• • • • • • • • • • • • • • • • • • •			NDED TO NOVI			· D				
Form 990-T		Exempt Organ				ax Return)	OMB No 1545-0047		
•		(al Jendar year 2019 or other tax yea	nd proxy tax und	er se	ction 6033(e))	(417)	/	2019		
	For ca	- 1	ZU 19							
Department of the Treasury Internal Revenue Service	>	Go to www Do not enter SSN numbe		Open to Public Inspection for 501(c)(3) Organizations Only						
A Check box if address changed		Name of organization ((Empl	oyer identification number loyees' trust, see ctions)						
B Exempt under section	Print	MERCY HOUSI	9	1-1546525						
X 501(c()3)	or T	ated business activity code								
408(e)220(e)	Туре	1600 BROADWAY, SUITE 2000								
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80202								
C Book value of all assets at end of year		F Group exemption number (See instructions.)								
	0.	G Check organization type	e ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust		
H Enter the number of the	organıza	ition's unrelated trades or b	ousinesses.		Describe	the only (or first) un	related			
trade or business here	-				If only one,	complete Parts I-V.	If more	than one,		
describe the first in the b	lank spa	ice at the end of the previou	is sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	or		
business, then complete										
-	-	oration a subsidiary in an a		ıt-subsı	idiary controlled group?	▶ 1	Ye	s 🗓 No		
J The books are in care of		tifying number of the paren	t corporation.		Talanh	one number > 3	0.3	020 2200		
Part II Unrelated			ome		(A) Income	(B) Expenses		(C) Net		
1 a Gross receipts or sale		30 01 Buoinese ins	-	_	(A) should	(D) Expenses		(o) Net		
b Less returns and allow			c Balance	1c				/		
2 Cost of goods sold (S		A line 7)	Charanec	2						
3 Gross profit, Subtract				3						
4a Capital gain net incom				4a				/		
· • · ·		art II, line 17) (attach Form	4797)	4b						
c Capital loss deduction			,	4c			_			
5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5						
6 Rent income (Schedu		. ,	,	6						
7 Unrelated debt-financ	ed incon	ne (Schedule E)		7						
8 Interest, annuities, roy	alties, a	nd rents from a controlled o	organization (Schedule F)	8						
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9						
10 Exploited exempt activ	ıty ınco	me (Schedule I)		10		<u> </u>				
11 Advertising income (S	Schedule	J)		11		•				
12 Other income (See ins	struction	is; attach schedule)	ſ	12		<u> </u>				
13 Total. Combine lines				13	0.					
		ot Taken Elsewhere be directly connected wi								
14 Compensation of offi	cers, du	rectors, and trustees (Sche	dule K)				14			
15 Salaries and wages							15			
16 Repairs and mainten	ance						16			
17 Bad debts							17			
18 Fer rest (attach sche	dule) (se	ee instructions)					18			
19 Faxes and licenses							19			
20 Depreciation (attach				•	20					
	imed or	Schedule A and elsewhere	on return		21a		21b			
22 Desetion	ā						_22			
	23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Plant US Bank US 24									
25 Exocos exempt exper	20									
		pedule J)	7.000				26			
27 Other deductions (att		eaule)	MON 1 P. 3030				27	0.		
28 Total deductions. As		14 through 27		line Of	from line 12		28	0.		
29 Uniterated business to	akabie in aratina i	ncome before net operating	ioss deduction. Subtract	inie 28	10 ii iine 13		29	<u> </u>		
30 Deduction for net op	traung l	oss arising in tax years beg	mund San Coll Alice Day annay	y 1, 20	10		20	0.		
(see instructions)	vabla in	nome Subtractions on fra	m line 20				30	0.		
		come. Subtractiline 30 from					31	Form 990-T (2010)		

