



**CITY OF COSTA MESA
2020-2021 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

Application is due 3:00 PM January 28, 2020

Late Applications will not be accepted

Submit 1 original application & supplemental documentation to:

Mike Linares

Housing & Community Development

77 Fair Drive, Costa Mesa CA 92628

AND

Email the completed unsigned application form in MS-Word format to: mike.linares@costamesaca.gov

To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.

Check each item included in your application package & CD-ROM/USB drive. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name: Mercy House Living Centers

Program Name: Costa Mesa Bridge Shelter

CDBG Amount Requested: \$20,000

- Application
- Attachment A: Past & Projected Accomplishments
- Attachment B: Proposed Budget
- Attachment C: CDBG Funded Personnel
- Attachment D: Costa Mesa CDBG Outcomes Worksheet
- Signed Conflict of Interest Questionnaire

Submit the following materials as PDF files on a CD-ROM or USB Drive – Do not submit hard copies

- Proposed Program Application or Intake Sheet
- IRS Tax Exempt Documentation (remove all passwords)
- Current Board of Directors Roster
- Most Recent Financial Audit & 990 Tax Filing (remove all passwords)

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name: Mercy House Living Centers

B. Address: PO Box 1905 Santa Ana, CA 92702

C. Program Name: Costa Mesa Bridge Shelter

D. CDBG Amount Requested: \$20,000

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input checked="" type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) _____ | <input type="checkbox"/> Health Services |

F. Is this application submitted by a coalition of organizations?

Yes No (If "Yes," ensure Section 7 of the Application is completed)

G. Is this application submitted by a faith-based organization?

Yes No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): 1885 Anaheim Avenue, Costa Mesa

I. Person to contact regarding this application & program administration:

Name: Allison Davenport Email Address: allisond@mercyhouse.net

Telephone: (714) 836-7188 x114 Fax: (714) 836-7901

J. Federal Tax ID Number: 33-0315864

K. DUNS Number: 87-979-7165

K. Official Authorized to Sign Contracts & Expend Funds:

Name: Larry Haynes Title: Executive Director

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of the proposed program, how will the program address a priority service need in Costa Mesa, and how CDBG grant funds will be used. If you are submitting a coalition application, discuss the role of coalition partners & how program & admin efforts will be coordinated. Mercy House is seeking \$20,000 in funding to support the Costa Mesa Bridge Shelter, which provides shelter, supportive services and housing navigation services to homeless men and women living on the streets of Costa Mesa. Funds will be used to provide for the costs of food at the shelter. The shelter provides (3) meals a day plus snacks between meals. Food is provided through a third-party vendor 6 days a week, 1 day a week is provided by volunteer groups. Staff or volunteers serve the food to clients in the dining area during designated meal times during the day. The shelter serves up to 50 people and provides 150 meals daily. \$20,000 will provide an estimated 16,000 meals at the shelter.

3. COMMUNITY NEED

Provide data relevant to the need for the proposed program in Costa Mesa. Ensure information is specific to Costa Mesa. Specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated or demonstrably reduced. In 2010, City of Costa Mesa leaders put forth a plan to address an increase in the number of individuals experiencing homelessness in the City. In January 2011, the Costa Mesa City Council established a Homeless Task Force, which consisted of residents, business owners and City leaders, with a goal to establish realistic strategies and make recommendations that address the needs of Costa Mesa community residents, businesses, and the homeless. After an extensive planning process the City Council adopted a 9-point plan which included provision of permanent and interim housing options including a 50-bed emergency shelter. The Costa Mesa Bridge Shelter offers an immediate response for the provision of emergency shelter in the City while a more permanent site is considered. Since opening in April 2019, the program has served 231 homeless individuals. 46 people have exited to permanent and temporary housing or institutional care.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (i.e., license, academic credentials, etc.) & other relevant information. Mercy House has operated successful homeless service programs for over 29 years and in that time has served more than 80,000 individuals. This includes operating a variety of programs ranging from homeless prevention, emergency services and shelters, transitional housing, aftercare programs, rapid re-housing programs as well as permanent supportive housing facilities and residential services program. Our executive staff have more than 100 years of combined experience in providing services to homeless and at-risk populations and serve in a number of leadership roles throughout Southern California. We have operated shelter programs and emergency service programs since 1990. We have operated Navigation Centers since 2017. In the 2-year period of July 1, 2017 through June 30, 2019, collectively these shelters have exited 425 individuals into permanent housing and another 226 into temporary housing.
- B. Summarize your organization's experience administering CDBG public service grant funds. Mercy House has more than 25 years' experience in managing public grants including millions of dollars in Federal ESG, CDBG, CoC, HOPWA, NSP and HOME grants including over \$46M in federal grants in the past 5 years. We have been a recipient of Costa Mesa CDBG funds for 14 years and have proven to be effective stewards of the funding including a history of meeting spending and reporting deadlines and scope of services. We have strict accounting internal controls and complete an annual financial audit with an outside auditing firm. We are in good standing with all of our funders and have never had an major monitoring issues with the City of Costa Mesa or others.

C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
2019	\$26,000	Homeless Prevention/Rapid Rehousing
2018	\$30,000	Homeless Prevention/Rapid Rehousing
2017	\$19,500	Homeless Prevention/Rapid Rehousing

D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes No

If "Yes," explain reasons: In years past we have underspent some in rental assistance and admin salaries. Usually representing only 3% -5% of our total grant award.

E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes No

If "Yes," explain reasons: _____

F. If you have not received CDBG funding from Costa Mesa in the past 3 years, list 3 references for 3 grant fund providers that have funded the proposed program: NA

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

G. Compliance with OMB Circular A-133 (Single Audit):

1. In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes No

2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If "Yes" please provide a copy of most recent Single Audit. If "No" please explain why a Single Audit was not prepared. _____

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- | | |
|---|---------------------|
| 1. 2020-2021 Costa Mesa CDBG Grant Funds Requested: | <u>\$20,000</u> |
| 2. Total 2020-2021 Program Budget:
(The total budget for same program that may be offered at multiple jurisdictions) | <u>\$1,480,421</u> |
| 3. Total 2020-2021 Agency Budget: | <u>\$24,033,189</u> |

B. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline. Mercy House will use CDBG funds for the cost of food at the shelter. Each day program participants are provided a breakfast, lunch and hot dinner as well as light snacks between meals. Food will be purchased through a third party vendor. The cost of the breakfast and lunch meals are \$1.00 person/day, dinner is \$1.75 person/day and snacks are approximately \$.53 person/day. \$20,000 will provide an estimated 16,000 meals at the shelter.

C. What is the per unit cost to delivery of the proposed program? \$4.28/person

D. How does this cost per unit of service compare to other similar services? The USDA has established an average rate for the provision of meals at emergency shelters at: Breakfast \$1.66, Lunch or Supper \$3.07, Snack \$0.84. Source: <https://www.fns.usda.gov/cacfp/meals-emergency-shelters>

E. Does the proposed program serve Veterans? (Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.) Yes No
If “Yes,” what is the total percentage of Veteran clients served by the program? 9.00%

2. Will grant funding be requested for this program from any other funder to serve Costa Mesa residents? Yes No

If "Yes" how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

- J. Is this a new program? Yes No If this is **not** a "New" program, how will this program be expanded from current program efforts? CDBG funding will allow Mercy House to supplement general funds provided by the City of Costa to operate the shelter as well any as food/meals that may be donated by volunteer groups. Funding will ensure that we are able to continue to provide 3 healthy meals a day at each shelter to program participants and not be forced to reduce the quality or quantity of meals provided.
- K. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes No
- L. Will requested CDBG funds be used to match funding requested for another funder? Yes No If "Yes," provide information regarding the other grant source & match requirements. N/A

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2020 through 6/30/2021:

- A. Number of unduplicated Costa Mesa residents the program will serve **with requested CDBG funds?** 230 Individuals.

What % of these individuals will be of low/moderate income? 100%

Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for programs that exclusively serve a "presumed benefit" population; however, documentation of presumed beneficiary status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.

- B. Does the proposed program application/intake form collect all HUD-required information?
Yes No If "Yes," how is this information documented?

a. Self-Certification (HUD requires full income documentation for 10% to 20% of program beneficiaries)

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category List category Homeless

If "No," how will this information be collected & reported to the City? _____

- C. Submit a copy of the current or proposed program application/intake form with your application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are "chronic homeless?" 19%
 Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. COALITION APPLICATION INFORMATION

NOTE: A coalition is defined as two or more agencies (at least one of which is applying for CDBG public service grant funds) with the goal of addressing an identifiable community need, eliminating duplication of services & reducing grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.

Coalition points may also be awarded to those applications that can demonstrate they work in partnership with the City to implement homeless or neighborhood improvement initiatives.

CHECK BOX IF NOT APPLICABLE (NOTE: UP TO 10 RATING POINTS ARE AVAILABLE FOR COALITION APPLICATIONS)

A. List coalition members:

Lead Agency: Network for Homeless Solutions
Member: Mercy House
Member: City of Costa Mesa (Housing Navigation)
Member: City of Costa Mesa (Outreach)
Member: Costa Mesa Police Department

- B. Describe the target population to be served by the coalition. Homeless and at-risk of homeless Costa Mesa residents
- C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked & reported. *(If seeking points as a City initiatives partner, list services to be provided & how services will be coordinated with City efforts.)* Mercy House provides the day-to-day logistics, operations and management of the Costa Mesa Bridges shelter. City of Costa Mesa Staff provide housing navigation services to shelter clients, the Costa Mesa Police Department and Costa Mesa Outreach Team provide direct referrals to the shelter. All activities are tracked using the HMIS database and internal spreadsheets. The Network produces monthly reports and an annual report on program outcomes which are posted on the City's website.
- D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success. The Network for Homeless Solutions measures its success on the number of clients engaged in outreach, number of linkages made, number of homeless connected to shelter and destinations at exit from the shelter. In 2018, the coalition made 4,816 linkages, 85 people were connected to permanent housing and another 78 to temporary housing. Since opening in April 2019, the shelter has served 231 homeless individuals. 46 people have exited to permanent and temporary housing or institutional care.
- E. How many clients will be served by coalition efforts during the 2020-2021 Program Year with requested CDBG funds? 230

8. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Costa Mesa ("City") by the Board of Directors of Mercy House Living Centers ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Costa Mesa residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Costa Mesa residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Larry Haynes

Title: Executive Director

Signature

Date

ATTACHMENT A

PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

Program Name: Costa Mesa Bridge Shelter

Do not use percentages
List actual number of unduplicated Costa Mesa residents served in past years or estimate number of unduplicated Costa Mesa residents to be served with requested CDBG funds

INCOME CATEGORY	2017-2018 ACTUAL NUMBER OF CM PERSONS SERVED	2018-2019 ACTUAL NUMBER OF CM PERSONS SERVED	2019-2020 PROJECTED NUMBER OF CM PERSONS TO BE SERVED	2020-2021 PROJECTED NUMBER OF CM PERSONS TO BE SERVED
MODERATE-INCOME 80% + MEDIAN INCOME				
LOW-INCOME 50%-80% MEDIAN INCOME				
VERY LOW-INCOME 30%-50% MEDIAN INCOME				
EXTREMELY LOW- INCOME 0%-30% MEDIAN INCOME	23	31	9	230
TOTAL	23	31	9	230 §

§ Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

ATTACHMENT B
PROPOSED 2020-2021 PROGRAM BUDGET

Program Name: Costa Mesa Bridge Shelter

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$	\$36,837.00	\$36,837.00
Program Staff Salaries & Benefits	\$	\$720,659.00	\$720,659.00
Program Supplies	\$	\$2,500.00	\$2,500.00
Rent/Lease	\$	\$	\$
Communications	\$	\$1,500.00	\$1,500.00
Utilities	\$	\$	\$
Insurance	\$	\$4,400.00	\$4,400.00
Professional Services (Specify) Audit, Computer	\$	\$15,000.00	\$15,000.00
Other (Specify) Food	\$20,000.00	\$49,000.00	\$69,000.00
Other (Specify) Facility Expenses	\$	\$628,500.00	\$628,500.00
Other (Specify) Admin Expenses	\$	\$2,025.00	\$2,025.00
Other (Specify)	\$	\$	\$
TOTAL	\$20,000.00	\$1,460,421.00	\$1,480,421.00

List Source of "Other" Program Funds to be use to Assist CM Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
City of Costa Mesa - Local Funds	\$1,457,000.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
General Funds	\$3,421.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$1,460,421.00	

ATTACHMENT C CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING CDBG FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

ATTACHMENT D

COSTA MESA CDBG OUTCOMES WORKSHEET

This sheet is designed to help applicants for Costa Mesa CDBG funding better plan their program and identify their desired program goals and outcomes. It will not factor into the application process, but rather, can be used to help applicants think about their program.

