denver, CO 80202 46-2841485	low-inc hsng	WA	na	RELATED				No			No	
Ferndale Villa 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Fircrest 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Florin Wood Assoc 1999 Broadway Suite 1000 Denver, CO 80202 68-0318012	low-inc hsng	CA	na	RELATED				No			No	
Franciscan Homes III LP 1999 Broadway Suite 1000 Denver, CO 80202 31-1394513	low-inc hsng	OH	na	RELATED				No			No	
Franciscan Homes IV LP 1999 Broadway Suite 1000 Denver, CO 80202 31-1463371	low-inc hsng	OH	na	RELATED				No			No	

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							Yes	No		Yes	No	
Galewood SLF Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 20-1882654	low-inc hsg	IL	na	RELATED				No			No	
Grayslake senior housing 1999 Broadway Suite 1000 Denver, CO 80202 26-3800351	low-inc hsg	IL	na	RELATED				No			No	
Greenwich Park Apartments LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0453460	low-inc hsg	WI	na	RELATED				No			No	
Harold Washington Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291	low-inc hsg	IL	na	RELATED				No			No	
HWA-850 EASTWOOD LP 1999 Broadway Suite 1000 Denver, CO 80202 27-1257130	low-inc hsg	IL	na	RELATED				No			No	
Impact Family Village GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-4715432	low-inc hsg	WA	na	RELATED				No			No	
Impact Family Village LP 1999 Broadway Suite 1000 Denver, CO 80202 80-0769567	low-inc hsg	WA	na	RELATED				No			No	
Intercommunity Mercy Washington II 1999 Broadway Suite 1000 Denver, CO 80202 91-1572690	low-inc hsg	WA	na	RELATED				No			No	
JFK Tower LP 1999 Broadway Suite 1000 Denver, CO 80202 47-3477829	low-inc hsg	CA	na	RELATED				No			No	
Johnston Center Outlots LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsg	WI	na	RELATED				No			No	
Johnston Center Re-Use LP 1999 Broadway Suite 1000 Denver, CO 80202 30-0529359	low-inc hsg	IL	na	RELATED				No			No	
Junipero Serra LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308082	low-inc hsg	CA	na	RELATED				No			No	
Kankakee Station Street Senior Housing L 1999 Broadway Suite 1000 Denver, CO 80202 46-1841937	low-inc hsg	IL	na	RELATED				No			No	
Kennedy Estates Hsg Assoc 1999 Broadway Suite 1000 Denver, CO 80202 68-0355465	low-inc hsg	CA	na	RELATED				No			No	
La Playa Residential 1999 Broadway Suite 1000 Denver, CO 80202 77-0278613	low-inc hsg	CA	na	RELATED				No			No	

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							Yes	No		Yes	No	
Lake Stevens 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Lake Village East 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Mabton Gardens 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED				No			No	
Magnolia Limited Partnership 1999 Broadway Suite 1000 Denver, CO 80202 36-3822288	low-inc hsng	IL	na	RELATED				No			No	
Malden Limited Partnership II 1999 Broadway Suite 1000 Denver, CO 80202 20-8746121	low-inc hsng	IL	na	RELATED				No			No	
Marlton Affordable Hsg Assoc 1999 Broadway Suite 1000 Denver, CO 80202 04-3594636	low-inc hsng	CA	na	RELATED				No			No	
Mason Apartments (Mason School Apts) 1999 Broadway Suite 1000 Denver, CO 80202 42-1301449	low-inc hsng	CO	na	RELATED				No			No	
Mercy Alston Lake LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-2948887	low-inc hsng	SC	na	RELATED				No			No	
Mercy Crestview Village Housing LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578510	low-inc hsng	NE	na	RELATED				No			No	
Mercy Eden House LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-4227209	low-inc hsng	CA	na	RELATED				No			No	
MERCY FAMILY PLAZA LP 1999 Broadway Suite 1000 Denver, CO 80202 94-3094867	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing Arizona I 1999 Broadway Suite 1000 Denver, CO 80202 86-0791473	low-inc hsng	AZ	na	RELATED				No			No	
Mercy Housing Arizona II (Page Commons) 1999 Broadway Suite 1000 Denver, CO 80202 33-1075152	low-inc hsng	AZ	na	RELATED				No			No	
Mercy Housing Ca XXXIII 1999 Broadway Suite 1000 Denver, CO 80202 43-2100410	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing Ca XXXVII 1999 Broadway Suite 1000 Denver, CO 80202 68-0631916	low-inc hsng	CA	na	RELATED				No			No	

