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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MERCY HOUSING SOUTHEAST

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1999 BROADWAY SUITE 1000

Room/suite

City or town, state or country, and ZIP + 4
DENVER, CO 80202

D Employer identification number
56-1993872

E Telephone number
(303) 830-3300

G Gross receipts $ 2,712,457

F Name and address of principal officer
PETE WALKER
1999 BROADWAY SUITE 1000
DENVER,CO 80202

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www mercyhousing org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO DEVELOP- LOW-INCOME HOUSING AND PROVIDE SERVICES TO LOW INCOME FAMILIES, ELDERLY, HANDICAPPED, HOMELESS, POTENTIALLY HOMELESS, OR OTHERWISE DISADVANTAGED PERSONS

2 Check this box ▶☐ 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**	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
	6 Total number of volunteers (estimate if necessary)	**6**	
	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**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	284,963	1,888,940
	9 Program service revenue (Part VIII, line 2g)	1,554,556	769,724
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,166	53,793
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,845,685	2,712,457
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,110	63,340
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,190,224	1,086,939
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶244,598		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,393,124	2,793,371
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,590,458	3,943,650
	19 Revenue less expenses Subtract line 18 from line 12	-744,773	-1,231,193

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	4,560,149	3,903,671
	21 Total liabilities (Part X, line 26)	5,356,988	5,931,703
	22 Net assets or fund balances Subtract line 21 from line 20	-796,839	-2,028,032

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 — 2011-07-05 — Date

vince dodds vice president — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
KATHY BLACKBURN	KATHY BLACKBURN			

Firm's name ▶ REZNICK GROUP PC — Firm's EIN ▶

Firm's address ▶ 525 N TRYON STREET SUITE 1000
CHARLOTTE, NC 28202

Phone no ▶ (704) 332-9100

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

The mission of Mercy Housing Southeast is to directly facilitate the provision of affordable housing to families, seniors, people with special needs, homeless and potentially homeless individuals who would otherwise lack the financial resources to obtain qualify, safe housing Further, Mercy Housing Southast provides a variety of free programs and services to residents of their affordable housing projects which are designed to improve their lives and the communities in which they live

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,912,439 including grants of $ 62,340) (Revenue $ 1,203,406)

Housing development programs and services include acquiring acceptable locations for either new construction or rehabilitation of existing properties \ for multi-family rental properties to provide affordable housing to low-income residents, obtaining financing for the development of low-income properties, and managing the construction and/or rehabilitation of low-income properties through obtaining the certification of occupancy and project completion

4b (Code) (Expenses $ 572,550 including grants of $ 1,000) (Revenue $ 703,493)

Resident services and programs are provided free of charge to residents of low-income multi-family rental properties including families, seniors, and people with special needs The resident services and programs fall into four primary areas - education, community, health and wellness, and economic stability Resident services and programs are tailored to meet the needs of each low-income housing community, including after-school programs for children, GED and English courses, employment initiatives and homeownership seminars

4c (Code) (Expenses $ 42,273 including grants of $) (Revenue $ 1,015)

Consulting services are provided to other developers of low-income affordable housing Services include strategic planning, financing application preparation, construction design and construction management, lease-up assistance and closing assistance

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 628,825 including grants of $) (Revenue $ 164,596)

4e **Total program service expenses** ▶ $ 3,156,087

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
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	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
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?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

VINCE DODDS VPCONTROLLER MHI
1999 BROADWAY SUITE 1000
DENVER, CO 80202
(303) 830-6221

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) PAUL HINCHEY DIRECTOR	1 0	X						0	0	0
(2) JANE HAVERTY CHAIRMAN/DIRECTOR	1 0	X						0	0	0
(3) DON MCKENNA DIRECTOR	1 0	X						0	0	0
(4) VINCE BARKSDALE DIRECTOR	1 0	X						0	0	0
(5) VINCE DODDS VICE PRESIDENT/TREASURER	1 0			X				0	148,419	7,895
(6) CHARICE HEYWOOD PRESIDENT	1 0			X				0	42,255	0
(7) BRIAN SHUMAN VICE PRESIDENT	1 0			X				0	281,120	11,127
(8) TRACY GARGARO TREASURER	1 0			X				0	97,130	7,216
(9) PATRICIA O'ROARK SECRETARY	1 0			X				0	63,864	6,767
(10) B CRAWFORD SECRETARY	1 0			X				0	40,814	0
(11) PETE WALKER PRESIDENT	1 0						X	0	146,671	3,090

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	820,273	36,095

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in 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? *If "Yes," complete Schedule J for such individual* **3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* **4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d	1,710,000				
	e Government grants (contributions) 1e	20,000				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	158,940				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		1,888,940			
Program Service Revenue		Business Code				
	2a SERVICES FEES	531390	653,383	653,383		
	b OTHER INCOME	531390	115,326	115,326		
	c CONSULTING FEES	531390	1,015	1,015		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		769,724			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		53,793			53,793
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶		0			
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		0			
	12 **Total revenue.** See Instructions . . . ▶		2,712,457	769,724		53,793

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	63,340	63,340		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	42,255	42,255		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	879,406	643,664	140,001	95,741
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,214	5,924	2,661	629
9 Other employee benefits	84,711	65,241	6,762	12,708
10 Payroll taxes	71,353	53,461	10,098	7,794
a Fees for services (non-employees) Management	9,700			9,700
b Legal	12,336	298	12,038	
c Accounting	9,052		9,052	
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	27,800		27,800	
12 Advertising and promotion	417	193		224
13 Office expenses	89,788	40,860	46,278	2,650
14 Information technology	24,349	9,297	14,847	205
15 Royalties	0			
16 Occupancy	112,033	81,427	19,086	11,520
17 Travel	45,782	17,605	15,759	12,418
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,913	3,261	4,142	510
20 Interest	123,886	24,328	99,558	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,366		1,366	
23 Insurance	10,407		10,407	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROJECT DEVEL-DISCONTINUED	879,921	879,921		
b INDIRECT COST	549,348	349,188	118,248	81,912
c BAD DEBTS	473,873	473,873		
d PROJECT DEVELOPMENT FEES	279,214	279,214		
e MISCELLANEOUS RS	69,778	69,751	27	
f All other expenses	66,408	52,986	4,835	8,587
25 **Total functional expenses.** Add lines 1 through 24f	3,943,650	3,156,087	542,965	244,598
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	193,929	1	218,546
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,795	3	41,592
	4	Accounts receivable, net	122,476	4	262,449
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	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) Schedule L		6	
	7	Notes and loans receivable, net	506,009	7	1,785,659
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,050	9	20,019
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 357,273			
	b	Less accumulated depreciation — 10b: 92,631	277,507	10c	264,642
	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	3,430,383	15	1,310,764
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,560,149	16	3,903,671
Liabilities	17	Accounts payable and accrued expenses	410,182	17	304,121
	18	Grants payable		18	
	19	Deferred revenue	525	19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	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	1,630,291	23	214,524
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	3,315,990	25	5,413,058
	26	**Total liabilities.** Add lines 17 through 25	5,356,988	26	5,931,703
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-1,310,225	27	-2,558,293
	28	Temporarily restricted net assets	513,386	28	530,261
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	-796,839	33	-2,028,032
	34	Total liabilities and net assets/fund balances	4,560,149	34	3,903,671