Program Goal	Program Activities	Program Output	Indicator	Program Outcome	Target Population(s)
<i>Goals:</i> This is an overarching objective of what you are trying to achieve with your program. It should be as specific and clear as possible.	<i>Activities:</i> This describes the who, what, when & where of your program. What tasks/activities will be done in pursuit of the desired goal.	<i>Outputs:</i> This describes the intermediate step of what effort(s) your team exerted in pursuit of the outcome. This is often easily quantifiable (# of classes held, # of meals served, # of participants engaged, etc.)	<i>Indicators:</i> This measures progress “measures” or “benchmarks.” It answers the question: Are we on track to reach the outcome?	<i>Outcomes:</i> This describes the end result and impact on the target population. It answers the question: What would we expect to see as a result of the efforts (change in knowledge, behavior or community)?	Please identify which of the following high-priority populations your outcomes serve <ul style="list-style-type: none"> – Homeless Services/ Fair Housing – Youth Services – Disabled Services – Elderly/ Frail, Senior Services
Goal 1: Increase access to year round emergency shelter by homeless individuals living in the City of Costa Mesa.	50-beds of emergency shelter will be provided 24 hours a day/7 days a week/365 days a year.	At least 230 individuals will be enrolled in the program annually.	By June 30, 2021, 230 individuals will have been enrolled in the program.	230 people will have gained access to emergency shelter and services as a result of the program.	Homeless Services
Goal 2: Increase access to nutritional food by homeless men and women living on the streets of Costa Mesa	3 meals a day plus snacks will be provided to program participants daily while in the shelter.	At least 49,275 meals will be served annually	By June 30, 2021, 49,275 meals will be served at the shelter.	230 people will have gained access to nutritional food as a result of the program.	Homeless Services
Goal 3: Homeless individuals will exit the shelter to housing destinations at exit	Program participants will be provided housing navigation services while enrolled in the program	At least 185 clients will remain in the shelter 30 days or more and engage in housing navigation services	By June 30, 2021, 80 clients will have exited to housing destinations	45% of clients who remain in the shelter 30 days or more will exit to housing destinations.	Homeless Services

2020 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

PROJECT ENROLLMENT

RELATIONSHIP TO HEAD OF HOUSEHOLD

<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member
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PROJECT NAME											
PROJECT START DATE	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td> </tr> </table>			—			—				
		—			—						
HOUSING MOVE-IN DATE <i>(For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)</i>	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td> </tr> </table>			—			—				
		—			—						

PRIOR LIVING SITUATION for *Street Outreach, Emergency Shelter, or Safe Haven* project types

Type of Residence 3.917A <i>(Type of living arrangement on the night before entering this project)</i>		
HOMELESS SITUATION		
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven		
INSTITUTIONAL SITUATION		
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility		
<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center		
TRANSITIONAL & PERMANENT HOUSING SITUATION		
<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons		
<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>		
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month		
<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer		
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		

If Client's Type of Residence is any of the *Institutional Situation* options:

Length of Stay Less than 90 days? <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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2020 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

If 'Length of Stay Less than 90 days' is YES

On the night before – stayed on streets, ES or Safe Haven? <i>(On the night before the client's stay of less than 90 days in an institutional setting were they on the streets, in an Emergency Shelter, or in a Safe Haven?)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>

____/____/____

Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today <i>(Regardless of where they stayed last night)</i>
--

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Total number of months homeless on the streets, in ES, or SH in the past three years

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> Six Months | <input type="checkbox"/> Eleven Months |
| <input type="checkbox"/> Two Months | <input type="checkbox"/> Seven Months | <input type="checkbox"/> Twelve Months |
| <input type="checkbox"/> Three Months | <input type="checkbox"/> Eight Months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Four Months | <input type="checkbox"/> Nine Months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Five Months | <input type="checkbox"/> Ten Months | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

PRIOR LIVING SITUATION for project types other than Street Outreach, Emergency Shelter, or Safe Haven

Type of Residence 3.917B <i>(Type of living arrangement on the night before the entry into the project)</i>
--

HOMELESS SITUATION

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

INSTITUTIONAL SITUATION

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) |
| <input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth) | <input type="checkbox"/> Rental by client in a public housing unit |
| <input type="checkbox"/> Host Home (non-crisis) | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>
--

- | | | |
|--|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Data not collected |

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If Client's Type of Residence is any of the Homeless Situation options:

Approximate Date Homelessness Started (Approximate date the client's <i>current</i> episode of homelessness began)		
____/____/____		
Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today (Regardless of where they stayed last night)		
<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
Total number of months homeless on the streets, in ES, or SH in the past three years		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the Institutional Situation options:

Length of Stay Less than 90 days? (Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
--	-----------------------------	------------------------------

If Client's Type of Residence is any of the Transitional and Permanent Housing Situation options:

Length of Stay Less than 7 nights? (Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
--	-----------------------------	------------------------------

If 'Length of Stay Less than 90 days' is YES—OR— If 'Length of Stay Less than 7 nights' is YES

On the night before – stayed on streets, ES or Safe Haven? (On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the streets, in an Emergency Shelter, or in a Safe Haven?)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
--	-----------------------------	------------------------------

If 'On the night before – stayed on streets, ES, or Safe Haven' is YES

Approximate Date Homelessness Started (Approximate date the client's <i>current</i> episode of homelessness began)		
____/____/____		
Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today (Regardless of where they stayed last night)		
<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
Total number of months homeless on the streets, in ES, or SH in the past three years		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

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DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

Do you have a physical disability?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

If yes for Physical Disability,
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

Do you have a developmental disability?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

Do you have a chronic health condition?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

If yes for Chronic Health Condition,
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

Have you been diagnosed with AIDS or have you tested positive for HIV?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

Do you have a mental health problem?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

If yes for Mental Health Problem,
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	--

Do you have a substance abuse problem?

<input type="checkbox"/> No <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both Alcohol and Drug	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
--	--

If you have any Substance Abuse Problem,
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Are you a survivor of domestic or intimate partner violence?

<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If Yes for survivor of domestic or intimate partner violence</i>		
When did this experience occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

MONTHLY INCOME AND SOURCES

Income from Any Source	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY		
Income Source (Check all that apply)	Monthly Amount	
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> Social Security Disability Income (SSDI)		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension		
<input type="checkbox"/> Pension or retirement income from a former job		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Alimony or other spousal support		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Other Cash Income (Specify: _____)		

NON-CASH BENEFITS

Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services	
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefits (Specify Source): _____	

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HEALTH INSURANCE

Covered by Health Insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE- INDICATE ALL SOURCES THAT APPLY		
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Insurance Obtained through COBRA	
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Indian Health Services Program	
<input type="checkbox"/> Employer-provided Health Insurance	<input type="checkbox"/> Other Health Insurance (Specify Source): _____	

LAST PERMANENT ADDRESS

Prior City <i>The last city in which the client was permanently housed prior to entry into this project</i>	_____
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OC CUSTOM QUESTIONS

What city were you in immediately prior to entry into this project? <i>The city in which the client spent the night prior to entry into this project</i>	
<input type="checkbox"/> Aliso Viejo <input type="checkbox"/> Anaheim <input type="checkbox"/> Brea <input type="checkbox"/> Buena Park <input type="checkbox"/> Costa Mesa <input type="checkbox"/> Cypress <input type="checkbox"/> Dana Point <input type="checkbox"/> El Modena <input type="checkbox"/> Fountain Valley <input type="checkbox"/> Fullerton <input type="checkbox"/> Garden Grove	<input type="checkbox"/> Huntington Beach <input type="checkbox"/> Irvine <input type="checkbox"/> La Habra <input type="checkbox"/> La Palma <input type="checkbox"/> Laguna Beach <input type="checkbox"/> Laguna Hills <input type="checkbox"/> Laguna Niguel <input type="checkbox"/> Laguna Woods <input type="checkbox"/> Lake Forest <input type="checkbox"/> Los Alamitos <input type="checkbox"/> Mission Viejo
<input type="checkbox"/> Newport Beach <input type="checkbox"/> Orange <input type="checkbox"/> Placentia <input type="checkbox"/> Rancho Santa Margarita <input type="checkbox"/> San Clemente <input type="checkbox"/> San Juan Capistrano <input type="checkbox"/> Santa Ana <input type="checkbox"/> Seal Beach <input type="checkbox"/> Stanton <input type="checkbox"/> Tustin <input type="checkbox"/> Villa Park	<input type="checkbox"/> Westminster <input type="checkbox"/> Yorba Linda <input type="checkbox"/> Unincorporated Orange County <input type="checkbox"/> Outside Orange County, but in California <input type="checkbox"/> Outside of California <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected
Phone Number (Optional)	_____
Email Address (Optional)	_____

What state were you born in?				
<input type="checkbox"/> AL - Alabama <input type="checkbox"/> AL- Alaska <input type="checkbox"/> AZ - Arizona <input type="checkbox"/> AR- Arkansas <input type="checkbox"/> CA - California <input type="checkbox"/> CO - Colorado <input type="checkbox"/> CT- Connecticut <input type="checkbox"/> DE - Delaware <input type="checkbox"/> DC - District of Columbia <input type="checkbox"/> FL - Florida	<input type="checkbox"/> GA - Georgia <input type="checkbox"/> HI - Hawaii <input type="checkbox"/> ID - Idaho <input type="checkbox"/> IL - Illinois <input type="checkbox"/> IN - Indiana <input type="checkbox"/> IA - Iowa <input type="checkbox"/> KS - Kansas <input type="checkbox"/> KY - Kentucky <input type="checkbox"/> LA - Louisiana <input type="checkbox"/> ME - Maine <input type="checkbox"/> MD - Maryland	<input type="checkbox"/> MA - Massachusetts <input type="checkbox"/> MI - Michigan <input type="checkbox"/> MN - Minnesota <input type="checkbox"/> MS - Mississippi <input type="checkbox"/> MO - Missouri <input type="checkbox"/> MT - Montana <input type="checkbox"/> NE - Nebraska <input type="checkbox"/> NV - Nevada <input type="checkbox"/> NH - New Hampshire <input type="checkbox"/> NJ - New Jersey	<input type="checkbox"/> NM - New Mexico <input type="checkbox"/> NY - New York <input type="checkbox"/> NC - North Carolina <input type="checkbox"/> ND - North Dakota <input type="checkbox"/> OH - Ohio <input type="checkbox"/> OK - Oklahoma <input type="checkbox"/> OR - Oregon <input type="checkbox"/> PA - Pennsylvania <input type="checkbox"/> RI - Rhode Island <input type="checkbox"/> SC - South Carolina <input type="checkbox"/> SD - South Dakota	<input type="checkbox"/> TN - Tennessee <input type="checkbox"/> TX - Texas <input type="checkbox"/> UT - Utah <input type="checkbox"/> VT - Vermont <input type="checkbox"/> VA - Virginia <input type="checkbox"/> WA - Washington <input type="checkbox"/> WV - West Virginia <input type="checkbox"/> WI - Wisconsin <input type="checkbox"/> WY - Wyoming <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Other

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If 'Other' for State you were born, Which country were you born in?		_____	
Employment Status	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Disabled	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Seasonal/Temporary Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Data not collected

CFCOC ENTRY QUESTIONS

Is this client receiving services funded by the Children and Families Commission Orange County?	<input type="checkbox"/> No <input type="checkbox"/> Yes
CFCOC Bed Night Start Date <i>The client's first bed night funded by CFCOC</i>	____/____/____
CFCOC Bed Night End Date <i>The client's last bed night funded by CFCOC</i>	____/____/____

I certify that the information above is correct to the best of my knowledge.

Client Signature

Date

Agency Staff Signature

Date

DO NOT ANSWER QUESTIONS BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/____

Question	Answer	Comments
Was the hard copy intake form completely filled out correctly?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): _____

DECLARATION OF HOMELESSNESS STATUS

Applicant Name: _____

I certify, under penalty of perjury, that following information is true and complete:

Applicant Signature: _____ Date: _____

*T=Third Party / O=Observation / S=Self-certification

Attach Third Party verification documentation and Intake Observation statements behind this form

	Verification Type T/O/S*/Notes
Situation 1	
<input type="checkbox"/> An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning	
Check one of the following	
<input type="checkbox"/> An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. (T-not required for emergency shelter or street outreach)	
<input type="checkbox"/> An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals)	
<input type="checkbox"/> An individual who is exiting an institution where he or she resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. (O-not allowed)	

	Verification Type T/O/S*/Notes
Situation 2	
<input type="checkbox"/> An individual or family who will imminently lose their primary nighttime residence, provided that:	
The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance AND	
No subsequent residence has been identified AND	
The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing	

	Verification Type T/O/S*/Notes
Situation 3	
<input type="checkbox"/> Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who	
qualifies as "homeless" under another federal statute AND (Only T is allowed)	
have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance AND (O is not allowed)	
have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance AND (O is not allowed)	
can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, OR two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; (S is not allowed O is not allowed for barriers to employment)	

	Verification Type T/O/S*/Notes
Safety should never be put at risk in order to obtain documentation under this situation. If the provider is a DV provider self-certification sufficient. For non-DV providers, if there is no threat of safety supporting verification should be provided.	
Situation 4-	
<input type="checkbox"/> Any individual or family who	
Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence AND	
has no other residence AND	
lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing	

Costa Mesa Bridge Shelter Expectations

Updated: 10/14/19

Welcome to Costa Mesa Bridge Shelter we hope your stay with us allows you to begin your path to ending your homelessness. In order to ensure that all guests are able to comfortably work toward that goal, the following expectations need to be followed while onsite at the shelter, on the provided shuttle vans, and while at or in the immediate area of any shuttle pick-up and drop-off locations.