Form 990	D-T (2019)	MERCY HOU	SING NORTH	IWEST				91-15	546525 Page 2
IPart	ljuri 📗	Total Unrelated	Business Taxa	ble Income					
32	Total or	f unrelated business tax	able income compute	d from all unrelated trades	or businesses (s	ee instructions)		32	0.
33	Amoun	ts paid for disallowed fr	inges		V	126121		33	-
		ble contributions (see in	-	on rules)	1	//		34	0.
					luction Subtract	ine 34 from the sum	of lines 32 and 33	35	
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36								
		c deduction (Generally \$	$\left\langle \frac{3'}{38} \right $	1,000.					
	•	, ,) 	1,000.					
		ted business taxable in ne smaller of zero or line		0.					
		Tax Computatio						1 3a 1	
	<u> </u>			00 h.: 010(/0.01)				1 20 1	0.
	-	zations Taxable as Corp						40	
41		-		tax computation. Income ta	ax on the amount	on line 39 from:	_		
		ax rate schedule or	Schedule D (Forr	n 1041)	_	· · · · · · · · · · · · · · · · · · ·	\	1 41	
		ax. See instructions				$\langle c \rangle \langle c \rangle$	<i>†</i>	42	
		tive minimum tax (trust	- /		\	$I \cap I$	1	43	
		Noncompliant Facility			¥υ	' '		44	
		Add lines 42, 43, and 44		hever applies				45	0.
	, 	Tax and Paymer							
				usts attach Form 1116)		46a		_{:	
		redits (see instructions)			1/1/1	46b		-∤■■ ∤	
		business credit. Attach		(C)	$\prime X$ \ \\	46c		 	
		or prior year minimum t		or 8827)	(46d		_[:-	
е	Total c	redits. Add lines 46a thi	rough 46d	χυ .	•	•		46e	
47	Subtrac	t line 46e from line 45_						47	0.
48	Other to	axes. Check if from:	Form 4255 L	Form 8611 Form 8	1697 Form	8866 Othe	r (attach schedule)	48	
49	Total ta	x. Add lines 47 and 48	(see instructions)					49	0.
50	2019 n	et 965 tax liability paid f	rom Form 965-A or Fo	orm 965-B, Part II, column	(k), line 3			50	0.
51 a	Paymer	nts: A 2018 overpayme	nt credited to 2019		r	51a			
b	2019 es	stimated tax payments			Q	/ 12	1,380	<u>. </u>	
C	Tax dep	osited with Form 8868				51c		_	
d	Foreign	organizations. Tax paid	or withheld at source	e (see instructions)		51d			
е	Backup	withholding (see instru	ctions)			51e		_{	
f	Credit f	or small employer healtl	h insurance premiums	s (attach Form 8941)		51f		_}	
g	Other c	redits, adjustments, and	payments: F	orm 2439		- 11			
ĺ	Fo	orm 4136		Other	Total	► [51g]			
52	Total p	ayments. Add lines 51a	through 51g			•		52	1,380.
53	Estimat	ed tax penalty (see instr	uctions). Check if For	m 2220 is attached 🕨				53	
54	Tax due	e. If line 52 is less than t	the total of lines 49, 5	0, and 53, enter amount ov	ved		>	54	
55	Overpa	yment. If line 52 is largi	er than the total of line	es 49, 50, and 53, enter am	ount overpaid		×	5 5	1,380.
		e amount of line 55 you					efunded 🕨	1 56	1,380.
(Part)	VIJ :	Statements Reg	arding Certain	Activities and Oth	er Informat	t ion (see instr	uctions)		
57	At any t	ime during the 2019 cal	lendar year, did the or	ganization have an interest	ın or a sıgnature	or other authority			Yes No
	over a f	inancial account (bank,	securities, or other) ir	a foreign country? If "Yes	," the organizatio	n may have to file			
I	FinCEN	Form 114, Report of Fo	reign Bank and Financ	cial Accounts. If "Yes," ente	r the name of the	foreign country			
	here	▶							X
58	During	the tax year, did the org	anization receive a dis	stribution from, or was it th	e grantor of, or t	ransferor to, a fore	eign trust?		X
	If "Yes,"	see instructions for oth	er forms the organiza	tion may have to file.					
59	Enter th	e amount of tax-exempt	t interest received or a	accrued during the tax year	\$				
<u></u>				d this return, including accompar n taxpayer) is based on all inforn				ledge and belief, it	is true,
Sign		11.11	Cha La	Mindon		•	r	May the IRS discu	ss this return with
(Here		MINIMA	LAUTO	11140		RESIDENT	n .	the preparer show	
		(Signature of fofficer)		Date '	Title			instructions)?	Yes No
		Print/Type preparer's i	name	Preparer's signature	- T	Date	Check	ıf PTIN	
Paid					ĺ		self- employed		
Prep		KATHY BLACI	KBURN	KATHY BLACKI	BURN_	L1/09/20		P004	50629
Use		Firm's name ► CO	HNREZNICK	LLP			Firm's EIN	22-1	478099
550	- · · · · y		525 NORTH	TRYON STREET	r — ———				
		Firm's address	CHARLOTTE,	NC 28202			Phone no.	704 <u>-332</u>	-9100
923711 0	1-27-20							For	m 990-T (2019)
				2					,

Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory v	aluation > N/A		·				
Inventory at beginning of year			6	Inventory at end of year		6				
2 Purchases	Purchases 2			7 Cost of goods sold. Subtract line 6						
Cost of labor 3]	from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs	Additional section 263A costs			line 2			7			
(attach schedule)	(attach schedule) 4a			8 Do the rules of section 263A (with respect to Yes						
 Other costs (attach schedule) 	4b]	property produced or a	acquired	for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?							
Schedule C - Rent Income	From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	erty)			
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)										
(4)										
		ed or accrued				0(0) 50000000000000000000000000000000000				
(a) From personal property (if the perrent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge 	columns 2(a) and	connected with the income in (2(b) (attach schedule)			
(1)										
(2)		<u></u>								
(3)		<u></u>								
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>			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	ınstru	ctions)						
			2	. Gross income from		Deductions directly conne to debt-finance				
1. Description of debt-fin	or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)					
(1)										
(2)										
(3)							I			
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6	. Column 4 divided by column 5			8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
					1	nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals				▶		0.	0.			
Total dividends-received deductions in	cluded in column	8					0.			
							Form 990-T (2019)			

Name of controlled organizate	2 Fr		Exempt (Controlled O	ganizati	ons	•					
1 Name of controlled organizate	9 5		Exempt Controlled Organizations									
1. Name of controlled organizati	ıdentı	nployer fication mber		elated income instructions)	4. Tot payr	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5		
(1)					_					-		
(2)						<u> </u>		·····				
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income				11. Deductions directly connected with income in column 10		
(1)					*							
(2)												
(3)												
(4)												
						Enter here and	ind on page 1, Part I, Enter h			d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)		
Totals					<u>▶</u>			0.		0.		
Schedule G - Investme		Section 5	501(c)(7), (9), or (⁻	l7) Org	anization						
(see instr	ructions)				ī		—-т			T-2:		
1. Desc	ription of income			2. Amount of	income	3. Deductions directly connected		4. Set-	asides schedule)	 Total deductions and set-asides 		
75			_			(attach schedule)		- (attach s		(col 3 plus col 4)		
(1)			_							 		
(2)			_									
(3)												
(4)				Enter here and o	n page 1.	,		•	***	Enter here and on page 1,		
				Part I, line 9, col	umn (A)	ţ !				Part I, line 9, column (B)		
Totals					0.	<u> </u>				0.		
Schedule I - Exploited (see instru	•	Income	, Other	Than Adv	ertisin	g Income						
Description of exploited activity	2. Gross 1. Description of unrelated business directly conductive			4. Net incom from unrelated business (co- minus column gain, compute through	from activity that attribu		6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)												
(2)					Ī							
(3)												
(4)	Enter here and on page 1, Part I, line 10, col (A)	and on Part I, ol (B)	r -						Enter here and on page 1, Part II, line 25			
Totals	0.		0.					<u>. </u>		0.		
Schedule J - Advertisir												
Part II Income From F	Periodicals Rep	orted on	a Cons	olidated	Basis							
1. Name of periodical			. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, computions 5 through 7		5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)										,		
(2)]	á							
(3)										` <u></u>		
(4)				<u>'</u>	<u>-</u>							
Totals (carry to Part II, line (5))	>	0.	0				\prod			0 . Form 990-T (2019)		

Total. Enter here and on page 1, Part II, line 14

		dicals Reporte line-by-line basis)		a Separ	ate Basis (For ea	ach perio	odical listed in P	art II, fill in	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		irculation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)				~			1		
(4)									
Totals from Part I	▶	0.		0.					0.
		Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, i, col (B)					Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.		0.					0.
Schedule K - Comp	ensation	of Officers, D	Directo	ors, and	Trustees (see i	nstructio	ns)		
	1. Name				2. Title		3. Percent of time devoted to business		pensation attributable irelated business
(1)							%		
(2)							%	,	
(0)									

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