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	2,712,457
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,943,650
3	Revenue less expenses Subtract line 2 from line 1	3	-1,231,193
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-796,839
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-2,028,032

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MERCY HOUSING SOUTHEAST

Employer identification number
56-1993872

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")				284,963	1,888,940	2,173,903
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				1,554,556	769,724	2,324,280
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				1,839,519	2,658,664	4,498,183
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				1,538,870	376,663	1,915,533
c Add lines 7a and 7b				1,538,870	376,663	1,915,533
8 **Public Support** (Subtract line 7c from line 6)						2,582,650

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6				1,839,519	2,658,664	4,498,183
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				6,166	53,793	59,959
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				6,166	53,793	59,959
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 IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)				1,845,685	2,712,457	4,558,142

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☑

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MERCY HOUSING SOUTHEAST

Employer identification number
56-1993872

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a 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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,789		15,789
b Buildings		297,827	92,631	205,196
c Leasehold improvements				
d Equipment		43,657		43,657
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				264,642

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PREDEVELOPMENT COSTS	610,975
(2) DUE FROM AFFILIATES	697,462
(3) OTHER ASSETS	2,327
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,310,764

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO AFFILIATES	5,413,058
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,413,058

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
part X	income tax provision	mercy housing, inc (MHI) and its consolidated nonprofit corporations are exempt from federal and state income taxes under section 501(c)(3) of the internal revenue cde and comparable state statutes and did not have any unrelated business income for the year ended December 31, 2010 Due to thier tax-exempt status, MHI and the consolidated nonprofit corporations are not subject to income taxes mhi and the consolidated nonprofit corporations are required to file tax returns with the irs and other taxing authorities accordingly, the financial statements do not reflect a provision for income taxes and there are no other tax positions which must be considered for disclosure

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MERCY HOUSING SOUTHEAST

Employer identification number
56-1993872

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TERRACES AT PARKVIEW6800 PARKVIEW TRAIL LITHONIA,GA 30058	20-8829285		20,000				LOW INCOME HOUSING
(2) ALLEGRE POINT SENIOR3391 FLAT SHOALS ROAD DECATUR,GA 30034	20-4295472		39,194				LOW INCOME HOUSING

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 0

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PART I	PART I # 2	The majority of grants expense represents contributions to affiliated organizations Donors contribute to the Organization for specific capital projects or other restricted operating and program activities, and the Organization passes the contribution to a related entity in accordance with the donor restrictions

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MERCY HOUSING SOUTHEAST

Employer identification number
56-1993872

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VINCE DODDS	(i)	0	0	0	0	0	0	0
	(ii)	148,419	0	0	2,968	4,927	156,314	
(2) BRIAN SHUMAN	(i)	0	0	0	0	0	0	0
	(ii)	281,120	0	0	6,200	4,927	292,247	
(3) PETE WALKER	(i)	0	0	0	0	0	0	0
	(ii)	146,671	0	0	3,090	0	149,761	
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MERCY HOUSING SOUTHEAST

Employer identification number
56-1993872

Identifier	Return Reference	Explanation
PART VI SECTION A	PART VI SECTION A #6 & #7A-B	#6 Mercy Housing, Inc , a Nebraska nonprofit corporation, is the sole member and is exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986 #7A & B THE BOARD OF TRUSTEES OF MERCY HOUSING, INC , AS SOLE MEMBER OF MERCY HOUSING SOUTHEAST, HAS AUTHORITY OVER MERCY HOUSING SOUTHEAST IN VARIOUS ASPECTS OF OPERATIONS AND MANAGEMENT THE RESERVED RIGHTS HELD BY THE MERCY HOUSING BOARD OF TRUSTEES, WHICH MAY BE FURTHER DELEGATED TO THE PRESIDENT AND CEO OF MERCY HOUSING, INC , INCLUDE APPROVAL OF THE FOLLOWING ACTIVITIES REVISIONS TO ARTICLES AND BYLAWS, MERGERS AND ACQUISITIONS, ESTABLISHMENT OF NEW ENTITIES, PLEDGING, MORTGAGING OR DISPOSING OF ALL OR SUBSTANTIALLY ALL ASSETS, OBLIGATIONS OF NEW OPERATING AND MORTGAGE DEBT, AND, APPOINTMENT OR REMOVAL OF GOVERNING BOARD MEMBERS AND OFFICERS

Identifier	Return Reference	Explanation
PART VI SECTION B	PART VI SECTION B # 10, 12C AND #15B	#10 Prior to filing Form 990, the governing board reviewed the Form 12C The Audit Committee of Mercy Housing, Inc reviews annually the Conflict of Interest disclosures and determines whether any action is required 15B Annually the Human Resources Committee within the Mercy Housing, Inc Board of Trustees will review executive salaries to ensure competitiveness with external markets and for internal equity in relation to general employee wages and benefits, individual and organizational performance, and the financial resources of the Organization

Identifier	Return Reference	Explanation
PART VI SECTION C	PART VI SECTION C # 19	Governing documents, conflict of interest policy and financial statements are made available to the public upon request

Identifier	Return Reference	Explanation
PART IX	PART IX LINE 1	The majority of grants expense represents contributions to affiliated organizations Donors contribute to the Organization for specific capital projects or other restricted operating and program activities, and the Organization passes the contribution to a related entity in accordance with the donor restrictions

Identifier	Return Reference	Explanation
PART XII	PART XII #2B & #2C	#2B THE ORGANIZATION'S FINANCIAL STATEMENT ARE AUDITED IN ACCORDANCE WITH THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE AUDITED FINANCIAL STATEMENTS ARE REPORTED WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION OF MERCY HOUSING, INC #2C RESPONSIBILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE ANNUAL AUDIT IS RESERVED BY THE MERCY HOUSING, INC BOARD OF TRUSTEES MERCY HOUSING, INC , IS THE SOLE MEMBER OF MERCY HOUSING SOUTHEAST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MERCY HOUSING SOUTHEAST

Employer identification number
56-1993872

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MERCY HOUSING GEORGIA HOLDINGS LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202 20-1233986	LOW-INC HSNG	GA	6,300	271,959	NA

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by other organization(s)	**1e**	**Yes**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 56-1993872
Name: MERCY HOUSING SOUTHEAST