Please initial next to each number:

1. _____ Demonstrate responsibility for yourself, your actions, and your housing plan.
2. _____ Signing in and out of the Costa Mesa Bridge Shelter is required when a guest exits or returns to the property through the transportation process.
3. _____ Follow all health and safety policies.
4. _____ Guests are expected to meet with their Costa Mesa Case Manager at least once a week at a scheduled time to discuss their housing plans. The goal is to get you connected to housing resources as quickly as possible. The maximum length of stay is 180 days. Each guest's progress toward achieving their housing goals will be reviewed at 30-day increments. If a guest chooses not to work toward their housing plan or follow these expectations, they may be asked to leave prior to the 30-day review or the 180-night maximum.
5. _____ Guests are expected to actively work on their housing plan! By signing these expectations, you understand that you are not guaranteed housing by enrolling in this program. Part of your Housing Plan will be to identify tasks that you will need to complete in order to achieve your goal of securing housing. Your Case Manager will work alongside you to assist you in connecting with resources and addressing potential barriers.
6. _____ Guests are expected to abstain from behavior that is disruptive and unacceptable to others. Examples include; verbal harassment, physical harassment, excessive profanity, threats and/or violent behavior, nudity or obscene behavior, possessing weapons (or items that may be perceived as weapons) or contraband (examples of items considered contraband can be made available upon request), drug dealing, theft, etc. Serious offenses include but are not limited to: use of racial slurs, sexual harassment, violence, and any other inappropriate physical contact. Serious violations may result in an immediate exit from the shelter. If you are asked to leave, a shuttle driver will transport you to an approved drop off location.
7. _____ If a client is exited due to a violent action directed towards anyone on the shelter property or in the shelter program, it is at the discretion of City, police and/or shelter staff to allow reentry or to ban on a permanent basis.

8. ____ If a guest's behavior is extremely disruptive and staff or security asks you to step outside or to remove yourself from an area for de-escalation purposes, you are expected to comply with this request. You will be able to rejoin the group when your behavior is no longer a disruption to the other shelter guests.
9. ____ Several areas on site are restricted to staff and security only. Guests are not allowed into any areas other than the commons, dorms, restrooms and smoking/outside patio, unless with explicit permission from the management team. The stairwells and upstairs areas are not open to guests at any time. The only doors that guests may use to access the outside areas are the main doors near the security check-in.
10. ____ Coffee and breakfast is provided to clients between 6 AM and 9 AM. Clients are expected to be out of bed by 9 AM unless special arrangements have been made due to overnight work or illness.
11. ____ In public areas, shirts and pants/shorts are mandatory for men and women at all times; socks and shoes are strongly encouraged.
12. ____ The evening meal is served from 6:00 PM to 8:00 PM. Please clean up around your area after you eat and wear shoes when in the meal line. Should you have a spill, please notify staff immediately.
13. ____ A cell phone charging station will be available for clients to use during designated hours. Clients are NOT allowed to use ANY unauthorized electrical outlets for any reason.
14. ____ Any undesignated parking either on or off the property is subject to the vehicle being towed at the owner's expense.
15. ____ A limited amount of storage is available for each client. Shopping carts, excessive luggage/bags, etc. are not be allowed in the shelter.
16. ____ Only the Site Leader or Manager on duty can expel / prevent any clients from staying at the shelter. Any conflicts between clients should be brought to the attention of the staff immediately. If you are asked to leave and you do not, it is a trespassing violation on the property and Costa Mesa Police will be contacted for assistance.
17. ____ Donations will be handed out in an orderly fashion by the staff or volunteers. Clients may not interfere with donations being brought in or the distribution of donations.
18. ____ Guests are expected to return each night before 9:00 pm, unless provided with approved special circumstance by management (ex: for work or school). Guests are not allowed to miss more than 2 consecutive nights or more than 2 nights in any 30 day period without clearing the absence with their Case Manager. Guests are expected to sign in on a daily basis. Guests may not sign in for others. City Case Managers or Mercy

House staff may grant excused nights out of the shelter upon request, if necessary and appropriate. It is the responsibility of the guest to contact their case manager verbally, leave a voice message or email. If the case manager is not available, the guest should contact the Guest Shelter line at (949-375-8745), leaving a message for their case manager. This line is available 24 hours a day 7 days a week. All unexcused absences and exits will be reviewed by the City of Costa Mesa's Neighborhood Improvement Manager and/or designee.

19. ____ Photo ID's are required of all enrolled guests. Mercy House will take photos to produce program ID's for guests and for security reasons, if necessary. By entering this program, you give your consent to this. If you do not have a California State ID, the Bridge Shelter Case Manager can assist you in acquiring an ID within the first few days after enrollment. A Bridge Shelter ID is required to receive a bath towel, is also used when waiting in the dinner line and is required at all designated shuttle stops.
20. ____ To promote a healthy and clean environment, all guests are required to shower the day they enter the program. Guests must also submit any clothing/bedding items for laundry the day they enter the program. Guests are then expected to maintain their hygiene (including changing into clean clothes when possible), do laundry once a week and shower at least twice a week. Only one (1) towel will be provided to each guest when a shower is taken. Each guest will need to sign to receive a towel and sign to return one.
21. ____ Every guest will be assigned a laundry day. Guests will be expected to bag their dirty clothes and bundle their bedding on this day to help streamline laundry services. Laundry should be submitted to staff for cleaning by 9 AM on this day.
22. ____ Every guest is allowed 1 indoor storage bin and 1 outdoor storage bin. Outdoor bins are accessible only during the designated and posted times. Outdoor bins are accessible during specific times with the assistance of Mercy House staff only. Indoor bins are required to remain clean and organized. Perishable foods are not allowed to be stored in the indoor bins. Trash and recycling may not be brought onto the property.
23. ____ Guests are expected to straighten their beds when not in use and are restricted to no more than 2 personal bags on the bed. Water is allowed in the dorms, but no open or perishable food or other liquid drinks may be brought to the bed area at any time, with the exception of water. 1-2 pairs of shoes may be stored under the bed, but no additional personal items may be kept behind, under or in the aisles next to your bed.
24. ____ NO weapons or objects that may be perceived as weapons are permitted. If found they will be tagged by security and kept until the you leave. Anyone with a concealed weapon will be immediately excluded from the program and Costa Mesa Police Department will be notified.

25. ____ We reserve the right to search all applicants for weapons (or items that can be used as weapons), alcohol, and illegal drugs. Guests are required to go through a metal detector each time they return from outings, going into the sleeping area and after each visit to their personal outside storage bin located at the shelter. If at any time after enrollment any weapons, alcohol, marijuana or illegal drugs are found on site or while on the shuttle, this could be cause for immediate exit from the Bridge Shelter Program, and Costa Mesa Police may be contacted.
26. ____ All prescription medication must be recorded with Mercy House staff or security and stored in your personal storage bin in its original labeled container. Pills or medication NOT matching the original labeled container may be confiscated. No medicinal marijuana will be allowed in your indoor bin at any time. Medical marijuana may only be stored in your outdoor bin with a valid Medicinal Use Card and must be 8 oz. or less. Prescription medications that require refrigeration will be locked up by shelter staff and accessed with staff's assistance upon request by the guest.
27. ____ Smoking of tobacco is permitted in the smoking area only. No drugs, paraphernalia, alcohol, or marijuana (recreational *or* medicinal) or E-Cigarettes and Vaporizers will be permitted in or around the shelter. Anything containing cannabis or THC (without a prescription) will be considered contraband.
28. ____ This shelter incorporates closed-circuit surveillance cameras as part of its security system. These cameras are in almost every area except the restrooms. The footage captured is used only for in-house safety and security purposes and is not shared with the general public. By signing this document, you consent to this.
29. ____ Attend resident town hall meetings and contribute to the community.
30. ____ All guests are expected to be Good Neighbors of the community in which they are served, and have an obligation to comply with all state and local laws and/or ordinances and behave in a courteous manner at all times. Complaints regarding Costa Mesa Bridge Shelter received from residents, business owners, and/or public officials may result in expulsion from the Costa Mesa Bridge Shelter Program.
31. ____ In order to remain Good Neighbors, all guests are expected to use the provided shuttles for transportation on to and off of the property. We practice a strict no-walk-up policy. Guests are expected to remain on the property at all times unless when leaving for the day. Violation of this expectation may result in an immediate exit.
32. ____ Approved guest vehicles may be parked on shelter property, in designated areas, once the vehicle is registered with the program. A valid license and insurance are required. RV's (Recreational Vehicles) are not permitted on-site. Guests with bicycles must use the bicycle racks on the shuttle buses, and allow Mercy House drivers to secure them on the rack. Guests are only allowed one bike per person, and are not

allowed to store spare bike parts unless they fit in the outdoor storage bin. All bicycles brought on property must be registered and photographed.

33. ____ There are separate women and men sections located in the dorms. Please do not enter a sleeping area that is not designated to you and respect the privacy of others. Only one person will be permitted at a time to use the All-Gender Restrooms, regardless of relationship or marital status. The sleeping area may be closed daily between 12:00 PM – 4:00 PM if applicable depending on the weather conditions. Notice will be provided to shelter guests if the dorms need to be serviced at any time.
34. ____ Guests are expected to respect the rest and sleep of their neighbors. When lights are off between 10:00 PM-6:00 AM, indoor voices should be used to limit distractions and to not disturb other guests. Likewise, guests are not allowed to use bright lights or play music/watch video with sound in the dorms after lights out. Guests must remain at their beds after lights are out. The only exception would be to use the restroom.
35. ____ Do not put any of your items on another bed to reserve a space.
36. ____ Although we respect everyone’s right to privacy, we reserve the right to pat down and search all persons as a precaution against any potential security risks. Items considered contraband may be confiscated and/or destroyed. Guests will always need to be searched any time they access their outside bins, bikes or vehicles.
37. ____ Approved pets, Service Animals and ESAs must be registered and cleared ahead of time with program management. Clients are limited to no-more-than one animal (with the possible exception of service animals), and the animal must be present with the client at the time of intake. All pet owners must agree to and follow the guidelines provided in the Animal Expectations, which is a separate document that will be given upon entry of the animal into the shelter.
38. ____ Neither Mercy House, City of Costa Mesa or any of its vendors are in any way responsible or liable for lost, stolen, or damaged items that guests bring onto the premises. Guests are encouraged to keep valuable items close and guarded and are asked to turn in found items to the staff at the front desk. We advise that those who choose to utilize the supplied charging stations have their electronics clearly marked and/or customized for easy identification. Guests may only charge their electronics at the approved charging stations and may not remain at the station for any extended period of time.
39. ____ It is the client’s responsibility to take all personal belongings with them upon exiting the program and to claim their items from the security check in when they leave the property. Any items left behind may be discarded 7 days (one week) from the date of exit.
40. ____ Cash is never to be given to Mercy House Staff, City of Costa Mesa Staff, Volunteers, or Interns at ANY time.

41. ____ It is our desire to never deny shelter or services to our guests. However, in the case that behavior becomes a health and safety risk, Shelter Management can expel/prevent any guests from staying at the shelter. Any conflicts between guests should be brought to the attention of the staff immediately. Any guests who are asked to exit will have 7 days (one week) to pick up any items left on-site. Guests must call and speak to a site leader to schedule a pickup.
42. ____ Any guest who does not follow these expectations is jeopardizing their ability to accomplish their housing plan and may be exited from the bridge shelter program. Since everyone can make a mistake, when an expectation is not met, staff will clarify any misunderstanding of the expectation and discuss ways that each guest can avoid further violations providing them with an Action Plan if deemed appropriate. If the expectations continue to be neglected, Mercy House staff and/or City staff and the guest will meet and create an Action Plan to support the client to get back on track with their housing plan and meeting these expectations. Guests who have more than five Action Plans total, or more than three Action Plans for failing to meet the same expectation will be exited from the shelter after review of the Actions Plans by the Neighborhood Improvement Manager or their designee.
43. ____ Guests who have self-exited the Bridge Shelter program or are exited due to extensive violations may be considered for re-entry to the Bridge Shelter program after 30 days for their 1st exit. If a shelter guest wants to re-enter the Bridge Shelter program for the 2nd time they will need to wait 60 days. For the 3rd occurrence the Bridge Shelter guest will have to wait a minimum of 90 days. All exceptions will be reviewed by City of Costa Mesa's Parks & Community Services Director and/or his designee.

As a result of initialing these expectations and signing this form, I understand that expectations and health and safety policies may change as necessary and that I will be informed of these changes and I am required to abide by these amended policies.

I have read the above and agree to follow the Costa Mesa Bridge Shelter Expectations.

