	•			AMENDED	_		_		_			•	
For	տ 990-T	E	xempt Orga					ax R	eturn	·	OMB I	No 1545-0687	
14		(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning, and ending Go to www.irs.gov/Form990T for instructions and the latest information.									2018		
,	(3)												
	pertment of the Treasury		Open to P	Public Inspection for Organizations Only									
A	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c) Name of organization (D Employer identification number (Employees' trust, see			
^	address changed										instructions)		
В	Exempt under section	Print	MERCY HOUSI	NG INC								46706	
	501(c)(3)		Number, street, and room			structions.					eted busin nstruction	ness activity code is)	
	408(e) 220(e)	l	1600 BROADW										
Ļ	408A		City or town, state or pro		or foreig	n postal code	9						
	529(a) Book value of all assets	DENVER, CO 80202 F Group exemption number (See instructions.)											
U	at end of year O . G Check organization type X 501(c) corporation 501(c) trust 401(a) tr										Г	Other trust	
H 6	Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrel										•		
t	rade or business here	>					. If only one,	complete	Parts I-V.	If more	than on	ie,	
c	losoribe the first in tho b	lank spac	ce at the end of the previou	us sentence, complete F	arts I an	d II, complet	e a Schedule	M for ca	ch addition	al trade	or		
_	usiness, then complete										<u> </u>	=	
	• • •	•	oration a subsidiary in an		ent subsi	diary control	lled group?		P · L	Yes X No		≦ No -	
_			fying number of the parent	it corporation.		-	Tolonh	one numb	nor > 3	<u> </u>	830-	-3300	
			e or Business Inc	ome		(A) In	come) Expenses		030	(C) Net	
_	a Gross receipts or sale				Т			34.54	THE ST				
	b Less returns and allow			, c Balance	1c		•			3.5			
. 2	Cost of goods sold (S	Schedule A	A, line 7)	2			高等。				1960年1962年1		
3	Gross profit. Subtract	t line 2 fro	om line 1c		3								
4 :	a Capital gain net incom	4a											
			art II, line 17) (attach Form	4b 4c			SERVICE CONTRACTOR						
	•	Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F)						5 62 C. W.	varana Tarah				
) 5 2 6	, ,							46 DAGENTO	ne excus de enco	rawa sakada			
. 7	•									-	_		
. 8 . 8													
3 9	Investment income of	f a section	n 501(c)(7), (9), or (17) o	rganization (Schedule G	9								
10 د	Exploited exempt activ	vity incon	ne (Schedule I)		10					-			
3 11	Advertising income (S	Schedule .	J)					JI - NIJA	er is estatein	OT SELECTION			
[©] 12			•		12			RESIDENCE OF				t	
13	Total. Combine lines art III Deductio		_{lh 12} t Taken Elsewher	A (Cas instructions)	13	tions on de	0.						
<u> </u>			tions, deductions must					ıncome)				
14	Compensation of off	icers, dire	ectors, and trustees (Sche	edule K)					<u> </u>	14			
15	Salaries and wages	•	, ,	•						15			
16	Repairs and mainten	nance '			٠.					16			
17	Bad debts		•							17			
18	Interest (attach sche	dule) (see	e instructions)							18		,	
19	Taxes and licenses			1>						19	-		
20	•		instructions for limitation	rules)			ا بوئا			20			
21 22	Depreciation (attach		oz) Schedule A and elsewher	e on return RE	CEI	/ED	222a			22b			
23	Depletion	amilea on	Concedio A and disconner				<u> </u>	•		23			
24	•									24		·	
25	Employee benefit programs Employee benefit programs								25				
26	Excess exempt exper	Excess exempt expenses (Schedule I)							26				
27	•	ship costs (Schedule J) OGDEN, UT 27											
28	Other deductions (at	· · · · · · · · · · · · · · · · · · ·							28	<u></u>			
29	Total deductions. A				61		•		'	29		0.	
30			come before net operating							30			
31 32	,	_	oss arising in tax years be come. Subtract line 31 fro		ary 1, 20	io (see instr	uctions)			31 · 32		0.	
32		ווו סוטמאים	Joing, Oublidet fille of file	/// /// OO						' 		000 T (0)	

Form 990-T	2018) MERCY HOUSING INC	47-0646706	Page 2		
Part II					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.		
	Amounts paid for disallowed fringes	34			
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35			
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	36			
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 37	1,000.		
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	JU			
	enter the smaller of zero or line 36	18	0.		
Part IV	Tax Computation				
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.		
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:				
	Tax rate schedule or Schedule D (Form 1041)	► Ao			
41	Proxy tax. See instructions	► Mi			
	Alternative minimum tax (trusts only)	142			
	Tax on Noncompliant Facility Income. See instructions	93			
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.		
Part V	· · · · · · · · · · · · · · · · · · ·	•			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	, ,			
	Other credits (see instructions)	, ,			
	General business credit. Attach Form 3800				
_	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 45a through 45d	45e			
	Subtract line 45e from line 44	46	0.		
-		ttach schedule) 47			
	Total tax. Add lines 46 and 47 (see instructions)	48	0.		
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.		
	Payments: A 2017 overpayment credited to 2018	1			
	2018 estimated tax payments				
c	Tax deposited with Form 8868 50c 1	18,206.			
d	Foreign organizations: Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions) 50e				
	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	5 1	18,206.		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	\$2			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5 54	18,206.		
		inded 🕦 55	18,206.		
Part V	<u> </u>	tions)			
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		البين سيا		
	here		_ <u>X</u>		
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	Tipo X		
	If "Yes," see instructions for other forms the organization may have to file.		183		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge and belief, i			
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		_		
Here	2/20/24) VICE PRESIDENT		uss this return with		
	Signature of officer Date Title	the preparer show instructions)?	M below (see		
		Check If PTIN			
n-::	1	elf- employed			
Paid	WARRY DIACEDITON WARRY DIACEDITON 01/24/20		150629		
Prepar	- COINTERNITOR LIE				
Use O	525 NORTH TRYON STREET				
	Firm's address ► CHARLOTTE, NC 28202	Phone no. 704-332	2-9100		
823711 01-0			rm 990-T (2018)		