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202 47-0646706	low-inc hsng	CA	501 (c) (3)	9	NA		
Mercy Loan Fund 1999 Broadway Suite 1000 Denver, CO 80202 84-1559406	low-inc hsng	CA	501 (c) (3)	9	NA		
Mercy Portfolio Services 1999 Broadway Suite 1000 Denver, CO 80202 26-4002114	low-inc hsng	CO	501 (c) (3)	11c	NA		
Mercy Housing Properties Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1262403	low-inc hsng	CO	501 (c) (3)	11a	NA		
Brook Oaks Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295604	low-inc hsng	TX	501 (c) (3)	7	NA		
Mercy Commercial Finance Properties 1999 Broadway Suite 1000 Denver, CO 80202 84-1164880	low-inc hsng	CO	501 (c) (3)	11a	NA		
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	501 (c) (3)	11c	NA		
Mercy Housing Southwest 1999 Broadway Suite 1000 Denver, CO 80202 86-0743192	low-inc hsng	AZ	501 (c) (3)	11a	NA		
Avondale Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0980810	low-inc hsng	AZ	501 (c) (3)	11c	NA		
Camelot Casitas 1999 Broadway Suite 1000 Denver, CO 80202 86-0980809	low-inc hsng	AZ	501 (c) (3)	11c	NA		
Casa de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0808941	low-inc hsng	AZ	501 (c) (3)	11c	NA		
Casa de Shanti 1999 Broadway Suite 1000 Denver, CO 80202 86-0728526	low-inc hsng	AZ	501 (c) (3)	11c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
El Mirage Senior 1999 Broadway Suite 1000 Denver, CO 80202 86-0847975	low-inc hsng	AZ	501(c)(3)	11c	NA		
Mesa Senior Meadows 1999 Broadway Suite 1000 Denver, CO 80202 86-0897708	low-inc hsng	AZ	501(c)(3)	11c	NA		
Guadalupe Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0897709	low-inc hsng	AZ	501(c)(3)	11c	NA		
Peoria Place 1999 Broadway Suite 1000 Denver, CO 80202 86-0980811	low-inc hsng	AZ	501(c)(3)	11c	NA		
Plazas de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0758961	low-inc hsng	AZ	501(c)(3)	11c	NA		
Vista Alegre 1999 Broadway Suite 1000 Denver, CO 80202 86-0947230	low-inc hsng	AZ	501(c)(3)	11c	NA		
Decatur Place 1999 Broadway Suite 1000 Denver, CO 80202 84-1062097	low-inc hsng	CO	501(c)(3)	11c	NA		
Holly Park East 1999 Broadway Suite 1000 Denver, CO 80202 84-1347445	low-inc hsng	CO	501(c)(3)	11c	NA		
Willow Street Apartments 1999 Broadway Suite 1000 Denver, CO 80202 84-1334167	low-inc hsng	CO	501(c)(3)	11c	NA		
Mercy Properties Arizona 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AR	501(c)(3)	11a	NA		
Los Arcos 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AZ	501(c)(3)	11c	NA		
Mercy Court 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AZ	501(c)(3)	11c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Holly Park Community Center LLC 1999 Broadway Suite 1000 Denver, CO 80202 38-3715668	low-inc hsng	CO	501 (c) (3)	11c	NA		
Homes for Greeley 1999 Broadway Suite 1000 Denver, CO 80202 84-1349918	low-inc hsng	CO	501 (c) (3)	11c	NA		
Mercy Housing California 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	501 (c) (3)	9	NA		
All Hallows Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2722870	low-inc hsng	CA	501 (c) (3)	11c	NA		
Marin Homes for Independent Living 1999 Broadway Suite 1000 Denver, CO 80202 94-2787430	low-inc hsng	CA	501 (c) (3)	11c	NA		
Cantebria Senior Homes 1999 Broadway Suite 1000 Denver, CO 80202 94-3361794	low-inc hsng	CA	501 (c) (3)	11c	NA		
Mercy Senior Housing Oxnard 1999 Broadway Suite 1000 Denver, CO 80202 94-3224446	low-inc hsng	CA	501 (c) (3)	11c	NA		
EHCC Housing Corp (Eden House) 1999 Broadway Suite 1000 Denver, CO 80202 94-3234538	low-inc hsng	CA	501 (c) (3)	11c	NA		
Francis of Assisi Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2366315	low-inc hsng	CA	501 (c) (3)	11c	NA		
Gault Street Senior 1999 Broadway Suite 1000 Denver, CO 80202 75-2983979	low-inc hsng	CA	501 (c) (3)	11c	NA		
John W King Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3282891	low-inc hsng	CA	501 (c) (3)	11c	NA		
Maria B Freitas Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3190261	low-inc hsng	CA	501 (c) (3)	11c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Marin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-1358291	low-inc hsng	CA	501 (c) (3)	11c	NA		
Mercy Gardens 1999 Broadway Suite 1000 Denver, CO 80202 33-0809069	low-inc hsng	CA	501 (c) (3)	11c	NA		
Notre Dame Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3209503	low-inc hsng	CA	501 (c) (3)	11c	NA		
Oceana Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3167825	low-inc hsng	CA	501 (c) (3)	11c	NA		
Presentation Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3264209	low-inc hsng	CA	501 (c) (3)	11c	NA		
Russell Manor 1999 Broadway Suite 1000 Denver, CO 80202 93-1189914	low-inc hsng	CA	501 (c) (3)	11c	NA		
Tierra Del Sol Inc 1999 Broadway Suite 1000 Denver, CO 80202 75-3004763	low-inc hsng	CA	501 (c) (3)	9	NA		
St Elizabeth Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-2705149	low-inc hsng	CA	501 (c) (3)	11c	NA		
Garden Park Apt Community 1999 Broadway Suite 1000 Denver, CO 80202 68-0484147	low-inc hsng	CA	501 (c) (3)	9	NA		
Mercy Oaks Village 1999 Broadway Suite 1000 Denver, CO 80202 75-3134134	low-inc hsng	CA	501 (c) (3)	7	NA		
Mercy Properties California 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	9	NA		
Foster Youth 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