Name (please print): _____

Signature: _____ Date: _____

**Costa Mesa Bridge Shelter Expectations:
ADDENDUM Updated: 10/14/19**

The following text was added or edited in the most recent revision to the Costa Mesa Bridge Shelter Expectations.

In order to ensure that all guests are able to comfortably work toward that goal, all program expectations need to be followed while onsite at the shelter, on the provided shuttle vans, and while at or in the immediate area of any shuttle pick-up and drop-off locations.

Please initial next to each number:

37. _____ Approved pets, Service Animals and ESAs must be registered and cleared ahead of time with program management. Clients are limited to no-more-than one animal (with the possible exception of service animals), and the animal must be present with the client at the time of intake. All pet owners must agree to and follow the guidelines provided in the Animal Expectations, which is a separate document that will be given upon entry of the animal into the shelter.

As a result of initialing these expectations and signing this form, I understand that expectations and health and safety policies may change as necessary and that I will be informed of these changes and I am required to abide by these amended policies.

I have read the above and agree to follow the Costa Mesa Bridge Shelter Expectations.

Name (please print): _____

Signature: _____ Date: _____



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164828
Aug. 18, 2011 LTR 4168C E0
33-0315864 000000 00

00013085
BODC: TE

MERCY HOUSE LIVING CENTERS
PO BOX 1905
SANTA ANA CA 92702-1905

Employer Identification Number: 33-0315864
Person to Contact: Tonya Morris
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 09, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1989.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

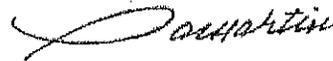
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248164828
Aug. 18, 2011 LTR 4168C E0
33-0315864 000000 00
00013086

MERCY HOUSE LIVING CENTERS
PO BOX 1905
SANTA ANA CA 92702-1905

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



S. A. Martin, Operations Manager
Accounts Management Operations



We help people find their way back home.

BOARD OF DIRECTORS

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714-842-6780 Fax
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We help people find their way back home.

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12/20/2019

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Rumbaugh@Cox.net
lisa.rumbaugh@att.net
Affiliation: Foundation Controller
Term: 13 Years



To whom it may concern:

Mercy House is currently in the process of completing our FY2018-2019 audit. It is anticipated to be complete by February 2020.

A copy will be provided to the City of Costa Mesa as soon as it is finalized.

Enclosed is our FY2017-2018 Audit which accompanies the provided 990 report.

MERCY HOUSE LIVING CENTERS AND AFFILIATES

**Combined Financial Statements
and
Independent Auditor's Report
For the Years Ended
June 30, 2018 and 2017
and
Single Audit Report
For the Year Ended June 30, 2018**

Mercy House Living Centers and Affiliates
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Independent Auditor's Report

To the Audit Committee and Board of Directors of
Mercy House Living Centers
Santa Ana, California

Report on the Financial Statements

We have audited the accompanying combined financial statements of Mercy House Living Centers (a nonprofit organization) and affiliates, which comprise the combined statements of financial position as of June 30, 2018 and 2017, and the related combined statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the combined financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of Mercy House Living Centers and affiliates as of June 30, 2018 and 2017, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the combined financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our reports dated November 8, 2018, on our consideration of Mercy House Living Centers' and affiliates' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Mercy House Living Centers' and affiliates' internal control over financial reporting and compliance.

H&LA Certified Public Accountants, Inc.

November 8, 2018

Mercy House Living Centers and Affiliates
Combined Statements of Financial Position
June 30, 2018 and 2017

Assets	<u>2018</u>	<u>2017</u>
Current Assets		
Cash and cash equivalents	\$ 124,594	\$ 282,131
Accounts receivable	145,118	40,000
Grants receivable	2,240,181	1,782,179
Contributions receivable, current portion	701,357	285,510
Prepaid expenses	<u>159,385</u>	<u>50,223</u>
 Total current assets	 <u>3,370,635</u>	 <u>2,440,043</u>
Property and Equipment		
Land	2,626,990	2,415,741
Buildings and building improvements	8,984,294	8,037,198
Furniture and equipment	631,019	623,012
Computer equipment	<u>134,971</u>	<u>125,033</u>
 Total property and equipment	 12,377,274	 11,200,984
Less accumulated depreciation	<u>(4,321,897)</u>	<u>(3,930,547)</u>
 Property and equipment, net	 <u>8,055,377</u>	 <u>7,270,437</u>
Other Assets		
Contributions receivable, net of current portion	1,372,938	849,933
Deposits	<u>21,735</u>	<u>5,735</u>
 Total other assets	 <u>1,394,673</u>	 <u>855,668</u>
 Total assets	 <u>\$ 12,820,685</u>	 <u>\$ 10,566,148</u>

See accompanying notes to combined financial statements and independent auditor's report.

Mercy House Living Centers and Affiliates
Combined Statements of Financial Position (Continued)
June 30, 2018 and 2017

Liabilities and Net Assets	<u>2018</u>	<u>2017</u>
Current Liabilities		
Accounts payable	\$ 324,171	\$ 254,277
Accrued expenses	289,427	229,184
Resident deposits	38,076	35,867
Deferred revenue	-	41,034
Line of credit	<u>740,000</u>	<u>200,000</u>
 Total current liabilities	 <u>1,391,674</u>	 <u>760,362</u>
Long-Term Liabilities		
Accrued interest	97,204	93,358
Notes payable	<u>1,008,668</u>	<u>667,724</u>
 Total long-term liabilities	 <u>1,105,872</u>	 <u>761,082</u>
 Total liabilities	 <u>2,497,546</u>	 <u>1,521,444</u>
Net Assets		
Unrestricted net assets	4,607,433	4,764,126
Temporarily restricted net assets	<u>5,715,706</u>	<u>4,280,578</u>
 Total net assets	 <u>10,323,139</u>	 <u>9,044,704</u>
 Total liabilities and net assets	 <u>\$ 12,820,685</u>	 <u>\$ 10,566,148</u>

See accompanying notes to combined financial statements and independent auditor's report.

Mercy House Living Centers and Affiliates
Combined Statement of Activities and Changes in Net Assets
For the Year Ended June 30, 2018

	Unrestricted	Temporarily Restricted	Total
Support and revenue			
Contributions	\$ 1,642,722	\$ 234,300	\$ 1,877,022
Government grants and agreements	11,355,619	-	11,355,619
In-kind contributions	29,659	1,581,072	1,610,731
Program service fees	676,227	-	676,227
Project developer fees	145,118	-	145,118
Special events, net of direct benefit expenses of \$197,278	377,620	-	377,620
Interest income and other revenue	404	-	404
Net assets released from restrictions	380,244	(380,244)	-
Total support and revenue	14,607,613	1,435,128	16,042,741
Expenses			
Housing and living skills programs	13,764,345	-	13,764,345
Management and general	724,347	-	724,347
Fundraising and development	275,614	-	275,614
Total expenses	14,764,306	-	14,764,306
Increase (decrease) in net assets	(156,693)	1,435,128	1,278,435
Net assets, beginning of year	4,764,126	4,280,578	9,044,704
Net assets, end of year	\$ 4,607,433	\$ 5,715,706	\$ 10,323,139

See accompanying notes to combined financial statements and independent auditor's report.

Mercy House Living Centers and Affiliates
Combined Statement of Activities and Changes in Net Assets
For the Year Ended June 30, 2017

	Unrestricted	Temporarily Restricted	Total
Support and revenue			
Contributions	\$ 1,702,860	\$ 173,750	\$ 1,876,610
Government grants and agreements	6,495,250	-	6,495,250
In-kind contributions	11,265	53,493	64,758
Program service fees	660,334	-	660,334
Special events, net of direct benefit expenses of \$200,904	300,251	-	300,251
Interest income and other revenue	467	-	467
Net assets released from restrictions	262,408	(262,408)	-
Total support and revenue	9,432,835	(35,165)	9,397,670
Expenses			
Housing and living skills programs	8,744,658	-	8,744,658
Management and general	591,080	-	591,080
Fundraising and development	378,249	-	378,249
Total expenses	9,713,987	-	9,713,987
Decrease in net assets	(281,152)	(35,165)	(316,317)
Net assets, beginning of year	5,045,278	4,315,743	9,361,021
Net assets, end of year	\$ 4,764,126	\$ 4,280,578	\$ 9,044,704

See accompanying notes to combined financial statements and independent auditor's report.

Mercy House Living Centers and Affiliates
Combined Statement of Functional Expenses
For the Year Ended June 30, 2018

	Housing	Living Skills	Management & General	Fundraising & Development	Total
Salaries and payroll taxes	\$ 103,736	\$ 3,343,874	\$ 533,456	\$ 221,077	\$ 4,202,143
Workers compensation	5,389	158,516	2,086	1,719	167,710
Health insurance	3,286	298,317	62,428	20,456	384,487
Payroll service fees	731	39,149	9,179	1,829	50,888
Seminars and conferences	-	6,366	6,356	50	12,772
Travel	1,323	25,426	717	590	28,056
Office supplies	9,474	93,862	22,424	2,917	128,677
Postage	4	3,321	871	1,805	6,001
Dues and subscriptions	-	3,831	-	-	3,831
Development campaign	-	694	2,646	1,747	5,087
Telephone and fax	-	81,031	9,304	893	91,228
Security	510	1,930	197	-	2,637
Professional fees	-	88,534	42,020	-	130,554
Directors and officers insurance	-	8,225	10,563	365	19,153
General liability insurance	79,680	8,155	884	257	88,976
Printing	-	6,885	3,147	5,448	15,480
Newsletters	-	-	-	7,677	7,677
Interest	31,719	-	18,634	-	50,353
Rent	297,059	117,270	-	-	414,329
Taxes and licenses	(29,041)	1,182	(637)	-	(28,496)
Living assistance and client services and supplies	5,349,039	630,594	(29,904)	53	5,949,782
Emergency shelter	185,123	1,965,241	285	11	2,150,660
Staff development	-	3,459	3,630	40	7,129
Computer and IT	-	11,034	3,336	1,621	15,991
Utilities	142,842	2,590	(264)	-	145,168
Repairs	114,286	19,298	1,913	-	135,497
Social development	210	18,828	-	-	19,038
Other administration	1,293	59,420	9,758	7,059	77,530
Small furnishings and equipment	-	90,663	(37)	-	90,626
Depreciation	379,420	567	11,355	-	391,342
Total functional expenses	\$6,676,083	\$ 7,088,262	\$ 724,347	\$ 275,614	\$14,764,306

See accompanying notes to combined financial statements and independent auditor's report.

Mercy House Living Centers and Affiliates
Combined Statement of Functional Expenses
For the Year Ended June 30, 2017

	Housing	Living Skills	Management & General	Fundraising & Development	Total
Salaries and payroll taxes	\$ 128,560	\$ 2,374,384	\$ 447,991	\$ 232,955	\$ 3,183,890
Workers compensation	7,783	126,168	9,897	2,951	146,799
Health insurance	2,534	220,670	38,880	17,853	279,937
Payroll service fees	19	23,782	3,998	1,078	28,877
Seminars and conferences	-	6,998	3,881	3,530	14,409
Travel	494	29,410	1,654	956	32,514
Office supplies	355	98,700	2,855	2,830	104,740
Postage	-	1,005	2,801	1,452	5,258
Dues and subscriptions	-	1,396	45	-	1,441
Development campaign	-	782	3,467	4,505	8,754
Telephone and fax	1,115	62,961	1,261	994	66,331
Security	999	160	-	8	1,167
Professional fees	-	89,518	27,055	84,083	200,656
Directors and officers insurance	-	8,851	1,388	693	10,932
General liability insurance	68,239	7,775	3,171	199	79,384
Printing	-	5,055	441	1,434	6,930
Newsletters	-	-	-	13,218	13,218
Interest	25,266	-	5,212	-	30,478
Rent	259,104	19,500	-	-	278,604
Taxes and licenses	(8,939)	-	1,194	-	(7,745)
Living assistance and client services and supplies	3,354,247	390,680	7,495	116	3,752,538
Emergency shelter	15,684	627,602	952	43	644,281
Staff development	-	9,598	4,378	735	14,711
Computer and IT	189	11,901	3,134	2,295	17,519
Utilities	137,581	2,414	-	-	139,995
Repairs	90,549	1,866	329	-	92,744
Social development	103	12,191	-	-	12,294
Other administration	1,504	21,967	12,354	5,594	41,419
Small furnishings and equipment	8,397	84,586	(938)	727	92,772
Depreciation	408,561	2,394	8,185	-	419,140
Total functional expenses	\$4,502,344	\$ 4,242,314	\$ 591,080	\$ 378,249	\$ 9,713,987

See accompanying notes to combined financial statements and independent auditor's report.