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							Yes	No		Yes	No	
Mercy Housing California 46 LP 1999 Broadway Suite 1000 Denver, CO 80202 27-2321382	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 47 LP 1999 Broadway Suite 1000 Denver, CO 80202 27-2930358	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 48 LP 1999 Broadway Suite 1000 Denver, CO 80202 27-3117667	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 49 LP 1999 Broadway Suite 1000 Denver, CO 80202 27-3277379	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 50 LP(St Anth 1999 Broadway Suite 1000 Denver, CO 80202 27-3381997	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 51 LP (200 6th 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 52 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-2751062	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 53 LP (Madonna 1999 Broadway Suite 1000 Denver, CO 80202 45-2050339	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 54 LP 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 55 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-3710672	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 56 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-4659051	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 57 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-4711412	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing California 58 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-4486957	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 59 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-2537487	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 60 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-1239561	low-inc hsng	CA	na	RELATED				No			No	

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							Yes	No		Yes	No	
Mercy Housing California 61 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-3636570	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 62 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-3424351	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 63 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-3921420	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 64 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-5015672	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 65 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-1120541	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 66 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-3441276	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 67 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-3628711	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 68 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-4992813	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 71 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-5468338	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California 72 LP 1999 Broadway Suite 1000 Denver, CO 80202 81-1758210	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California I 1999 Broadway Suite 1000 Denver, CO 80202 84-1210914	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California II 1999 Broadway Suite 1000 Denver, CO 80202 94-3187825	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California III 1999 Broadway Suite 1000 Denver, CO 80202 94-3187826	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California IX 1999 Broadway Suite 1000 Denver, CO 80202 94-3230471	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California V 1999 Broadway Suite 1000 Denver, CO 80202 94-3229051	low-inc hsng	CA	na	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California VI 1999 Broadway Suite 1000 Denver, CO 80202 94-3224528	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California VII 1999 Broadway Suite 1000 Denver, CO 80202 94-3229540	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California VIII 1999 Broadway Suite 1000 Denver, CO 80202 94-3229541	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California X (The Rose) 1999 Broadway Suite 1000 Denver, CO 80202 94-3232501	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XI 1999 Broadway Suite 1000 Denver, CO 80202 94-3244521	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XII 1999 Broadway Suite 1000 Denver, CO 80202 94-3366333	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XIII 1999 Broadway Suite 1000 Denver, CO 80202 94-3377935	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XIV 1999 Broadway Suite 1000 Denver, CO 80202 94-3377941	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XIX 1999 Broadway Suite 1000 Denver, CO 80202 01-0716135	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XL 1999 Broadway Suite 1000 Denver, CO 80202 26-1398920	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XLI 1999 Broadway Suite 1000 Denver, CO 80202 26-2350027	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XLII 1999 Broadway Suite 1000 Denver, CO 80202 26-2575525	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XLIII 1999 Broadway Suite 1000 Denver, CO 80202 26-2553554	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XLIV 1999 Broadway Suite 1000 Denver, CO 80202 26-3583090	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XLV (Washington) 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	RELATED				No			No	