The Haven 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501(c)(3)	11c	NA		
Leland House 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501(c)(3)	11c	NA		
Osocales (McIntosh Mobile Homes) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501(c)(3)	11c	NA		
Richmond Hills 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501(c)(3)	11c	NA		
Sycamore Center (Red Bluff) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501(c)(3)	11c	NA		
Sierra Vista 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501(c)(3)	11c	NA		
Magnolia Village LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0139519	low-inc hsng	GA	501(c)(3)	11c	NA		
Mercy Oak Forest LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0139517	low-inc hsng	GA	501(c)(3)	11c	NA		
Eagle Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 03-0410639	low-inc hsng	ID	501(c)(3)	11c	NA		
Mercy Southeast Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1284293	low-inc hsng	CA	501(c)(3)	11a	NA		
Mercy Moscow Inc (Hawthorne) 1999 Broadway Suite 1000 Denver, CO 80202 82-0475388	low-inc hsng	ID	501(c)(3)	11c	NA		
Mercy Twin Falls Inc (Willswood) 1999 Broadway Suite 1000 Denver, CO 80202 82-0492940	low-inc hsng	ID	501(c)(3)	11c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Mercy Housing Lakefront 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	IL	501(c)(3)	7	NA		
Lavernge Courts LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-4535351	low-inc hsng	IL	501(c)(3)	11c	NA		
Washington Courts LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0084370	low-inc hsng	IL	501(c)(3)	11c	NA		
Whitmore Apartments LLC 1999 Broadway Suite 1000 Denver, CO 80202 47-0924267	low-inc hsng	IL	501(c)(3)	11c	NA		
Mercy Housing Ohio Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-2373936	low-inc hsng	OH	501(c)(3)	11c	NA		
Mercy Properties Inc (MPI) 1999 Broadway Suite 1000 Denver, CO 80202 84-1173689	low-inc hsng	CA	501(c)(3)	11c	NA		
Mercy Properties II Inc 1999 Broadway Suite 1000 Denver, CO 80202 82-0485862	low-inc hsng	ID	501(c)(3)	11c	NA		
Neary Lagoon Inc 1999 Broadway Suite 1000 Denver, CO 80202 77-0214799	low-inc hsng	CA	501(c)(3)	11c	NA		
San Juan Housing Corp 1999 Broadway Suite 1000 Denver, CA 80202 68-0378676	low-inc hsng	CA	501(c)(3)	11c	NA		
Mercy Housing Midwest 1999 Broadway Suite 1000 Denver, CO 80202 47-0772351	low-inc hsng	NE	501(c)(3)	11a	NA		
Mercy Crestview Village 1999 Broadway Suite 1000 Denver, CO 80202 47-0785351	low-inc hsng	NE	501(c)(3)	11c	NA		
Heartland Housing Initiative (HARP) 1999 Broadway Suite 1000 Denver, CO 80202 42-1359133	low-inc hsng	AZ	501(c)(3)	11a	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Mercy House 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501(c)(3)	11c	NA		
Mercy Northglen 1999 Broadway Suite 1000 Denver, CO 80202 47-0779681	low-inc hsng	NE	501(c)(3)	11c	NA		
Mercy Oakwood Gardens 1999 Broadway Suite 1000 Denver, CO 80202 84-1344220	low-inc hsng	AZ	501(c)(3)	9	NA		
Mercy Midwest Properties (Ridgeview) 1999 Broadway Suite 1000 Denver, CO 80202 43-1584918	low-inc hsng	MO	501(c)(3)	11c	NA		
Mercy Western Manor 1999 Broadway Suite 1000 Denver, CO 80202 47-0785349	low-inc hsng	NE	501(c)(3)	11c	NA		
Mercy Village Joplin 1999 Broadway Suite 1000 Denver, CO 80202 37-1459692	low-inc hsng	MO	501(c)(3)	11c	NA		
Mercy Housing Southeast 1999 Broadway Suite 1000 Denver, CO 80202 56-1993872	low-inc hsng	NC	501(c)(3)	11a	NA		
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-inc hsng	NC	501(c)(3)	11c	NA		
Mercy Housing Pembroke Inc 1999 Broadway Suite 1000 Denver, CO 80202 13-4224803	low-inc hsng	GA	501(c)(3)	11c	NA		
Marshside Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-1910771	low-inc hsng	SC	501(c)(3)	11a	NA		
Allegre Point Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295472	low-inc hsng	CO	501(c)(3)	11a	NA		
Mercy Properties Georgia Inc (MPGI) 1999 Broadway Suite 1000 Denver, CO 80202 58-2425127	low-inc hsng	GA	501(c)(3)	11c	NA		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Intercommunity Housing Ferndale 1999 Broadway Suite 1000 Denver, CO 80202 91-1667138	low-inc hsng	WA	501 (c) (3)	11c	NA		
Sterling Senior Housing 1999 Broadway Suite 1000 Denver, CO 80202 14-1866405	low-inc hsng	WA	501 (c) (3)	11a	NA		
Villa Caridad 1999 Broadway Suite 1000 Denver, CO 80202 68-0387620	low-inc hsng	CA	501 (c) (3)	9	NA		
Mercy Housing 2904 N 45th St Omaha 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	11c	NA		
Florin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0336533	low-inc hsng	CA	501 (c) (3)	11c	NA		
Mercy Housing CalWest 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	501 (c) (3)	11c	NA		
Mercy Bond Properties Nebraska I 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	NE	501 (c) (3)	9	NA		
Mercy Bond Properties Colorado I 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CO	501 (c) (3)	9	NA		
Walnut Grove 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11c	NA		
Santa Monica 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11c	NA		
Acacia Meadows 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11c	NA		
Mercy Timbercreek LLC 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	CA	501 (c) (3)	11c	NA		