Mercy House Living Centers and Affiliates
Combined Statements of Cash Flows
For the Years Ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Cash flows from operating activities		
Decrease in unrestricted net assets	\$ (156,693)	\$ (281,152)
Increase (decrease) in temporarily restricted net assets	<u>1,435,128</u>	<u>(35,165)</u>
Total increase (decrease) in net assets	<u>1,278,435</u>	<u>(316,317)</u>
Adjustments to reconcile increase (decrease) in net assets to net cash provided (used) by operating activities:		
Depreciation expense	391,342	419,140
In-kind contribution - interest-free loan	(831,930)	-
In-kind contribution - free rent	(99,342)	(53,495)
In-kind contribution - real estate	(649,800)	-
Rent accretion	192,731	146,881
(Increase) decrease in assets:		
Accounts receivable	(105,118)	140,000
Grants receivable	(458,002)	(110,921)
Contributions receivable	(382,441)	(55,418)
Prepaid expenses	(109,162)	(28,720)
Deposits	(16,000)	2,250
Increase in liabilities:		
Accounts payable	69,894	134,307
Accrued expenses	60,243	27,904
Resident deposits	2,209	540
Deferred revenue	(41,034)	4,863
Accrued interest	<u>3,846</u>	<u>3,846</u>
Total adjustments	<u>(1,972,564)</u>	<u>631,177</u>
Net cash provided (used) by operating activities	<u>(694,129)</u>	<u>314,860</u>
Cash flows from investing activities		
Purchases of property and equipment	<u>(31,282)</u>	<u>(48,263)</u>
Cash flows from financing activities		
Borrowings on line of credit	940,000	350,000
Payments on line of credit	(400,000)	(550,000)
Interest accretion	<u>27,874</u>	<u>21,419</u>
Net cash provided (used) by financing activities	<u>567,874</u>	<u>(178,581)</u>

See accompanying notes to combined financial statements and independent auditor's report.

Mercy House Living Centers and Affiliates
Combined Statements of Cash Flows (Continued)
For the Years Ended June 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Net increase (decrease) in cash and cash equivalents	\$ (157,537)	\$ 88,016
Cash and cash equivalents, beginning of year	<u>282,131</u>	<u>194,115</u>
Cash and cash equivalents, end of year	<u>\$ 124,594</u>	<u>\$ 282,131</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	<u>\$ 18,634</u>	<u>\$ 5,212</u>

Supplemental Disclosure of Noncash Investing and Financing Activities

During the year ended June 30, 2018, Mercy House CHDO financed the acquisition of real estate with a non-interest bearing loan, reported at present value using a 4.33% imputed market rate of interest, of approximately \$313,000 (Note 5).

See accompanying notes to combined financial statements and independent auditor's report.

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

1. Organization

Nature of Activities

Mercy House Living Centers (MHLC) was incorporated as a nonprofit public benefit corporation under the laws of the State of California on June 29, 1988. MHLC provides housing and comprehensive supportive services for a variety of homeless populations that include families, adult men and women, mothers and their children, persons living with HIV and/or AIDS, individuals overcoming substance addictions, and some who are physically and mentally disabled. MHLC is based in Santa Ana, California.

Mercy House CHDO, Inc. (CHDO) was incorporated as a nonprofit public benefit corporation under the laws of the State of California on December 15, 2005. CHDO was created to assist and support MHLC's existing transitional housing activities.

Aqua Mercy House CHDO, LLC (Aqua CHDO) was incorporated as a limited liability company under the laws of the State of California on April 10, 2018. Aqua CHDO was created to assist and support CHDO's existing affordable housing activities.

During the year ended June 30, 2015, CHDO partnered with Wakeland Corporation to form a limited partnership (Camp Anza, L.P.) in order to develop Camp Anza, a supportive housing project for veterans in Riverside, California. CHDO held a 0.0049% interest in Camp Anza, L.P. and reported its investment on the cost basis. Camp Anza, L.P. indemnified CHDO from third-party suits brought against CHDO, as a general partner, pursuant to certain conditions as described in the partnership agreement. On April 1, 2017, CHDO voluntarily withdrew from the partnership as managing general partner and transferred and assigned its right, title, and interest in the managing general partner interest to Wakeland Opportunities for Affordable Housing.

During the year ended June 30, 2016, CHDO partnered with CDP Newport LLC and Community Development Partners to form a limited partnership (Newport Veterans Housing LP), as well as with CDP Newport LLC, Affordable Housing Alliance II, Inc., and Community Development Partners to form another limited partnership (Newport Veterans Apartments LP). in order to purchase and rehabilitate certain real property in Newport Beach, California for the purpose of providing affordable rental housing for low-income tenants. CHDO holds a 0.0041% interest in Newport Veterans Housing LP and in Newport Veterans Apartments LP and reports its investments on the cost basis. Newport Veterans Housing LP and Newport Veterans Apartments LP indemnify CHDO from third-party suits brought against CHDO, as a general partner, pursuant to certain conditions as described in the partnership agreement. During the year ended June 30, 2017, Newport Veterans Housing LP, which owned the real property in Newport Beach, transferred ownership of the property to Newport Veterans Apartments LP.

During the year ended June 30, 2017, CHDO partnered with Aqua CDP LLC, Affordable Housing Alliance II, Inc., and Community Development Partners to form a limited partnership (Aqua Housing LP) in order to purchase and rehabilitate certain real property in Santa Ana, California for the purpose of providing affordable rental housing for low-income tenants. CHDO holds a 0.0041% interest in Aqua Housing LP and reports its investment on the cost basis. During the year ended June 30, 2018, the partnership agreement was amended to replace Aqua CHDO as the new managing general partner. Aqua Housing LP indemnifies Aqua CHDO from third-party suits brought against Aqua CHDO, as a general partner, pursuant to certain conditions as described in the partnership agreement.

During the year ended June 30, 2015, CHDO received \$180,000 in funding through the above limited partnerships for developer fees and accrued an additional \$180,000 in accounts receivable to be received when the related projects are ready to operate. As of June 30, 2017, \$40,000 of the accounts receivable balance remained outstanding. This balance was paid off during the year ended June 30, 2018. During the year ended June 30, 2018, CHDO accrued approximately \$145,000 in developer fees through the above limited partnerships for projects that were completed during the year then ended. In addition, CHDO provides supportive services to

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

1. Organization (Continued)

the projects through Mercy House staff, and also made payments aggregating approximately \$113,000 to Newport Veterans Apartments LP during the year ended June 30, 2018, which is reported in Living assistance and client services and supplies in the accompanying combined statement of functional expenses.

The accompanying combined financial statements include the accounts of MHLC, CHDO, and Aqua CHDO (together, Mercy House), which are under common control.

Programs

Homeless Prevention Program: Mercy House provides rental assistance with supportive services to Orange County families and individuals at risk of becoming homeless due to a financial crisis.

Mercy House Access Centers: The Ontario and San Bernardino Access Centers provide emergency services and resources that address the immediate needs of the homeless and at-risk populations in San Bernardino and Ontario.

Emergency (Cold Weather) Shelter Program: Mercy House provides emergency lodging, meals, showers, and supportive services for up to 400 individuals nightly during the cold weather months at the Santa Ana and Fullerton National Guard armories.

Redirection Program: Mercy House designed this program specifically for armory families with children. It offers immediate alternative placement with case management services aimed at moving families directly into permanent or transitional housing.

Transitional Shelters: Mercy House has programs in Ontario and throughout Orange County to assist various homeless populations with finding permanent housing options.

Permanent Housing: Mercy House owns and operates several housing units in Orange County and the City of Ontario for low-income individuals and families. Clients receive various supportive services.

2. Summary of Significant Accounting Policies

Principles of Combination

All significant inter-organization transactions have been eliminated in the accompanying combined financial statements.

Management Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Net Asset Classifications

Mercy House reports information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted.

Net assets of the two restricted classes are created only by donor-imposed restrictions on their use. All other net assets, including Board-designated amounts, are legally unrestricted, and are reported as part of the unrestricted class.

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

2. Summary of Significant Accounting Policies (Continued)

Unrestricted net assets consist of funds that are fully available for Mercy House to utilize in any of its programs or supporting services at the discretion of the Board of Directors.

Temporarily restricted net assets consist of funds that are restricted by donors for a specific time period or purpose.

Permanently restricted net assets consist of funds that contain donor-imposed restrictions requiring the principal be invested in perpetuity and that only the income be used. Income earned on these funds may be unrestricted or temporarily restricted, depending upon the donor-imposed restrictions. There were no permanently restricted net assets at June 30, 2018 or 2017.

Support and Revenue

Grants are received from various governmental agencies and private foundations. The majority of grant funds are used for program related purposes, acquisition of property, and improvements to facilities owned by Mercy House.

A portion of government grants received are passed through to subrecipients. During the years ending June 30, 2018 and 2017, subrecipient pass-through expenses totaled approximately \$2,380,000 and \$1,188,000, respectively, which are included in living assistance and client services and supplies in the combined statements of functional expenses.

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as additions to temporarily restricted or permanently restricted net assets. When a temporary restriction has been satisfied, the related temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as "net assets released from restrictions."

When donor restrictions on contributions are satisfied in the same period as the receipt of the contribution, Mercy House reports both the revenue and the related expense in the unrestricted net asset category.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits, market rate savings, and short-term, highly liquid investments readily convertible into cash within 90 days of purchase.

Grants Receivable

Grants receivable are recorded when an obligation from a granting agency is committed in writing and when qualifying expenditures are made in connection with grants that provide for reimbursement of such expenditures. Management believes that all grants receivable as of June 30, 2018 and 2017 were fully collectible; therefore, no allowance for doubtful accounts was recorded.

Promises to Give

Unconditional promises to give are reported at fair value at the date the promise is received. Conditional promises to give are recognized when the conditions on which they depend are substantially met or if the likelihood that such conditions would not be met is considered to be remote.

Property and Equipment

Property and equipment are stated at cost or, if donated, at the approximate fair value on the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to be used for a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, Mercy House reports expirations of donor

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

2. Summary of Significant Accounting Policies (Continued)

restrictions when the donated or acquired assets are placed in service as instructed by the donor. Mercy House reclassifies temporarily restricted net assets to unrestricted net assets at that time. Property and equipment are depreciated using the straight-line method over their estimated useful lives (40 years for buildings and 5 to 10 years for furniture and equipment). Expenditures that extend the useful life of the asset or enhance its productivity are capitalized.

Impairment of Long-Lived Assets

Mercy House's long-lived assets include land, buildings, and equipment. Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. If the expected future cash flow from the use of the asset and its eventual disposition is less than the carrying amount of the asset, an impairment loss is recognized and measured using the fair value of the related asset. As of June 30, 2018 and 2017, Mercy House did not identify any material impairment of its long-lived assets.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the combined statements of activities and changes in net assets and combined statements of functional expenses. Functional expenses have been allocated among the programs and supporting services based, in part, on direct costing (such as time spent, supplies used, etc.) and in part on an analysis of personnel time and facilities utilized for the related activities.

Income Taxes

Mercy House is exempt from Federal and California income tax under Internal Revenue Code Section 501(c)(3) and similar provisions of the State of California Revenue and Taxation Code. Mercy House's federal income tax and informational returns for the fiscal years ended June 30, 2015, and subsequent, remain open for examination by the Internal Revenue Service. The returns for California, Mercy House's only state jurisdiction, remain open for examination by the California Franchise Tax Board for the fiscal years ended June 30, 2014, and subsequent. Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the combined financial statements.

In-Kind Donations

Donated non-cash assets are recorded at their estimated fair values at the date of receipt if there is an objective basis available to measure their value. The estimated fair values of donated assets reflected in the combined financial statements as in-kind contributions are as follows for the years ended June 30:

	<u>2018</u>	<u>2017</u>
Interest free loans (Note 5)	\$ 831,930	\$ -
Real estate	649,800	-
Facility rent (Note 7)	99,342	53,495
Goods and services	<u>29,659</u>	<u>11,263</u>
Total	<u>\$ 1,610,731</u>	<u>\$ 64,758</u>

On April 9, 2018, a donor made a promise to give a duplex in Santa Ana, California to Mercy House for use by CHDO. The \$649,800 fair value of the property is reported as a long-term promise to give as of June 30, 2018. CHDO received the grant deed to the property on August 31, 2018.

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

2. Summary of Significant Accounting Policies (Continued)

Contributed services are recognized if the services create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. A substantial number of volunteers have made significant contributions of their time to help develop Mercy House's programs and activities. No amounts have been reported in the combined financial statements for these donated services because the services do not meet the above noted reporting requirements.

Recent Accounting Pronouncements

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*. This ASU will simplify the face of the financial statements by eliminating the distinction between resources with permanent restrictions and those with temporary restrictions, while at the same time enhancing the footnote disclosures to provide financial statement readers with more useful information about an entity's resources and changes in those resources. This ASU will be effective for fiscal years beginning after December 15, 2017. Management is evaluating the impact of adopting this new ASU on the combined financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases*. This ASU will require entities to recognize lease assets and lease liabilities on the face of the financial statements and to disclose key information about leasing arrangements to enable readers of the financial statements to assess the amount, timing, and uncertainty of cash flows arising from leases. This ASU will be effective for fiscal years beginning after December 15, 2019. Management is evaluating the impact of adopting this new ASU on the combined financial statements.