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							Yes	No		Yes	No	
Mercy Housing California XLVII 1999 Broadway Suite 1000 Denver, CO 80202 27-2930358	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XV 1999 Broadway Suite 1000 Denver, CO 80202 94-3379316	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XVI 1999 Broadway Suite 1000 Denver, CO 80202 94-3381170	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XVII 1999 Broadway Suite 1000 Denver, CO 80202 94-3400496	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XVIII 1999 Broadway Suite 1000 Denver, CO 80202 03-0376881	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XX 1999 Broadway Suite 1000 Denver, CO 80202 36-4497277	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXI 1999 Broadway Suite 1000 Denver, CO 80202 48-1259652	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXII 1999 Broadway Suite 1000 Denver, CO 80202 35-2172040	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXIII 1999 Broadway Suite 1000 Denver, CO 80202 82-0560494	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXIV 1999 Broadway Suite 1000 Denver, CO 80202 74-3052786	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXIX 1999 Broadway Suite 1000 Denver, CO 80202 73-1729092	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXV 1999 Broadway Suite 1000 Denver, CO 80202 81-0564415	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXVI 1999 Broadway Suite 1000 Denver, CO 80202 58-2679059	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXVII 1999 Broadway Suite 1000 Denver, CO 80202 65-1207291	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXVIII 1999 Broadway Suite 1000 Denver, CO 80202 73-1721242	low-inc hsng	CA	na	RELATED				No			No	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XXX 1999 Broadway Suite 1000 Denver, CO 80202 61-1488186	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXXI 1999 Broadway Suite 1000 Denver, CO 80202 87-0756700	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXXII 1999 Broadway Suite 1000 Denver, CO 80202 87-0756940	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXXIV LP 1999 Broadway Suite 1000 Denver, CO 80202 51-0594948	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXXIX 1999 Broadway Suite 1000 Denver, CO 80202 01-0885277	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXXV 1999 Broadway Suite 1000 Denver, CO 80202 76-0827799	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXXVI 1999 Broadway Suite 1000 Denver, CO 80202 56-2568833	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing California XXXVIII 1999 Broadway Suite 1000 Denver, CO 80202 33-1153406	low-inc hsng	CA	na	RELATED				No			No	
MERCY HOUSING COLORADO I LTD 1999 Broadway Suite 1000 Denver, CO 80202 84-1176712	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado III 1999 Broadway Suite 1000 Denver, CO 80202 84-1292696	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado IV 1999 Broadway Suite 1000 Denver, CO 80202 84-1284749	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado V 1999 Broadway Suite 1000 Denver, CO 80202 84-1318329	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado VI 1999 Broadway Suite 1000 Denver, CO 80202 84-1361296	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado VII 1999 Broadway Suite 1000 Denver, CO 80202 84-1473883	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado VIII 1999 Broadway Suite 1000 Denver, CO 80202 93-1190349	low-inc hsng	CO	na	RELATED				No			No	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Colorado XI LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-5331841	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado-I LTD (Grace) 1999 Broadway Suite 1000 Denver, CO 80202 84-1176712	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado-II Ltd 1999 Broadway Suite 1000 Denver, CO 80202 84-1176713	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Colorado-IX 1999 Broadway Suite 1000 Denver, CO 80202 87-0706258	low-inc hsng	CO	na	RELATED				No			No	
Mercy Housing Georgia 12 LP (Savannah G 1999 Broadway Suite 1000 Denver, CO 80202 27-2987561	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia 13 LP 1999 Broadway Suite 1000 Denver, CO 80202 45-5108221	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia 14 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-2787254	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia 15 LP 1999 Broadway Suite 1000 Denver, CO 80202 46-5547801	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia I 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia II 1999 Broadway Suite 1000 Denver, CO 80202 58-2621798	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia III 1999 Broadway Suite 1000 Denver, CO 80202 43-1954812	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia IV 1999 Broadway Suite 1000 Denver, CO 80202 56-2328730	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia IX LP 1999 Broadway Suite 1000 Denver, CO 80202 20-8829418	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia V LP 1999 Broadway Suite 1000 Denver, CO 80202 90-0284434	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia VI LP 1999 Broadway Suite 1000 Denver, CO 80202 20-4466474	low-inc hsng	GA	na	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Georgia VIII LP 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia X (Savannah Garden) 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Georgia XI LP (Etowah Ter) 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	na	RELATED				No			No	