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

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						Yes	No
Franconia LLC 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CA	501 (c) (3)	11c	NA		
Padre Apartments Community 1999 Broadway Suite 1000 Denver, CO 80202 84-0789830	low-inc hsng	CA	501 (c) (3)	11c	NA		
South of Market Mercy 1999 Broadway Suite 1000 Denver, CO 80202 94-3199902	low-inc hsng	CA	501 (c) (3)	11c	NA		
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	502 (c) (3)	11c	NA		
Mercy Housing Northwest 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	501 (c) (3)	11c	NA		
Mercy Housing Northwest Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	ID	501 (c) (3)	11c	NA		
HWA-850 EASTWOOD GP NFP 1999 Broadway Suite 1000 Denver, CO 80202 27-1257072	low-inc hsng	IL	501 (c) (3)	11c	NA		
MERCY HOUSING MANAGEMENT GROUP 1999 Broadway Suite 1000 Denver, CO 80202 82-0376108	low-inc hsng	IL	501 (c) (3)	9	NA		
MERCY HOUSING MOUNTAIN PLAINS 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	CO	501 (c) (3)	9	NA		
Independence Hill Inc 1999 Broadway Suite 1000 Denver, CO 80202 72-1545927	low-inc hsng	ID	501 (c) (3)	11c	NA		
Mercy Community Housing Georgia 1999 broadway suite 1000 denver, CO 80202 58-2461689	low-inc hsing	GA	509(a)(2)	n/a	na		
Commons on Main GP LLC 1999 broadway suite 1000 denver, CO 80202 80-8033652	low-inc hsing	OH	501(c)(3)	9	na		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
FHD Holdings LLC 1999 broadway suite 1000 denver, CO80202 20-8033652	low-inc hsing	OH	501(c)(3)	9	na		
Marlton Affordable Housing 1999 broadway suite 1000 denver, CO80202 91-2164481	low-inc hsing	CA	501(c)(3)	11B	na		
MHC NSP LLC 1999 broadway suite 1000 denver, CO80202 27-1088365	low-inc hsing	CA	501(c)(3)	9	n1		
Appian Way Manager LLC 1999 broadway suite 1000 denver, CO80202 20-8829324	low-inc hsing	WA	501(c)(3)	9	na		
Johnston Center MM LLC 1999 broadway suite 1000 denver, CO80202 26-1483851	low-inc hsing	WI	501(c)(3)	7	na		
Boise Senior 202 GP LLC 1999 broadway suite 1000 denver, CO80202 26-3841013	low-inc hsing	ID	501(c)(3)	11a	na		
Mercy Housing Idaho NSP LLC 1999 broadway suite 1000 denver, CO80202 27-1039061	low-inc hsing	ID	501(c)(3)	11a	na		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Family Plaza LP 1999 Broadway Suite 1000 Denver, CO 80202 94-3094867	low-inc hsng	CA	na	Related				No			No	
Bennett House LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308081	low-inc hsng	CA	na	Related				No			No	
Dorothy Day Community LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308078	low-inc hsng	CA	na	Related				No			No	
Junipero Serra LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308082	low-inc hsng	CA	na	Related				No			No	
Monsignor Lyne LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	Related				No			No	
St Andrew Community LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	Related				No			No	
Villa Columba Mercy Riverside LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XL 1999 Broadway Suite 1000 Denver, CO 80202 26-1398920	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XXXVIII 1999 Broadway Suite 1000 Denver, CO80202 33-1153406	low-inc hsng	CA	na	Related				No			No	
365 Fulton LP (Parcel G) 1999 Broadway Suite 1000 Denver, CO80202 26-1539223	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XLII 1999 Broadway Suite 1000 Denver, CO80202 26-2575525	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XLIV 1999 Broadway Suite 1000 Denver, CO80202 26-3583090	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XLIII 1999 Broadway Suite 1000 Denver, CO80202 26-2553554	low-inc hsng	CA	na	Related				No			No	
Mercy Housing Georgia I 1999 Broadway Suite 1000 Denver, CO80202 58-2461689	low-inc hsng	GA	na	Related				No			No	
Mercy Housing Georgia IV 1999 Broadway Suite 1000 Denver, CO80202 56-2328730	low-inc hsng	GA	na	Related				No			No	
Mercy Housing Georgia V LP 1999 Broadway Suite 1000 Denver, CO80202 90-0284434	low-inc hsng	GA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Georgia VI LP 1999 Broadway Suite 1000 Denver, CO 80202 20-4466474	low-inc hsng	GA	na	Related				No			No	
Acquisition Properties Georgia I 1999 Broadway Suite 1000 Denver, CO 80202 20-4465851	low-inc hsng	GA	na	Related				No			No	
Mercy Housing Georgia VIII LP 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	Related				No			No	
Acquisition Properties Georgia II 1999 Broadway Suite 1000 Denver, CO 80202 20-4465972	low-inc hsng	GA	na	Related				No			No	
Mercy Properties Washington 1999 Broadway Suite 1000 Denver, CO 80202 91-1903782	low-inc hsng	WA	na	Related				No			No	
Intercommunity Mercy Washington I 1999 Broadway Suite 1000 Denver, CO 80202 91-1584665	low-inc hsng	WA	na	Related				No			No	
Intercommunity Mercy Washington II 1999 Broadway Suite 1000 Denver, CO 80202 91-1572690	low-inc hsng	WA	na	Related				No			No	
Mercy Housing Washington VIII 1999 Broadway Suite 1000 Denver, CO 80202 91-2124779	low-inc hsng	WA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Washington VI 1999 Broadway Suite 1000 Denver, CO80202 84-1459924	low-inc hsng	WA	na	Related				No			No	
Mercy Housing Washington V 1999 Broadway Suite 1000 Denver, CO80202 84-1457612	low-inc hsng	OR	na	Related				No			No	
Mercy Housing Washington VII 1999 Broadway Suite 1000 Denver, CO80202 91-2038920	low-inc hsng	WA	na	Related				No			No	
Mercy Housing Washington IX LP 1999 Broadway Suite 1000 Denver, CO80202 65-1186086	low-inc hsng	WA	na	Related				No			No	
Mercy Housing Washington X LLC 1999 Broadway Suite 1000 Denver, CO80202 55-0887839	low-inc hsng	WA	na	Related				No			No	
Mercy Properties Washington III LLC 1999 Broadway Suite 1000 Denver, CO80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Pilchuck 1999 Broadway Suite 1000 Denver, CO80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Woodlake Manor II 1999 Broadway Suite 1000 Denver, CO80202 77-0601463	low-inc hsng	WA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Woodlake Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Villa Kathleen 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Skagit Village 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Oak Harbor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Olympic 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Monroe Villa 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Lake Village East 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Lake Stevens 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Fircrest 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Ferndale Villa 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Evergreen Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Cedarwood I 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Cedarwood IV 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Cascade Apartments 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Boundary Village 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	Related				No			No	
Mercy Properties Washington II 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-inc hsng	WA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Properties Washington I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Bayshore Court 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Cambridge Apartments 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Cascade Village 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Cheney Gardens 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Mabton Gardens 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Moses Lake Estates 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Pine Road Village 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Rock Creek Terrace 1999 Broadway Suite 1000 Denver, CO80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Sandstone 1999 Broadway Suite 1000 Denver, CO80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Silvercrest 1999 Broadway Suite 1000 Denver, CO80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Wapato Gardens 1999 Broadway Suite 1000 Denver, CO80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