In June 2018, the FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU is intended to clarify and improve the scope and the accounting guidance for contributions received and made, primarily by non-for-profit organizations. The ASU will address how to characterize grants and similar contracts with government agencies and others as reciprocal transactions (exchanges) or nonreciprocal transactions (contributions), as well as distinguish between conditional and unconditional contributions. This ASU will be effective for fiscal years beginning after December 15, 2018. Management is evaluating the impact of adopting this new ASU on the combined financial statements.

3. Contributions Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of the projected fair value (future value) of the underlying assets at the date that those assets are expected to be received. The discounts on those amounts are computed using the rates at which Mercy House can borrow money applicable to the years in which the promises are received. In cases in which the future fair value of the underlying asset is difficult to determine, the fair value of an unconditional promise to give is based on the fair value of the underlying asset at the date of initial recognition, with no discount computed.

Contributions receivable consists of the following as of June 30:

	<u>2018</u>	<u>2017</u>
Long-term lease (Notes 6 and 7)	\$ 941,634	\$ 1,035,023
Promise to give - real estate	649,800	-
United Way - rapid rehousing	37,500	43,750
Program operations	445,361	45,000
Living with Heart Gala pledges	-	11,670
	<u> </u>	<u> </u>
Total contributions receivable	<u>\$ 2,074,295</u>	<u>\$ 1,135,443</u>

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

3. Contributions Receivable (Continued)

Contributions receivable are expected to be collected during the years ending June 30:

2019	\$ 1,351,157
2020	120,528
2021	120,528
2022	120,528
2023	120,528
Thereafter	<u>241,026</u>
	<u>\$ 2,074,295</u>

4. Line of Credit

Mercy House has a revolving line of credit with California United Bank, with maximum borrowings of \$800,000. The credit facility bears interest at prime plus 1.0% (6.00% at June 30, 2018 and 5.25% at June 30, 2017), is collateralized by a deed of trust, and matures on November 15, 2018.

5. Long-Term Debt

Long-term debt consisted of the following as of June 30:

	<u>2018</u>	<u>2017</u>
Note payable with government agency due March 2023, with interest at 3% due on outstanding balance. The note is secured by a trust deed on land and a building. Terms of the arrangement call for an annual installment payment including interest, in an amount equal to the "net income" of the property. "Net income" is defined as rental income in excess of the following expenditures: debt service on senior liens, taxes, maintenance and operating expenses, and a reasonable reserve for replacement costs. The property is used to house single mothers and children.		
Mercy House does not charge rental income to house its single mothers and children and, therefore, does not have "net income" as defined in the terms of the note payable arrangement, so no principal or interest payments have been made on the balance. Cumulative accrued interest on the note payable was \$97,204 and \$93,358 as of June 30, 2018 and 2017, respectively.		
	\$ 128,200	\$ 128,200

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

5. Long-Term Debt (Continued)

	<u>2018</u>	<u>2017</u>
<p>Four notes payable, dated April 2006, to a government agency originally aggregating \$205,376. The notes are non-interest bearing, secured by deeds of trust, and due and payable at the end of the 55 year terms, at which point the terms may be renegotiated. The notes are reported at their net present value, using a 6.5% imputed market rate of interest (the 30-year fixed mortgage rate in April 2006) over 55 years. The differences between the face value and the net present value of the notes were recorded as temporarily restricted in-kind contributions and are being released from restriction over 55 years in conjunction with the interest accretion (see Note 6).</p>	\$ 13,492	\$ 12,644
<p>Draw-down note payable, dated February 28, 2014, to a government agency with maximum borrowings of \$1,523,858. Cumulative draw downs on the note were \$1,488,083 as of June 30, 2018 and 2017. The note is non-interest bearing, secured by a deed of trust, and due and payable at the end of the 30 year term. The note is reported at its net present value, using a 4.0% imputed market rate of interest (the 30-year fixed mortgage rate in February 2014) over 30 years. The difference between the face value and the net present value of the note was recorded as a temporarily restricted in-kind contribution and is being released from restriction over 30 years in conjunction with the interest accretion (see Note 6).</p>	548,346	526,880
<p>Draw-down note payable, dated February 5, 2018, to a government agency with maximum borrowings of \$1,532,670. Cumulative draw downs on the note were \$1,145,000 as of June 30, 2018. The note is non-interest bearing, secured by a deed of trust, and due and payable at the end of the 30 year term. The note is reported at its net present value, using a 4.33% imputed market rate of interest (the 30-year fixed mortgage rate in February 2018) over 30 years. The \$831,930 difference between the face value and the net present value of the note was recorded as a temporarily restricted in-kind contribution (see Note 2 - In-Kind Donations) and is being released from restriction over 30 years in conjunction with the interest accretion (see Note 6).</p>	<u>318,630</u>	<u>-</u>
Total long-term notes payable	<u><u>\$ 1,008,668</u></u>	<u><u>\$ 667,724</u></u>

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

5. Long-Term Debt (Continued)

Annual principal payments required on the notes are as follows for the years ending June 30:

2019	\$	-
2020		-
2021		-
2022		-
2023		-
Thereafter		<u>1,008,668</u>
Total	\$	<u>1,008,668</u>

The reconciliations of the net present value of the non-interest bearing notes to the temporarily restricted net assets (Note 6) are as follows as of June 30:

2018		
<u>Face Value</u>	<u>Net Present Value</u>	<u>Temporarily Restricted</u>
\$ 205,376	\$ 13,492	\$ 191,884
1,488,083	548,346	939,737
1,145,000	318,630	<u>826,370</u>
		<u>\$ 1,957,991</u>
2017		
<u>Face Value</u>	<u>Net Present Value</u>	<u>Temporarily Restricted</u>
\$ 205,376	\$ 12,644	\$ 192,732
1,488,083	526,880	<u>961,203</u>
		<u>\$ 1,153,935</u>

6. Temporarily Restricted Net Assets

Two notes payable, originally dated December 2011 and amended several times through 2013, to a government agency aggregating \$1,001,105. The notes are non-interest bearing, secured by deeds of trust and, if there are no uncured events of default under the Regulatory Agreements or the deeds of trust, will be forgiven at the end of the 30 year terms. The face values of the notes are not reported as long-term debt but rather as temporarily restricted net assets, as management considers the likelihood of default and repayment to be remote.

Two notes payable, originally dated February 2013 and amended in April 2013, to a government agency aggregating \$930,873. The notes are non-interest bearing, secured by deeds of trust and, if there are no uncured events of default under the Regulatory Agreements or the deeds of trust, will be forgiven at the end of the 30 year terms. The face values of the notes are not reported as long-term debt but rather as temporarily restricted net assets, as management considers the likelihood of default and repayment to be remote.

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

6. Temporarily Restricted Net Assets (Continued)

Temporarily restricted funds were as follows as of June 30:

	<u>2018</u>	<u>2017</u>
In-kind rent (Note 7)	\$ 941,634	\$ 1,035,023
Loan forgiveness	1,931,978	1,931,978
Interest-free loans (Note 5)	1,957,991	1,153,935
United Way	37,500	43,750
Donated real estate	649,800	-
Program operations	<u>196,803</u>	<u>115,892</u>
Total temporarily restricted net assets	<u>\$ 5,715,706</u>	<u>\$ 4,280,578</u>

7. Operating Leases

Mercy House leases real estate (Assisi House) from the City of Ontario under a 10 year lease agreement, originally dated July 1, 2005, and renewed for an additional 10 year period effective July 1, 2015. No rent is required from Mercy House. Management was unable to estimate the future fair value of the free rent as of the date of the renewal agreement, therefore, the fair value of the unconditional promise to give was based on the fair value of the free rent as of the date of initial recognition (see Note 3). The fair value of the 10 year term is included in contributions receivable and temporarily restricted net assets as of June 30, 2018 and 2017 and is being amortized over the life of the lease. The fair value of the rent was estimated at approximately \$121,000 for each of the years ended June 30, 2018 and 2017, and is included in expenses and net assets released from restrictions in the statements of activities. Mercy House leases this property in conjunction with the Continuum of Care program, as described in Note 12.

Mercy House leases real estate (the Ontario Access Center) from the City of Ontario under a 5 year lease agreement, dated October 15, 2013. No rent is required from Mercy House. Management was unable to estimate the future fair value of the free rent as of the date of the agreement, therefore, the fair value of the unconditional promise to give was based on the fair value of the free rent as of the date of initial recognition. The fair value of the 5 year term is included in contributions receivable and temporarily restricted net assets and is being amortized over the life of the lease. The fair value of the rent is estimated at approximately \$19,000 per year and is included in expenses and net assets released from restrictions in the statements of activities for each of the years ended June 30, 2018 and 2017. Mercy House leases this property in conjunction with the Continuum of Care program, as described in Note 12.

Mercy House leases the Kraemer Place year-round shelter (Note 13) from the County of Orange under a 20 year lease agreement, with an option to extend the lease for two ten year periods. No rent is required from Mercy House. Mercy House considers the 20 year lease term to be conditional upon renewal of the service contract for operating the shelter. As such, Mercy House records, as an unconditional promise to give, the fair value of the free rent through June 30, 2019, the termination date of the service contract. The fair value of the rent is estimated at approximately \$92,000 per year.

The aggregate fair values of the free rent for the long-term leases of Assisi House, the Ontario Access Center, and Kraemer Place for the years ended June 30, 2018 and 2017 were approximately \$193,000 and \$147,000, respectively, and are included in rent expense in the combined statements of functional expenses. (See Note 3 for contributions receivable and Note 6 for temporarily restricted net assets related to in-kind rent).

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

7. Operating Leases (Continued)

Mercy House leases office space under an operating lease agreement originally dated in October 2011 and amended and extended in March 2018 to May 31, 2021. The monthly rental charge was approximately \$5,100 as of June 30, 2018. For the years ended June 30, 2018 and 2017, total rent expense was approximately \$57,000 and \$56,000, respectively, under this lease.

Mercy House leases six copiers under operating lease agreements that terminate between September 2019 and July 2022 with monthly lease rates ranging from \$167 to \$1,225. For the years ended June 30, 2018 and 2017, total rent expense under these leases was approximately \$28,000 and \$25,000, respectively.

Future minimum rental obligations under the leases are as follows for the years ending June 30:

	<u>Facility</u>	<u>Equipment</u>	<u>Total</u>
2019	\$ 60,977	\$ 27,102	\$ 88,079
2020	62,195	24,299	86,494
2021	58,035	21,391	79,426
2022	-	16,573	16,573
2023	-	196	196
	<u>\$ 181,207</u>	<u>\$ 89,561</u>	<u>\$ 270,768</u>

8. Related Party Transactions

During the years ended June 30, 2018 and 2017, Mercy House received approximately \$197,000 and \$168,000, respectively, in contributions from its Board of Directors.

9. Concentrations and Contingencies

The County of Orange and the United States Department of Housing and Urban Development together accounted for approximately 64% of Mercy House's contributions and grants for the year ended June 30, 2018. The County of Orange, the City of Ontario, and a private donor together accounted for approximately 83% of Mercy House's grants and contributions receivable as of June 30, 2018. The County of Orange and the United States Department of Housing and Urban Development together accounted for approximately 61% of Mercy House's contributions and grants for the year ended June 30, 2017. The City of Ontario and the County of Orange together accounted for approximately 69% of Mercy House's grants and contributions receivable as of June 30, 2017.

Governmental agencies that gave grants for the purchase and rehabilitation of the land and buildings on which Mercy House operates its shelters have liens against the various properties that they could enforce should Mercy House cease to operate the properties as homeless shelters or sell or otherwise dispose of the properties. Management has no intention to cease operating the properties as homeless shelters or to sell or otherwise dispose of the properties.

Under the Dodd-Frank Wall Street Reform and Consumer Protection Act, deposits of up to \$250,000 at FDIC-insured institutions are covered by FDIC insurance. At times, deposits may be in excess of the FDIC insurance limit; however, management does not believe Mercy House is exposed to any significant related credit risk.

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

10. Retirement Plan

Mercy House has a Simple IRA program for its employees. The program calls for Mercy House to make matching contributions up to 3% of an employee's salary. Employer matching contributions totaled approximately \$26,000 and \$25,000 for the years ended June 30, 2018 and 2017, respectively.

11. Special Event Activities

Mercy House conducted the following special events for fundraising purposes during the years ended June 30:

	2018		
	Direct		
	Proceeds	Expenses	Net
Living With Heart Gala	\$ 450,755	\$ 137,796	\$ 312,959
Golf Tournament	85,799	21,886	63,913
Bethany House Fashion Show	23,717	7,126	16,591
Miscellaneous Events	14,627	30,470	(15,843)
	<u>574,898</u>	<u>197,278</u>	<u>377,620</u>
Total	<u>\$ 574,898</u>	<u>\$ 197,278</u>	<u>\$ 377,620</u>
	2017		
	Direct		
	Proceeds	Expenses	Net
Living With Heart Gala	\$ 376,973	\$ 156,632	\$ 220,341
Golf Tournament	88,885	22,419	66,466
Bethany House Fashion Show	28,651	11,383	17,268
Miscellaneous Events	6,646	10,470	(3,824)
	<u>501,155</u>	<u>200,904</u>	<u>300,251</u>
Total	<u>\$ 501,155</u>	<u>\$ 200,904</u>	<u>\$ 300,251</u>

12. Continuum of Care Program

Mercy House is part of the Homeless Services Continuum of Care Program (the CoC), which provides a comprehensive homeless strategy to assist homeless individuals and families to become self-sufficient. The CoC includes a homeless outreach service center at the Ontario Access Center, which provides emergency case management, basic hygiene kits, clothing vouchers, bus coupons, and other such homeless outreach services; transitional housing units and supportive services at Assisi House; and affordable permanent housing units and optional supportive services. The CoC award from the City of Ontario is \$368,000, which is comprised of government grants renewed annually and rental income received from the permanent housing units.