Mercy Housing Idaho I 1999 Broadway Suite 1000 Denver, CO 80202 84-1212028	low-inc hsng	ID	na	RELATED				No			No	
Mercy Housing Idaho II 1999 Broadway Suite 1000 Denver, CO 80202 84-1212029	low-inc hsng	ID	na	RELATED				No			No	
Mercy Housing Idaho III 1999 Broadway Suite 1000 Denver, CO 80202 84-1251391	low-inc hsng	ID	na	RELATED				No			No	
Mercy Housing Idaho IV 1999 Broadway Suite 1000 Denver, CO 80202 82-0487654	low-inc hsng	ID	na	RELATED				No			No	
Mercy Housing Idaho NSP LLC (NSPID) 1999 Broadway Suite 1000 Denver, CO 80202 27-1039061	low-inc hsng	ID	na	RELATED				No			No	
Mercy Housing Idaho V (Sisters Villa) 1999 Broadway Suite 1000 Denver, CO 80202 04-3624359	low-inc hsng	ID	na	RELATED				No			No	
Mercy Housing Iowa II LP 1999 Broadway Suite 1000 Denver, CO 80202 84-1284752	low-inc hsng	IA	na	RELATED				No			No	
mercy housing midwest nebraska llc 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	NE	na	RELATED				No			No	
Mercy Housing Missouri II 1999 Broadway Suite 1000 Denver, CO 80202 84-1201811	low-inc hsng	MO	na	RELATED				No			No	
Mercy Housing S Carolina I 1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	na	RELATED				No			No	
Mercy Housing Senior Properties LLC 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	na	RELATED				No			No	
Mercy Housing South Carolina I 1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	na	RELATED				No			No	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing South Dakota I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-2830331	low-inc hsng	SD	na	RELATED				No			No	
Mercy Housing South Dakota II LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-2830356	low-inc hsng	SD	na	RELATED				No			No	
Mercy Housing Utah I 1999 Broadway Suite 1000 Denver, CO 80202 02-0564555	low-inc hsng	UT	na	RELATED				No			No	
Mercy Housing Washington III 1999 Broadway Suite 1000 Denver, CO 80202 91-1676111	low-inc hsng	WA	na	RELATED				No			No	
Mercy Housing Washington IX LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1186086	low-inc hsng	WA	na	RELATED				No			No	
Mercy Housing Washington V 1999 Broadway Suite 1000 Denver, CO 80202 84-1457612	low-inc hsng	OR	na	RELATED				No			No	
Mercy Housing Washington VI 1999 Broadway Suite 1000 Denver, CO 80202 84-1459924	low-inc hsng	WA	na	RELATED				No			No	
Mercy Housing Washington VII 1999 Broadway Suite 1000 Denver, CO 80202 91-2038920	low-inc hsng	WA	na	RELATED				No			No	
Mercy Housing Washington VIII 1999 Broadway Suite 1000 Denver, CO 80202 91-2124779	low-inc hsng	WA	na	RELATED				No			No	
Mercy Housing Washington X LLC 1999 Broadway Suite 1000 Denver, CO 80202 55-0887839	low-inc hsng	WA	na	RELATED				No			No	
Mercy Loan Fund Sub-CDE LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-1326149	low-inc hsng	CO	na	RELATED				No			No	
Mercy Properties Washington I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED				No			No	
Mercy Properties Washington II 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-inc hsng	WA	na	RELATED				No			No	
Mercy Properties Washington III LLC 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
MHC Health 1 LP 1999 Broadway Suite 1000 Denver, CO 80202 47-3554305	low-inc hsng	CA	na	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
MHNW 9 Othello East LP 1999 Broadway Suite 1000 Denver, CO 80202 47-1620007	low-inc hsng	WA	na	RELATED				No			No	
MHNW 10 Othello West LP 1999 Broadway Suite 1000 Denver, CO 80202 47-1614235	low-inc hsng	WA	na	RELATED				No			No	
MHNW 11 Woodlakes LP 1999 Broadway Suite 1000 Denver, CO 80202 47-2334969	low-inc hsng	WA	na	RELATED				No			No	
MHNW 12 Eleanor Apartments LLLP 1999 Broadway Suite 1000 Denver, CO 80202 47-3599013	low-inc hsng	WA	na	RELATED				No			No	
MHNW 13 Building 9 South LP 1999 Broadway Suite 1000 Denver, CO 80202 47-4660134	low-inc hsng	WA	na	RELATED				No			No	
MHNW 14 Building 9 North LP 1999 Broadway Suite 1000 Denver, CO 80202 47-4683004	low-inc hsng	WA	na	RELATED				No			No	
MHSE Adamsville Green Senior Partners LL 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	na	RELATED				No			No	
MHSE Bailey Station Senior LP 1999 Broadway Suite 1000 Denver, CO 80202 46-1868814	low-inc hsng	GA	na	RELATED				No			No	
MHSE Mercy Park LP 1999 Broadway Suite 1000 Denver, CO 80202 61-1757712	low-inc hsng	GA	na	RELATED				No			No	
MHSE Pinelake LP 1999 Broadway Suite 1000 Denver, CO 80202 80-0616765	low-inc hsng	GA	na	RELATED				No			No	
MHSE Pinelake I LP 1999 Broadway Suite 1000 Denver, CO 80202 90-0856866	low-inc hsng	GA	na	RELATED				No			No	
MHSE Reynoldstown Senior LP 1999 Broadway Suite 1000 Denver, CO 80202 46-3054017	low-inc hsng	GA	na	RELATED				No			No	
MSHE Wilson Senior Residence LP 1999 Broadway Suite 1000 Denver, CO 80202 46-4907701	low-inc hsng	GA	na	RELATED				No			No	
Monroe Villa 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Monsignor Lyne LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	RELATED				No			No	