Washington Square 1999 Broadway Suite 1000 Denver, CO80202 20-1031378	low-inc hsng	WA	na	Related				No			No	
111 Jones Street Assoc (111 Jones St) 1999 Broadway Suite 1000 Denver, CO80202 94-3142765	low-inc hsng	CA	na	Related				No			No	
Britton Street Assoc (Britton Court) 1999 Broadway Suite 1000 Denver, CO80202 94-3300509	low-inc hsng	CA	na	Related				No			No	
Mercy Housing Nebraska I 1999 Broadway Suite 1000 Denver, CO80202 84-1449163	low-inc hsng	NE	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California VII 1999 Broadway Suite 1000 Denver, CO80202 94-3229540	low-inc hsng	CA	na	Related				No			No	
Somerset Senior Hsg 1999 Broadway Suite 1000 Denver, CO80202 74-2765568	low-inc hsng	TX	na	Related				No			No	
Mercy Housing California II 1999 Broadway Suite 1000 Denver, CO80202 94-3187825	low-inc hsng	CA	na	Related				No			No	
Mercy Housing Colorado VIII 1999 Broadway Suite 1000 Denver, CO80202 93-1190349	low-inc hsng	CO	na	Related				No			No	
Mercy Housing Colorado-I LTD (Grace) 1999 Broadway Suite 1000 Denver, CO80202 84-1176712	low-inc hsng	CO	na	Related				No			No	
Mercy Housing California XI 1999 Broadway Suite 1000 Denver, CO80202 94-3244521	low-inc hsng	CA	na	Related				No			No	
Marleton Affordable Hsg Assoc 1999 Broadway Suite 1000 Denver, CO80202 04-3594636	low-inc hsng	CA	na	Related				No			No	
Mason Apartments (Mason School Apts) 1999 Broadway Suite 1000 Denver, CO80202 42-1301449	low-inc hsng	CO	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California V 1999 Broadway Suite 1000 Denver, CO80202 94-3229051	low-inc hsng	CA	na	Related				No			No	
Park Terrace Apts (Park Terrace Apts) 1999 Broadway Suite 1000 Denver, CO80202 94-3332881	low-inc hsng	CA	na	Related				No			No	
Quinn Cottages LP (Quinn Cottages) 1999 Broadway Suite 1000 Denver, CO80202 65-0367005	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California X (The Rose) 1999 Broadway Suite 1000 Denver, CO80202 94-3232501	low-inc hsng	CA	na	Related				No			No	
San Felipe Homes (San Felipe Homes) 1999 Broadway Suite 1000 Denver, CO80202 95-4384732	low-inc hsng	CA	na	Related				No			No	
2220 10th Avenue Assoc (Santana Apts) 1999 Broadway Suite 1000 Denver, CO80202 94-3140163	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California VIII 1999 Broadway Suite 1000 Denver, CO80202 94-3229541	low-inc hsng	CA	na	Related				No			No	
Mercy Housing Iowa II LP 1999 Broadway Suite 1000 Denver, CO80202 84-1284752	low-inc hsng	IA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California I 1999 Broadway Suite 1000 Denver, CO 80202 84-1210914	low-inc hsng	CA	na	Related				No			No	
Mercy Housing Arizona I 1999 Broadway Suite 1000 Denver, CO 80202 86-0791473	low-inc hsng	AZ	na	Related				No			No	
Mercy Housing Georgia II 1999 Broadway Suite 1000 Denver, CO 80202 58-2621798	low-inc hsng	GA	na	Related				No			No	
Mercy Housing Colorado-IX 1999 Broadway Suite 1000 Denver, CO 80202 87-0706258	low-inc hsng	CO	na	Related				No			No	
Mercy Housing Arizona II (Page Commons) 1999 Broadway Suite 1000 Denver, CO 80202 33-1075152	low-inc hsng	AZ	na	Related				No			No	
Parkside Terrace Apt LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	na	Related				No			No	
Parkside Terrace LP 1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	na	Related				No			No	
Mulberry Court LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-8008017	low-inc hsng	CO	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing South Carolina I 1999 Broadway Suite 1000 Denver, CO80202 59-3767323	low-inc hsng	SC	na	Related				No			No	
Mercy Housing Georgia III 1999 Broadway Suite 1000 Denver, CO80202 43-1954812	low-inc hsng	GA	na	Related				No			No	
Mercy Housing South Dakota I LLC 1999 Broadway Suite 1000 Denver, CO80202 20-2830331	low-inc hsng	SD	na	Related				No			No	
Mercy Housing South Dakota II LLC 1999 Broadway Suite 1000 Denver, CO80202 20-2830356	low-inc hsng	SD	na	Related				No			No	
Mercy Housing Colorado XI LLC 1999 Broadway Suite 1000 Denver, CO80202 20-5331841	low-inc hsng	CO	na	Related				No			No	
Commons on Main LP 1999 Broadway Suite 1000 Denver, CO80202 20-8033896	low-inc hsng	OH	na	Related				No			No	
Aromor Mercy LLC (Aromor Apartments) 1999 Broadway Suite 1000 Denver, CO80202 30-0296042	low-inc hsng	CO	na	Related				No			No	
Galewood SLF Associates LP 1999 Broadway Suite 1000 Denver, CO80202 20-1882654	low-inc hsng	IL	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Alston Lake LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-2948887	low-inc hsng	SC	na	Related				No			No	
Franciscan Homes III LP 1999 Broadway Suite 1000 Denver, CO 80202 31-1394513	low-inc hsng	OH	na	Related				No			No	
Franciscan Homes IV LP 1999 Broadway Suite 1000 Denver, CO 80202 31-1463371	low-inc hsng	OH	na	Related				No			No	
Mercy Housing Utah I 1999 Broadway Suite 1000 Denver, CO 80202 02-0564555	low-inc hsng	UT	na	Related				No			No	
Mercy Housing Idaho IV 1999 Broadway Suite 1000 Denver, CO 80202 82-0487654	low-inc hsng	ID	na	Related				No			No	
Mercy Housing Idaho V (Sisters Villa) 1999 Broadway Suite 1000 Denver, CO 80202 04-3624359	low-inc hsng	ID	na	Related				No			No	
2101 Telegraph Avenue Inc 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	na	Related				No			No	
2101 Telegraph Avenue Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bishops Block (Bishops Block) 1999 Broadway Suite 1000 Denver, CO80202 01-0477157	low-inc hsng	IA	na	Related				No			No	
1028 Howard St Associates 1999 Broadway Suite 1000 Denver, CO80202 94-3160742	low-inc hsng	CA	na	Related				No			No	
1101 Howard St Associates 1999 Broadway Suite 1000 Denver, CO80202 94-3160341	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California VI 1999 Broadway Suite 1000 Denver, CO80202 94-3224528	low-inc hsng	CA	na	Related				No			No	
1475 167th Avenue Assoc 1999 Broadway Suite 1000 Denver, CO80202 94-3249328	low-inc hsng	CA	na	Related				No			No	
Centro Partners 1999 Broadway Suite 1000 Denver, CO80202 77-0295344	low-inc hsng	CA	na	Related				No			No	
La Playa Residential 1999 Broadway Suite 1000 Denver, CO80202 77-0278613	low-inc hsng	CA	na	Related				No			No	
West 28th Street 1999 Broadway Suite 1000 Denver, CO80202 95-4550003	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
16th & Church Street Assoc 1999 Broadway Suite 1000 Denver, CO80202 94-3135262	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California III 1999 Broadway Suite 1000 Denver, CO80202 94-3187826	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California IX 1999 Broadway Suite 1000 Denver, CO80202 94-3230471	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California IV 1999 Broadway Suite 1000 Denver, CO80202 94-3210969	low-inc hsng	CA	na	Related				No			No	
Visitation Valley Fam Hsg Assoc 1999 Broadway Suite 1000 Denver, CO80202 94-3275566	low-inc hsng	CA	na	Related				No			No	
Neary Lagoon Partners 1999 Broadway Suite 1000 Denver, CO80202 77-0256317	low-inc hsng	CA	na	Related				No			No	