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation	► N/A				
1 Inventory at beginning of year 1			6 Inventor	6 Inventory at end of year				
2 Purchases	2			7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3 from line 5. Enter here				and in F	Part I,		
4a Additional section 263A costs			line 2				7	
(attach schedule)	4a		8 Dother	ules of section	with respect to		Yes No	
b Other costs (attach schedule)	4b		property	produced or a	for resale) apply to			
5 Total. Add lines 1 through 4b	5							
Schedule C - Rent Income ((From Real l	Property and	i Personal F	Property L	.ease	d With Real Prop	erty)	
(see instructions)		- · · · · · · · · · · · · · · · · · · ·						
1. Description of property								
(1)								
(2)								
(3)								
(4)						· · · · · · · · · · · · · · · · · · ·		
		ed or accrued				3(a) Deductions directly	, connected with the	Incomo In
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal proper personal property ex nt is based on profit	ceeds 50% or if	ge	columns 2(a) a	nd 2(b) (attach sched	ule)
(1)								
(2)								
(3)								
(4)								-
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part 1, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Grass in	come from		3. Deductions directly con to debt-finance		ble
1. Description of debt-fir		or allocabl financed		(a)	Straight line depreciation (attach schedule)		deductions schedule)	
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column by colu			7. Gross income reportable (column 2 x column 6)	(column 6 x t	le deductions total of columns and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
			_			nter here and on page 1, Part I, line 7, column (A).	Enter here ar Part I, line 7	nd on page 1, , column (B)
Totals				▶	•	0	.1	0.
Total dividends-received deductions in	ncluded in column	n 8		- 1		<u> </u>	- 1	0.
		-					Forr	n 990-T (2018)

,		•	Exempt (Controlled O	rganızatı	ons					
Name of controlled organizat	ıde	Employer ntification number	Net urrelated income (loss) (see instructions)			tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
1)			1								
2)											
3)						-					
4)									1		
onexempt Controlled Organi	zations										
7. Taxable Income	8. Net urrelated in (see instruct		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ s income	nization's		luctions directly connected income in column 10	
1)											
2)			1								
3)	<u></u>		i								
4)											
			•			Add colum Enter here and line 8, c		o 1, Part I, A)	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)	
otals					•			0.		0	
ichedule G - Investme		a Section	501(c)(7	'), (9), or ([·]	17) Org	ganization					
(see inst	ructions)			, .				,			
1. Desc	ription of income			2. Amount of	ıncome	 Deduction directly conner (attach sched) 	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
1)											
2)											
3)											
(4)											
otals				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited	•	ty Incom	e, Other	Than Adv			(1 XX 17 + 12)	ent 7 (ac tolon), fi	- TELL 95-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	<u> </u>	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	epenses connected roduction related ss income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3). If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)								-			
2)				<u> </u>							
3)		1		 				 		1	
4)		1		 				 		†	
otals ►	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ore and on 1, Part I, 1, col (B)					L		Enter here and on page 1, Part II, line 26	
Schedule J - Advertisii		e instruction		Estimospeciario. M	\$\$00 \ \phi \ \tag\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	16/4E/D. 48/35/17/2, 1901	V-117735	20-21-21-21-21-21-4-4-4-4-4-4-4-4-4-4-4-4-	34.05.334535.324	<u> </u>	
Part∤le Income From				solidated	Basis						
**************************************	. 5	, po. tou 0				<u> </u>		T	1		
1. Name of periodical	2. Gros advertisir income	ng an	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th		5. Circulat		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)					100	à					
2)		İ				*					
3)								<u> </u>			
4)			**			<u> </u>		<u> </u>			
•/		_		#286************************************	negerjak berdik ili (S <u>S</u>	792		 	-	999-1994 (1994)	
tals (carry to Part II, line (5))	•	0.	0			<u></u>	_			0	
										Form 990-T (20	

Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 2. Gross 5. Circulation 3. Direct 6. Readership advertising income 1. Name of periodical advertising costs income costs (1) (2) (3) (4) 0. Totals from Part I 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and Enter here and on page 1, Part I, line 11, col (B) on page 1, Part II, line 27 0.

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Total. Enter here and on page 1, Part II, line 14		•	0.	

Form 990-T (2018)