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

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Skagit Village 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsg	WA	na	RELATED				No			No	
Somerset Senior Hsg 1999 Broadway Suite 1000 Denver, CO 80202 74-2765568	low-inc hsg	TX	na	RELATED				No			No	
South Loop Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-4027476	low-inc hsg	IL	na	RELATED				No			No	
St Andrew Community LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsg	CA	na	RELATED				No			No	
Sunnydale Development Co LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-3566543	low-inc hsg	CA	na	RELATED				No			No	
Tahoe Valley Townhomes Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3298324	low-inc hsg	CA	na	RELATED				No			No	
The Keating Building Little Village LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-4584321	low-inc hsg	IL	na	RELATED				No			No	
Third and LeCante LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4176495	low-inc hsg	CA	na	RELATED				No			No	
Villa Columba Mercy Riverside LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsg	CA	na	RELATED				No			No	
Villa Columbia Mercy Riverside LP (Merc 1999 Broadway Suite 1000 Denver, CO 80202 36-4304416	low-inc hsg	CA	na	RELATED				No			No	
Villa Kathleen Redevelopment 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsg	WA	na	RELATED				No			No	
Village Park Housing Associates 1999 Broadway Suite 1000 Denver, CO 80202 68-0254566	low-inc hsg	CA	na	RELATED				No			No	
Visitation Valley Fam Hsg Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3275566	low-inc hsg	CA	na	RELATED				No			No	
Wapato Gardens 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsg	WA	na	RELATED				No			No	
Washington Square 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsg	WA	na	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Wentworth Commons 1999 Broadway Suite 1000 Denver, CO 80202 30-0082553	low-inc hsng	IL	na	RELATED				No			No	
West 28th Street 1999 Broadway Suite 1000 Denver, CO 80202 95-4550003	low-inc hsng	CA	na	RELATED				No			No	
Western Manor LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578652	low-inc hsng	NE	na	RELATED				No			No	
Woodlake Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Woodlake Manor II 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) McDermott Place 1999 Broadway Suite 1000 Denver, CO 80202 47-0779682	management	IA	na	c corp					No
(1) MCHG Partners Inc (MCHG) 1999 Broadway Suite 1000 Denver, CO 80202 20-8824753	management	GA	na	c corp					No
(2) Mercy Affordable Housing Inc (MAHI) 1999 Broadway Suite 1000 Denver, CO 80202 82-0489878	management	ID	na	c corp					No
(3) Mercy Commercial California 1999 Broadway Suite 1000 Denver, CO 80202 94-3382154	management	CA	na	c corp					No
(4) Mercy Galewood SLF Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-5825081	management	IL	na	c corp					No
(5) Mercy Housing Georgia XI GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-3316657	management	GA	na	c corp					No
(6) Mercy Lithonia Park View Inc (MLithPV) 1999 Broadway Suite 1000 Denver, CO 80202 20-8829364	management	GA	na	c corp					No
(7) Mercy Sterling NFP 1999 Broadway Suite 1000 Denver, CO 80202 27-4446431	management	IL	na	c corp					No
(8) MHMP CO GP Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1689475	low-inc hsng	CO	na	c corp					No
(9) MHSE Adamsville Green Senior Partners 1999 Broadway Suite 1000 Denver, CO 80202 27-1321251	low-inc hsng	GA	na	c corp					No
(10) MHSE Arbors LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-3284075	low-inc hsng	GA	na	c corp					No
(11) MHSE Savannah Gardens Phase III LLC 1999 Broadway Suite 1000 Denver, CO 80202 58-2434289	low-inc hsng	GA	na	c corp					No
(12) MHSE Savannah Gardens Phase IV GP 1999 Broadway Suite 1000 Denver, CO 80202 45-4967129	management	GA	na	c corp					No
(13) MHSE Savannah Gardens Phase V GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-2777338	low-inc hsng	GA	na	c corp					No
(14) MHL Keating MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-4584262	management	IL	na	c corp					No

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

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