Mercy Housing West 1999 Broadway Suite 1000 Denver, CO80202 68-0254564	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XIV 1999 Broadway Suite 1000 Denver, CO80202 94-3377941	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XV 1999 Broadway Suite 1000 Denver, CO80202 94-3379316	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XVII 1999 Broadway Suite 1000 Denver, CO80202 94-3400496	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXIV 1999 Broadway Suite 1000 Denver, CO80202 74-3052786	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XVIII 1999 Broadway Suite 1000 Denver, CO80202 03-0376881	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XIII 1999 Broadway Suite 1000 Denver, CO80202 94-3377935	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XX 1999 Broadway Suite 1000 Denver, CO80202 36-4497277	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XVI 1999 Broadway Suite 1000 Denver, CO80202 94-3381170	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXIII 1999 Broadway Suite 1000 Denver, CO80202 82-0560494	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XII 1999 Broadway Suite 1000 Denver, CO80202 94-3366333	low-inc hsng	CA	na	Related				No			No	
Village Park Housing Associates 1999 Broadway Suite 1000 Denver, CO80202 68-0254566	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXI 1999 Broadway Suite 1000 Denver, CO80202 48-1259652	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XIX 1999 Broadway Suite 1000 Denver, CO80202 01-0716135	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXV 1999 Broadway Suite 1000 Denver, CO80202 81-0564415	low-inc hsng	CA	na	Related				No			No	
Pinewood Court Apartments 1999 Broadway Suite 1000 Denver, CO80202 68-0435836	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXII 1999 Broadway Suite 1000 Denver, CO80202 35-2172040	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXVI 1999 Broadway Suite 1000 Denver, CO80202 58-2679059	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XLI 1999 Broadway Suite 1000 Denver, CO80202 26-2350027	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XIV 1999 Broadway Suite 1000 Denver, CO80202 94-3377941	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXVII 1999 Broadway Suite 1000 Denver, CO80202 65-1207291	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXVIII 1999 Broadway Suite 1000 Denver, CO80202 73-1721242	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXIX 1999 Broadway Suite 1000 Denver, CO80202 73-1729092	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXX 1999 Broadway Suite 1000 Denver, CO80202 61-1488186	low-inc hsng	CA	na	Related				No			No	
New Dana Strand Townhomes 1999 Broadway Suite 1000 Denver, CO80202 51-0524022	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXXII 1999 Broadway Suite 1000 Denver, CO80202 87-0756940	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XXXVI 1999 Broadway Suite 1000 Denver, CO80202 56-2568833	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXXI 1999 Broadway Suite 1000 Denver, CO80202 87-0756700	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXXV 1999 Broadway Suite 1000 Denver, CO80202 76-0827799	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXXIII 1999 Broadway Suite 1000 Denver, CO80202 43-2100410	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXXVII 1999 Broadway Suite 1000 Denver, CO80202 68-0631916	low-inc hsng	CA	na	Related				No			No	
Colonia San Martin Associates LP 1999 Broadway Suite 1000 Denver, CO80202 83-0481233	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XXXIX 1999 Broadway Suite 1000 Denver, CO80202 01-0885277	low-inc hsng	CA	na	Related				No			No	
Kennedy Estates Hsg Assoc 1999 Broadway Suite 1000 Denver, CO80202 68-0355465	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Tahoe Valley Townhomes Assoc 1999 Broadway Suite 1000 Denver, CO80202 94-3298324	low-inc hsng	CA	na	Related				No			No	
Florin Wood Assoc 1999 Broadway Suite 1000 Denver, CO80202 68-0318012	low-inc hsng	CA	na	Related				No			No	
Mercy Housing Idaho II 1999 Broadway Suite 1000 Denver, CO80202 84-1212029	low-inc hsng	ID	na	Related				No			No	
Mercy Housing Colorado VII 1999 Broadway Suite 1000 Denver, CO80202 84-1473883	low-inc hsng	CO	na	Related				No			No	
Mercy Housing Colorado-II Ltd 1999 Broadway Suite 1000 Denver, CO80202 84-1176713	low-inc hsng	CO	na	Related				No			No	
Mercy Housing Iowa I (Lawlor Garvey) 1999 Broadway Suite 1000 Denver, CO80202 84-1178412	low-inc hsng	IA	na	Related				No			No	
Mercy Housing Washington IV 1999 Broadway Suite 1000 Denver, CO80202 91-1717799	low-inc hsng	MO	na	Related				No			No	
Mercy Housing Missouri-I LP 1999 Broadway Suite 1000 Denver, CO80202 84-1176358	low-inc hsng	MO	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing Colorado VI 1999 Broadway Suite 1000 Denver, CO 80202 84-1361296	low-inc hsng	CO	na	Related				No			No	
Mercy Housing Idaho III 1999 Broadway Suite 1000 Denver, CO 80202 84-1251391	low-inc hsng	ID	na	Related				No			No	
Mercy Housing Idaho I 1999 Broadway Suite 1000 Denver, CO 80202 84-1212028	low-inc hsng	ID	na	Related				No			No	
Mercy Housing Colorado V 1999 Broadway Suite 1000 Denver, CO 80202 84-1318329	low-inc hsng	CO	na	Related				No			No	
Mercy Housing Missouri II 1999 Broadway Suite 1000 Denver, CO 80202 84-1201811	low-inc hsng	MO	na	Related				No			No	
Mercy Housing Colorado III 1999 Broadway Suite 1000 Denver, CO 80202 84-1292696	low-inc hsng	CO	na	Related				No			No	
Mercy Housing Washington III 1999 Broadway Suite 1000 Denver, CO 80202 91-1676111	low-inc hsng	WA	na	Related				No			No	
Mercy Housing Colorado IV 1999 Broadway Suite 1000 Denver, CO 80202 84-1284749	low-inc hsng	CO	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Brentwood Green Valley Apts 1999 Broadway Suite 1000 Denver, CO80202 94-3135990	low-inc hsng	CA	na	Related				No			No	
New Dana Strand Partners I LP 1999 Broadway Suite 1000 Denver, CO80202 51-0524022	low-inc hsng	CA	na	Related				No			No	
Magnolia Limited Partnership 1999 Broadway Suite 1000 Denver, CO80202 36-3822288	low-inc hsng	IL	na	Related				No			No	
Red Door Limited Partnership 1999 Broadway Suite 1000 Denver, CO80202 36-3915050	low-inc hsng	IL	na	Related				No			No	
4707 Malden Ltd Partnership 1999 Broadway Suite 1000 Denver, CO80202 36-3762788	low-inc hsng	IL	na	Related				No			No	
Malden Limited Partnership II 1999 Broadway Suite 1000 Denver, CO80202 20-8746121	low-inc hsng	IL	na	Related				No			No	
MPI Highland Place Apartments LP 1999 Broadway Suite 1000 Denver, CO80202 58-2461689	low-inc hsng	GA	na	Related				No			No	
2220 Tenth Ave 1999 Broadway Suite 1000 Denver, CO80202 94-3140163	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
South Loop Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-4027476	low-inc hsng	IL	na	Related				No			No	
5042 Winthrop Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 36-3855358	low-inc hsng	IL	na	Related				No			No	
Near North Partnership 1999 Broadway Suite 1000 Denver, CO 80202 32-0143113	low-inc hsng	IL	na	Related				No			No	
Mercy Housing S Carolina 1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	na	Related				No			No	
Mercy Terrace LLC 1999 Broadway Suite 1000 Denver, CO 80202 68-0254564	low-inc hsng	CA	na	Related				No			No	
Wentworth Commons 1999 Broadway Suite 1000 Denver, CO 80202 30-0082553	low-inc hsng	IL	na	Related				No			No	
901 West 63rd LP (Englewood Apartments) 1999 Broadway Suite 1000 Denver, CO 80202 26-1233617	low-inc hsng	IL	na	Related				No			No	
Mercy Housing Georgia IX LP 1999 Broadway Suite 1000 Denver, CO 80202 20-8829418	low-inc hsng	GA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Roseland Limited Partnerhsip 1999 Broadway Suite 1000 Denver, CO80202 36-4304416	low-inc hsng	IL	na	Related				No			No	