Mercy House Living Centers and Affiliates
Notes to Combined Financial Statements
June 30, 2018 and 2017

12. Continuum of Care Program (Continued)

The permanent housing units are in four Ontario locations. One property, owned by MHLC, was financed with the draw-down note payable (Note 5). MHLC granted the Ontario Housing Authority the option to purchase this property from MHLC in the event that the sum of the grant funding and rental income from the CoC program is less than \$368,000. The purchase price would equal the then outstanding balance on the draw-down note payable. One property is subject to a 10 year lease agreement between MHLC and the Ontario Housing Authority effective July 1, 2015. Two properties are subject to 99 year lease agreements between CHDO and the City of Ontario effective July 1, 2015. In accordance with the three lease agreements, annual rent is calculated as the greater of \$1 or the aggregate annual CoC-related government grants and rental income received in excess of \$368,000. In-kind rent was not accrued as a promise-to-give, as the free rents are conditional upon the renewal of and the proceeds earned under the CoC award.

The aggregate CoC-related government grants and rental income remaining from the CoC award were approximately \$9,000 as of June 30, 2018, which is included in contributions receivable in the combined statements of financial position. The aggregate CoC-related government grants and rental income received in excess of the CoC award were approximately \$7,000 as of June 30, 2017, which was included in accounts payable in the combined statements of financial position.

13. Bridges at Kraemer Place

During September 2016, the Orange County Board of Supervisors selected MHLC to operate Bridges at Kraemer Place (Kraemer Place), the County's first permanent, year-around shelter and multiservice center, located in Anaheim. Kraemer Place is expected to provide shelter to 200 people, with supportive services available to help the homeless in areas such as employment and mental health care. Pursuant to the contract, dated December 29, 2016, the County approved an allocation of \$2,775,000 in program funding through June 30, 2018. The shelter opened in May 2017. Pursuant to a subsequent contract, dated June 26, 2018, the County approved an allocation of \$1,800,000 in program funding through June 30, 2019.

14. Subsequent Events

On September 18, 2018, MHLC entered into a one-year agreement with the City of Santa Ana to operate an interim, low barrier emergency homeless shelter. The term of this agreement may be extended for a period of up to one year. The City of Santa Ana agrees to provide MHLC with up to \$650,000 in start-up funding, as well as a monthly fee of approximately \$185,000 as compensation for all services rendered under this agreement. The total sum to be expended under this agreement, including the extension period, is not to exceed \$6,000,000.

Management has evaluated subsequent events through November 8, 2018, the date the combined financial statements were available to be issued.

**Mercy House Living Centers and Affiliates
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2018**

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures	Total Expenditures to Subrecipients
<u>United States Department of Housing and Urban Development</u>				
Continuum of Care Program	14.267			
U.S. Department of Housing and Urban Development		CA1001L9D021603	\$ 43,982	\$ -
U.S. Department of Housing and Urban Development		CA1351L9D021602	373,153	-
U.S. Department of Housing and Urban Development		CA1352L9D021501	306,154	166,063
U.S. Department of Housing and Urban Development		CA1352L9D021602	2,366,598	934,236
U.S. Department of Housing and Urban Development		CA1514L9D021500	344,486	301,638
U.S. Department of Housing and Urban Development		CA1514L9D021601	1,376,091	978,014
U.S. Department of Housing and Urban Development		CA1120L9D021503	137,970	-
U.S. Department of Housing and Urban Development		CA1120L9D021604	252,771	-
U.S. Department of Housing and Urban Development		CA0578L9D021609	199,054	-
U.S. Department of Housing and Urban Development		CA1238L9D021502	43,968	-
Subtotal	14.267		5,444,227	2,379,951
Emergency Solutions Grant Program	14.231			
City of Anaheim		E-17-MC-06-0501	17,126	-
City of Anaheim TBRA		E-16-MC-06-0501	30,000	-
City of Ontario		E-17-MC-06-0537	115,053	-
City of Garden Grove		1158071.1	17,500	-
City of Santa Ana		E-17-MC-06-0508	79,263	-
County of Orange		17-23-0015-PS	192,494	-
State of California		16-22-0043-ESG	200,000	-
State of California		16-22-0039-ESG	88,627	-
Subtotal	14.231		740,063	-
Community Development Block Grant*	14.218			
City of Costa Mesa		17-18 Contract	20,227	-
City of Fullerton		B-17-MC-06-0504	10,059	-
City of Ontario		B-17-MC-06-0537	55,553	-
City of Tustin		FY 17/18-03	5,700	-
County of Orange		17-23-0015-PS	183,934	-
City of Riverside		B-17-MC-06-0538	7,852	-
County of Orange - Neighborhood Stabilization Program:				
Loan balance		DO012-13011048	933,585	-
Loan balance		DO012-10018622	504,750	-
Loan balance		DO012-14018685	493,259	-
Subtotal	14.218		2,214,919	-

Mercy House Living Centers and Affiliates
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2018

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures	Total Expenditures to Subrecipients
HOME Investment Partnerships Program*	14.239			
City of Ontario		45774.00420/8824181.3	\$ 5,851	\$ -
City of Ontario II		45774.00420/29735060.4	146,341	-
City of Ontario III		ONTCA-0000043838	42,436	-
City of Huntington Beach		18-6543-181671/MV	313,640	-
City of Anaheim		AGR 10448	67,311	-
City of Santa Ana:				
Loan balance		1000026890	71,328	-
Loan balance		1000026893	31,360	-
City of Ontario - Loan balance		412 Parkside	1,488,083	-
City of Ontario - Loan balance		411 Parkside	1,145,000	-
Subtotal	14.239		3,311,350	-
<u>United States Department of Homeland Security</u>				
Emergency Food and Shelter National Board Program	97.024			
County of Orange		Phase 34	366,637	-
County of San Bernardino		Phase 34	7,579	-
Subtotal	97.024		374,216	-
Total Expenditures of Federal Awards			\$ 12,084,775	\$ 2,379,951

*MAJOR PROGRAM

Mercy House Living Centers and Affiliates
Notes to Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2018

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (SEFA) includes the federal award activity of Mercy House Living Centers for the year ended June 30, 2018 and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the SEFA presents only a selected portion of the operations of Mercy House Living Centers, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Mercy House Living Centers.

2. Indirect Cost Rate

Mercy House Living Centers has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Loan Balances with Continuing Compliance Requirements

Mercy House received various governmental loans for the acquisition and rehabilitation of real estate. The outstanding loan balances with continuing compliance requirements include outstanding loan balances of \$3,522,365 from the prior year plus proceeds of \$1,145,000 of loans disbursed during the current year ended June 30, 2018.

Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Audit Committee and Board of Directors of
Mercy House Living Centers
Santa Ana, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Mercy House Living Centers (a California nonprofit organization) and affiliates (together, Mercy House), which comprise the combined statement of financial position as of June 30, 2018, and the related combined statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the combined financial statements, and have issued our report thereon dated November 8, 2018.

Internal Control over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered Mercy House's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of Mercy House's internal control. Accordingly, we do not express an opinion on the effectiveness of Mercy House's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Mercy House's combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

HBLA Certified Public Accountants, Inc.

November 8, 2018

Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance

To the Audit Committee and Board of Directors of
Mercy House Living Centers
Santa Ana, California

Report on Compliance for Each Major Federal Program

We have audited Mercy House Living Centers' (a California nonprofit organization) and affiliates' (together, Mercy House) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Mercy House's major federal programs for the year ended June 30, 2018. Mercy House's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Mercy House's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Mercy House's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Mercy House's compliance.

Opinion on Each Major Federal Program

In our opinion, Mercy House complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2018.

Report on Internal Control over Compliance

Management of Mercy House is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Mercy House's internal control over compliance with the types of requirements that

could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Mercy House's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

H&LA Certified Public Accountants, Inc.

November 8, 2018

**Mercy House Living Centers and Affiliates
Summary Schedule of Prior Audit Findings
For the Year Ended June 30, 2018**

There were no prior year audit findings or questioned costs relative to federal awards.



To whom it may concern:

Mercy House has filed an extension with the IRS to file our FY2018-2019 Form 990. The extension was granted to file by May 15, 2020. Please find attached receipt of this extension filing. Included is our most current filing for the FY2017-2018.

Mercy House may produce our FY2018-2019 filing upon request after May 15, 2020.

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. MERCY HOUSE LIVING CENTERS	Employer identification number (EIN) or 33-0315864
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. BOX 1905	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA ANA, CA 92702	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► CATHY NESHEIM

Telephone No. ► 714-836-7188 Fax No. ► 714-836-7901

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 ____ or
- tax year beginning 7/01, 2018, and ending 6/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.....	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)



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.
- Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

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 MERCY HOUSE LIVING CENTERS P.O. BOX 1905 SANTA ANA, CA 92702		D Employer identification number 33-0315864
	F Name and address of principal officer: LARRY HAYNES SAME AS C ABOVE		E Telephone number 714-836-7188
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 14,629,288.
	J Website: WWW.MERCYHOUSE.NET		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)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1988	M State of legal domicile: CA
H(c) Group exemption number			

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>TO BE THE LEADER IN ENDING HOMELESSNESS BY PROVIDING A UNIQUE SYSTEM OF DIGNIFIED HOUSING ALTERNATIVES, PROGRAMS, AND SUPPORTIVE SERVICES.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)..... 3 20
	4 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 20
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)..... 5 179
	6 Total number of volunteers (estimate if necessary)..... 6 2,800
	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 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)..... Prior Year 8,371,860. Current Year 13,232,641.
	9 Program service revenue (Part VIII, line 2g)..... 660,334. 676,227.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 467. 404.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 300,251. 522,738.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 9,332,912. 14,432,010.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....
	14 Benefits paid to or for members (Part IX, column (A), line 4).....
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 3,341,621. 4,389,006.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 275,614.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 6,372,366. 10,375,300.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 9,713,987. 14,764,306.	
19 Revenue less expenses. Subtract line 18 from line 12..... -381,075. -332,296.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)..... Beginning of Current Year 10,566,148. End of Year 12,820,685.
	21 Total liabilities (Part X, line 26)..... 1,521,444. 2,497,546.
	22 Net assets or fund balances. Subtract line 21 from line 20..... 9,044,704. 10,323,139.

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	Date			
	FATHER JEROME KARCHER Type or print name and title	CHAIRMAN			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GARY R. BELZ, CPA	<i>Gary R. Belz</i>	5/14/19		P00079703
	Firm's name	Firm's address	Firm's EIN	Phone no.	
WHITE NELSON DIEN EVANS LLP		2875 MICHELLE DRIVE, SUITE 300		33-0686301	(714) 978-1300
IRVINE, CA 92606					

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 [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] 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 \$ 6,490,960. including grants of \$) (Revenue \$ 676,227.)

HOUSING - IN ORANGE COUNTY, MERCY HOUSE PROVIDED TRANSITIONAL SHELTER AT THREE SHELTER FACILITIES TO 174 MEN, WOMEN, AND CHILDREN. IN POMONA, MERCY HOUSE OPERATES A TRANSITIONAL HOUSING SHELTER FOR SINGLE MEN. IN ONTARIO, MERCY HOUSE OPERATES BOTH PERMANENT AND TRANSITIONAL PROGRAMS TO 105 MEN, WOMEN, AND CHILDREN AT TWO DIFFERENT SHELTER FACILITIES. IN ADDITION TO THE TRANSITIONAL PROGRAMS, MERCY HOUSE OPERATES PERMANENT, AFFORDABLE HOUSING APARTMENT FACILITIES FOR NINE FAMILIES IN SANTA ANA AND OPERATES A 15 UNIT PERMANENT APARTMENT HOUSING UNITS IN ONTARIO. MERCY HOUSE OPERATES A HOMELESS PREVENTION PROGRAM AND RAPID RE-HOUSING PROGRAM BY PAYING RENTS, DEPOSITS, AND UTILITIES FOR FAMILIES FOR UP TO TWO YEARS.

4b (Code:) (Expenses \$ 5,123,021. including grants of \$) (Revenue \$)

LIVING SKILLS - MERCY HOUSE PROVIDED LIFE SKILLS TRAINING, CAREER AND JOB DEVELOPMENT, PARENTING SKILLS CLASSES, LITERACY CLASSES, LEGAL REFERRALS, ART THERAPY WORKSHOPS, CHILDREN'S ART AND PLAY GROUPS, MENTORING PROGRAMS, AND TUTORING PROGRAMS TO SINGLE MEN, SINGLE WOMEN, SINGLE MOTHERS AND CHILDREN.