Belray Apartments 1999 Broadway Suite 1000 Denver, CO80202 36-4027474	low-inc hsng	IL	na	Related				No			No	
Harold Washington Apartments 1999 Broadway Suite 1000 Denver, CO80202 36-3556291	low-inc hsng	IL	na	Related				No			No	
MPS Community I LLC 1999 Broadway Suite 1000 Denver, CO80202 59-3767323	low-inc hsng	CO	na	Related				No			No	
Stapleton II Mercy LLC 1999 Broadway Suite 1000 Denver, CO80202 26-4699559	low-inc hsng	CO	na	Related				No			No	
Bluff Mercy LLC 1999 Broadway Suite 1000 Denver, CO80202 27-0954394	low-inc hsng	CO	na	Related				No			No	
Mercy Housing Senior Properties LLC 1999 Broadway Suite 1000 Denver, CO80202 94-3081666	low-inc hsng	CA	na	Related				No			No	
Villa Columbia Mercy Riverside LP (Merc 1999 Broadway Suite 1000 Denver, CO80202 36-4304416	low-inc hsng	CA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Mercy Housing California XLV (Washington 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	Related				No			No	
Boise Senior 202 Owner LP 1999 Broadway Suite 1000 Denver, CO 80202 27-0992784	low-inc hsng	ID	na	Related				No			No	
Countryside Senior Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	low-inc hsng	IL	na	Related				No			No	
Johnston Center Residences LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-1483915	low-inc hsng	WI	na	Related				No			No	
Johnston Center Outlots LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	WI	na	Related				No			No	
Reynoldstown Senior Apts (Renoldstown) 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	na	Related				No			No	
Mercy Housing Georgia X (Savannah Garden 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	na	Related				No			No	
MHSE Adamsville Green Senior Partners LL 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Appian Way Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	na	Related				No			No	
New Tacome Phase I GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-3260400	low-inc hsng	WA	na	Related				No			No	
New Tacoma Senior Housing Phase I 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	na	Related				No			No	
New Tacoma Phase II Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-4569392	low-inc hsng	WA	na	Related				No			No	
Aromor Commercial LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	CO	na	Related				No			No	
Northglen LP 1999 Broadway Suite 1000 Denver, CO 80202 32-0139512	low-inc hsng	NE	na	Related				No			No	
Mercy Crestview Village Housing LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578510	low-inc hsng	NE	na	Related				No			No	
Western Manor LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578652	low-inc hsng	NE	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Alston Lake Apartments LP 1999 Broadway Suite 1000 Denver, CO80202 26-4578402	low-inc hsng	SC	na	Related				No			No	
Mercy Housing California XXXIV LP 1999 Broadway Suite 1000 Denver, CO80202 51-0594948	low-inc hsng	CA	na	Related				No			No	
Third and Leconte Housing LLC 1999 Broadway Suite 1000 Denver, CO80202 26-4176495	low-inc hsng	CA	na	Related				No			No	
Mercy Housing California XLVII 1999 Broadway Suite 1000 Denver, CO80202 27-2930358	low-inc hsng	CA	na	Related				No			No	
HWA-850 EASTWOOD LP 1999 Broadway Suite 1000 Denver, CO80202 27-1257130	low-inc hsng	IL	na	Related				No			No	
grayslake senior housing 1999 Broadway Suite 1000 Denver, CO80202 26-3800351	low-inc hsng	IL	na	Related				No			No	
mercy housing midwest nebraska llc 1999 Broadway Suite 1000 Denver, CO80202 20-1583332	low-inc hsng	NE	na	Related				No			No	
MPI Highland Place LLC 1999 Broadway Suite 1000 Denver, CO80202 26-2380898	low-inc hsng	GA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Antioch Villas LP 1999 Broadway Suite 1000 Denver, CO80202 27-0194197	low-inc hsng	GA	na	Related				No			No	
MERCY HOUSING COLORADO I LTD 1999 Broadway Suite 1000 Denver, CO80203 84-1176712	low-inc hsng	GA	na	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Belray Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474	management	IL	na	c corp			
Harold Washington Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291	management	IL	na	c corp			
Roseland Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4304417	management	IL	na	c corp			
South Loop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027475	management	IL	na	c corp			
Winthrop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3855355	management	IL	na	c corp			
Near North Apartments Corp NF 1999 Broadway Suite 1000 Denver, CO 80202 36-4570431	management	IL	na	c corp			
MCHG Partners Inc (MCHG) 1999 Broadway Suite 1000 Denver, CO 80202 20-8824753	management	GA	na	c corp			
Mercy Lithonia Park View Inc (MLithPV) 1999 Broadway Suite 1000 Denver, CO 80202 20-8829364	management	GA	na	c corp			
Malden Arms Corp II NFP 1999 Broadway Suite 1000 Denver, CO 80202 36-3815990	management	CA	na	c corp			
Mercy Galewood SLF Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-5825081	management	IL	na	c corp			
McDermott Place 1999 Broadway Suite 1000 Denver, CO 80202 47-0779682	management	IA	na	c corp			
Mercy Affordable Housing Inc (MAHI) 1999 Broadway Suite 1000 Denver, CO 80202 82-0489878	management	ID	na	c corp			
Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 84-1173690	management	CA	na	c corp			
Affordable Housing Initiative (AHI) 1999 Broadway Suite 1000 Denver, CO 80202 94-3096988	management	CA	na	c corp			
Englewood Apartments NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-1233523	management	IL	na	c corp			
Mercy Park View Partners Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-8829242	management	GA	na	c corp			
111th & Wentworth Apartments Corp 1999 Broadway Suite 1000 Denver, CO 80202 38-3648994	management	IL	na	c corp			
Mercy Commercial California 1999 Broadway Suite 1000 Denver, CO 80202 94-3382154	management	CA	na	c corp			
Commercial - 10th and Mission 1999 Broadway Suite 1000 Denver, CO 80202 94-3382155	management	CA	na	c corp			
Commercial - Derek Silva 1999 Broadway Suite 1000 Denver, CO 80202 94-3382156	management	CA	na	c corp			
Commercial - Polk St 1999 Broadway Suite 1000 Denver, CO 80202 94-3382157	management	CA	na	c corp			
Commercial - Dudley 1999 Broadway Suite 1000 Denver, CO 80202 94-3382158	management	CA	na	c corp			
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	management	NC	na	c corp			
HWA 850 ENGLEWOOD GP 1999 Broadway Suite 1000 Denver, CO 80202 27-1257072	management	IL	na	c corp			
Savannah Rose of Sharon LLC 1999 broadway suite 1000 denver, CO 80202 20-3591948	management	GA	na	c corp			
Countryside Seniors LLC 1999 broadway suite 1000 denver, CO 80202 26-1483851	management	IL	na	c corp			
Antioch II LLC 1999 broadway suite 1000 denver, CO 80202 27-3209358	management	GA	na	c corp			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	MERCY HOUSING INC	(C)	110,000	
(2)	OAK FOREST	(C)	1,600,000	
(3)	HILLS AT FAIRINGTON	(D)	1,671,127	
(4)	MULBERRY COURT GBC	(D)	51,614	
(5)	REYNOLDSTOWN SENIOR	(D)	151,299	
(6)	ETOWAH TERRACE	(E)	235,858	
(7)	PINE LAKE	(E)	77,455	
(8)	ANTIOCH VILLAS AND GARDENS	(K)	152,652	
(9)	SAVANNAH GARDENS PHASE I	(K)	523,354	
(10)	ADAMSVILLE	(K)	246,928	
(11)	JOHN O'CHILESATRIUM AT COLLEGE TOWN	(K)	238,888	
(12)	ROSE OF SHARON	(K)	101,810	
(13)	MAGNOLIA	(K)	83,673	

Additional Data

Software ID:
Software Version:
EIN: 56-1993872
Name: MERCY HOUSING SOUTHEAST

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)	(Expenses $		including grants of $	(Revenue $	)
ASSET MANAGEMENT PROVIDED TO					
(Code)	(Expenses $		including grants of $	(Revenue $	)
LOW-INCOME MULTI-FAMILY					
(Code)	(Expenses $	628,825	including grants of $	(Revenue $	164,596)
RENTAL PROPERTIES					