4c (Code:) (Expenses \$ 2,150,364. including grants of \$) (Revenue \$)

EMERGENCY ASSISTANCE/SHELTER - THE ONTARIO MERCY HOUSE WALK-IN CENTER SERVED 784 INDIVIDUALS. MERCY HOUSE OPERATES ORANGE COUNTY'S EMERGENCY OVERNIGHT SHELTER PROGRAM. USING THE NATIONAL GUARD'S ARMORY FACILITIES IN FULLERTON AND SANTA ANA, THIS PROGRAM PROVIDES SLEEPING FACILITIES, MEALS, SHOWERS, AND REFERRAL SERVICES FOR UP TO 400 INDIVIDUALS PER NIGHT DURING THE WINTER MONTHS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,764,345.

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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X
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>		X
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>		X
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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>		X
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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		X
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>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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.	X	

BAA

Form 990 (2017)

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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 169		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	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. 179		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	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)?		X
4 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).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	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).		
7 a	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?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	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?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	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.		
13 a	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.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	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 line 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. X

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 20 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.		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 20		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	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 ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 PATTI LONG 807 N. GARFIELD AVE SANTA ANA CA 92701 714-836-7188

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

1 a 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, and 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) LISA MARCUS DIRECTOR	1 0	X						0.	0.	0.
(2) DARYL A COLE DIRECTOR	1 0	X						0.	0.	0.
(3) FATHER JEROME KARCHER CHAIRMAN	3 0	X		X				0.	0.	0.
(4) WILLIAM BAKER, JR. ASST. SECRETARY	1 0	X		X				0.	0.	0.
(5) GARY BELZ DIRECTOR	1 0	X						0.	0.	0.
(6) RAYMOND BUKATY VICE PRESIDENT	1 0	X		X				0.	0.	0.
(7) JAMES BROOKS DIRECTOR	1 0	X						0.	0.	0.
(8) KATHLEEN JANSON DIRECTOR	1 0	X						0.	0.	0.
(9) MICHAEL RAY DIRECTOR	1 0	X						0.	0.	0.
(10) THOMAS CONWAY DIRECTOR	1 0	X						0.	0.	0.
(11) LISA RUMBAUGH DIRECTOR	1 0	X						0.	0.	0.
(12) CHRISTIE PETTUS DIRECTOR	1 0	X						0.	0.	0.
(13) JOAN HUCKABONE MAYER DIRECTOR	0 0	X						0.	0.	0.
(14) MLADEN BUNTICH DIRECTOR	0 0	X						0.	0.	0.

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

(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			
(15) JANE KEARL DIRECTOR	1 0	X						0.	0.	0.
(16) RICHARD LOPEZ DIRECTOR	1 0	X						0.	0.	0.
(17) RICH MASTERSON DIRECTOR	1 0	X						0.	0.	0.
(18) TIM CLYDE DIRECTOR	1 0	X						0.	0.	0.
(19) DANIELLE FARIAS DIRECTOR	0 0	X						0.	0.	0.
(20) PHILLIP KAPLAN DIRECTOR	1 0	X						0.	0.	0.
(21) LARRY HAYNES EXECUTIVE DIR.	40 0			X				98,437.	0.	0.
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								98,437.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								98,437.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0										

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STAR PRO SECURITY 3303 HARBOR BLVD COSTA MESA, CA 92626	SECURITY	472,892.
KAISER FILE 5915 LOS ANGELES, CA 91716	INSURANCE	348,331.
PRH II 1830 W. COMMONWEALTH AVE FULLERTON, CA 92833	HOUSING	233,381.
ALL ACTION SECURITY 9510 VASSAR CHATSWORTH, CA 91311	SECURITY	232,158.
NORMANDY APARTMENTS 125 N. SYRAUSE ANAHEIM, CA 92801	HOUSING	211,283.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11		

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	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	11,355,619.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	1,877,022.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		▶ 13,232,641.				
Program Service Revenue	2 a HOUSING CONTRIBUTIONS	Business Code 900099	676,227.	676,227.			
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f		▶ 676,227.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		404.			404.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a 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)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	574,898.				
		b Less: direct expenses	b	197,278.			
		c Net income or (loss) from fundraising events		▶ 377,620.			
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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						
Miscellaneous Revenue		Business Code					
11 a PROJECT DEVELOPER FEES	623000	145,118.			145,118.		
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d		▶ 145,118.					
12 Total revenue. See instructions		▶ 14,432,010.	676,227.	0.	145,522.		

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,400.	33,188.	69,212.	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.	0.	0.	0.
7 Other salaries and wages	4,099,743.	3,414,422.	464,244.	221,077.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	186,863.	172,130.	12,649.	2,084.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,500.		26,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	128,677.	103,336.	22,424.	2,917.
14 Information technology	15,991.	11,034.	3,336.	1,621.
15 Royalties				
16 Occupancy	414,329.	414,329.		
17 Travel	28,056.	26,749.	717.	590.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,772.	6,366.	6,356.	50.
20 Interest	50,353.	31,719.	18,634.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	391,342.	379,987.	11,355.	
23 Insurance	473,463.	389,438.	63,312.	20,713.
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 <u>LIVING ASSISTANCE</u>	5,949,782.	5,979,633.	-29,904.	53.
b <u>EMERGENCY SHELTER</u>	2,150,660.	2,150,364.	285.	11.
c <u>UTILITIES</u>	145,432.	145,432.		
d <u>REPAIRS</u>	135,497.	133,584.	1,913.	
e All other expenses	452,446.	372,634.	53,314.	26,498.
25 Total functional expenses. Add lines 1 through 24e	14,764,306.	13,764,345.	724,347.	275,614.
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.....	282,131.	1	124,594.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....	2,067,689.	3	2,941,538.
	4 Accounts receivable, net.....	40,000.	4	145,118.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	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.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	50,223.	9	159,385.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 12,377,274.		
	b Less: accumulated depreciation.....	10b 4,321,897.	7,270,437.	10c 8,055,377.
	11 Investments – publicly traded securities.....		11	
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	855,668.	15	1,394,673.
16 Total assets. Add lines 1 through 15 (must equal line 34).....	10,566,148.	16	12,820,685.	
Liabilities	17 Accounts payable and accrued expenses.....	576,819.	17	710,802.
	18 Grants payable.....		18	
	19 Deferred revenue.....	41,034.	19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	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.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....	867,724.	23	1,748,668.
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	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.....	35,867.	25	38,076.
	26 Total liabilities. Add lines 17 through 25.....	1,521,444.	26	2,497,546.
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.....	4,764,126.	27	4,607,433.
	28 Temporarily restricted net assets.....	4,280,578.	28	5,715,706.
	29 Permanently restricted net assets.....		29	
	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.....	9,044,704.	33	10,323,139.
	34 Total liabilities and net assets/fund balances.....	10,566,148.	34	12,820,685.

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Form **990** (2017)

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	14,432,010.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,764,306.
3	Revenue less expenses. Subtract line 2 from line 1	3	-332,296.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,044,704.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	1,610,731.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,323,139.

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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	X	
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.	X	

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Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization MERCY HOUSE LIVING CENTERS	Employer identification number 33-0315864
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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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	5,775,137.	5,006,908.	7,162,153.	8,371,860.	13232641.	39,548,699.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	5,775,137.	5,006,908.	7,162,153.	8,371,860.	13232641.	39,548,699.
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).						0.
6 Public support. Subtract line 5 from line 4.						39,548,699.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	5,775,137.	5,006,908.	7,162,153.	8,371,860.	13232641.	39,548,699.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	-6,399.	734.	219.	467.	404.	-4,575.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	205,458.	615,524.	267,187.	300,251.	377,620.	1,766,040.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						41,310,164.
12 Gross receipts from related activities, etc. (see instructions)					12	2,822,827.
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 2017 (line 6, column (f) divided by line 11, column (f)).	14	95.74 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	95.00 %

16a **33-1/3% support test—2017.** 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.

b **33-1/3% support test—2016.** 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.

17a **10%-facts-and-circumstances test—2017.** 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.

b **10%-facts-and-circumstances test—2016.** 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.

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.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2017. 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—2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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? <i>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.</i>			
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? <i>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.</i>			
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? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>			

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 (explain in Part VI). **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):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

BAA

Schedule A (Form 990 or 990-EZ) 2017

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.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

Name of the organization

MERCY HOUSE LIVING CENTERS

Employer identification number

33-0315864

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization MERCY HOUSE LIVING CENTERS	Employer identification number 33-0315864
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF ONTARIO 208 W EMPORIA ST ONTARIO, CA 91762	\$ 365,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	COUNTY OF ORANGE 1770 N BROADWAY SANTA ANA, CA 92706	\$ 4,312,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	US DEPARTMENT OF HOUSING AND URBAN 451 7TH ST, SW WASHINGTON, DC 20410	\$ 2,943,331.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	EFSP C/O LABOR AGENCY OF OC 13252 GARDEN GROVE BLVD #101 GARDEN GROVE, CA 92643	\$ 366,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	CITY OF HUNTINGTON BEACH 2000 MAIN ST. HUNTINGTON BEACH, CA 92648	\$ 313,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

Employer identification number

MERCY HOUSE LIVING CENTERS

33-0315864

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization MERCY HOUSE LIVING CENTERS	Employer identification number 33-0315864
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

MERCY HOUSE LIVING CENTERS

33-0315864

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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? Yes No

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.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		2,626,990.		2,626,990.
b Buildings		8,984,294.	4,321,897.	4,662,397.
c Leasehold improvements				
d Equipment		134,971.		134,971.
e Other		631,019.		631,019.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,055,377.

Part VII Investments – Other Securities.

N/A

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		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

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
(1) CONTRIBUTIONS RECEIVABLE	1,372,938.
(2) DEPOSITS	21,735.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	1,394,673.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESIDENT DEPOSITS	38,076.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	38,076.

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	16,042,741.
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	1,610,731.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	1,610,731.
3	Subtract line 2e from line 1	3	14,432,010.
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	14,432,010.

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	14,764,306.
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	14,764,306.
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	14,764,306.

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.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MERCY HOUSE LIVING CENTERS

Employer identification number

33-0315864

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- CA _____
- _____
- _____
- _____

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>SPRING GALA</u> (event type)	(b) Event #2 <u>GOLF TOURNAMEN</u> (event type)	(c) Other events <u>2</u> (total number)	(d) Total events (add column (a) through column (c))	
	1	Gross receipts	450,755.	85,799.	38,344.	574,898.
2	Less: Contributions					
3	Gross income (line 1 minus line 2)	450,755.	85,799.	38,344.	574,898.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	33,750.	15,906.	3,000.	52,656.
	7	Food and beverages	41,885.	2,759.	2,748.	47,392.
	8	Entertainment	3,500.		100.	3,600.
	9	Other direct expenses	58,661.	3,221.	31,748.	93,630.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				197,278.
11	Net income summary. Subtract line 10 from line 3, column (d)				377,620.	

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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Inspection**

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Employer identification number

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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

MERCY HOUSE PROVIDES HOUSING AND COMPREHENSIVE SUPPORT SERVICES TO HOMELESS POPULATIONS IN ORANGE AND SAN BERNARDINO COUNTIES. MERCY HOUSE ALSO PROVIDES HOUSING STABILIZATION FOR AT RISK FAMILIES. EMERGENCY BEDS AND MEALS ARE PROVIDED TO THE HOMELESS IN ORANGE COUNTY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD TREASURER/CFO REVIEWS THE 990 AND IT IS APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

WHEN ANY MEMBER OF THE ORGANIZATION FINDS HIMSELF/HERSELF IN A SITUATION THAT BREACHES, HAS BREACHED OR IS LIKELY TO BREACH THESE GUIDELINES, THE MEMBER WILL IMMEDIATELY DISCLOSE THE MATTER TO HIS/HER IMMEDIATE SUPERVISOR AND TO THE EXECUTIVE DIRECTOR. THE SUPERVISOR WILL EITHER TAKE OVER THE MATTER PERSONALLY OR WILL DELEGATE IT TO ANOTHER EMPLOYEE, ENSURING IN THE PROCESS THAT NO FURTHER BREACH OF THIS POLICY OCCURS. IN EACH CASE, WHERE A BREACH OF THIS POLICY HAS BEEN REPORTED TO A SUPERVISOR, THE EXECUTIVE DIRECTOR WILL BE IMMEDIATELY ADVISED IN WRITING OF THE BREACH. ANY GIFT OR BENEFIT UNKNOWINGLY RECEIVED BY AN EMPLOYEE MUST BE TURNED OVER TO THE ORGANIZATION WITH A DISCLOSURE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THERE IS A COMPENSATION COMMITTEE THAT CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S SALARY. IT THEN MAKES RECOMMENDATIONS TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES GOVERNING DOCUMENTS, POLICES AND FINANCIAL STATEMENTS AND THE FORM 990 AVAILABLE UPON REQUEST.