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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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) | Room/suite
1999 BROADWAY SUITE 1000

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 $ 11,721,524

F Name and address of principal officer
JENNIFER ERIXON
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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2011 (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)	1,888,940	6,777,056
9	Program service revenue (Part VIII, line 2g)	769,724	4,694,552
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,793	192,591
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	42,365
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,712,457	11,706,564
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	63,340	364,538
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)	1,086,939	1,085,179
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶351,013		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,793,371	3,463,708
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,943,650	4,913,425
19	Revenue less expenses Subtract line 18 from line 12	-1,231,193	6,793,139
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	3,903,671	13,373,964
21	Total liabilities (Part X, line 26)	5,931,703	8,608,857
22	Net assets or fund balances Subtract line 21 from line 20	-2,028,032	4,765,107

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

****** | 2012-07-23
Signature of officer | Date

Vince Dodds VP/Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KATHY BLACKBURN	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ REZNICK GROUP PC 525 N TRYON STREET SUITE 1000 CHARLOTTE, NC 28202			EIN ▶ 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 2,083,387 including grants of $ 119,220) (Revenue $ 3,826,221)

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 $ 702,862 including grants of $ 90) (Revenue $ 634,157)

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 $ 108 including grants of $) (Revenue $)

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

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

ASSET MANAGEMENT PROVIDED TO

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

LOW-INCOME MULTI-FAMILY

(Code) (Expenses $ 1,732,966 including grants of $) (Revenue $ 6,493,456)

RENTAL PROPERTIES

4d Other program services (Describe in Schedule O)

(Expenses $ 1,732,966 including grants of $) (Revenue $ 6,493,456)

4e **Total program service expenses** ▶ $ 4,519,323

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 instructions)?	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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 temporarily restricted endowments, permanent endowments, 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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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	Yes	
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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate 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 aggregate 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	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made 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 ▶

GARY OKONOWSKY
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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL HINCHEY DIRECTOR	1 0	X						0	0	0
(2) SR ANGELA EBBERWIEN DIRECTOR	1 0	X						0	0	0
(3) DON MCKENNA CHAIRMAN/DIRECTOR	1 0	X						0	0	0
(4) VINCE BARKSDALE DIRECTOR	1 0	X						0	0	0
(5) HAL FOLDS DIRECTOR	1 0	X						0	0	0
(6) FELIX DE GOLIAN III DIRECTOR	1 0	X						0	0	0
(7) MARGARET REDMAN DIRECTOR	1 0	X						0	0	0
(8) LYNN KINCAID WAYMER DIRECTOR	1 0	X						0	0	0
(9) VINCE DODDS VICE PRESIDENT/TREASURER	1 0			X				0	155,291	16,543
(10) CHARICE HEYWOOD PRESIDENT	1 0			X				0	150,000	3,940
(11) PATRICIA O'ROARK SECRETARY	1 0			X				0	61,560	11,522
(12) BROOKE CRAWFORD SECRETARY	1 0			X				0	31,064	5,841
(13) BRIAN SHUMAN officer	1 0			X				0	319,427	17,947

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	717,342	55,793

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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 Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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 6,176,097				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 600,959				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	6,777,056			
Program Service Revenue		Business Code				
	2a	DEVELOPER FEE REVENUE	531390	3,565,024	3,565,024	
	b	SERVICES FEES	531390	621,867	621,867	
	c	OTHER INCOME	531390	500,561	500,561	
	d	RENTAL INCOME	531390	7,100	7,100	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		4,694,552		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		192,591		192,591
	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 57,325				
	b	Less direct expenses . . . b 14,960				
	c	Net income or (loss) from fundraising events . . ▶		42,365		
	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 . . . ▶		11,706,564	4,694,552	192,591

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	364,538	364,538		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	169,132	169,132		
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	752,098	632,405	2,252	117,441
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,219	9,998	1	1,220
9	Other employee benefits	76,813	63,527	428	12,858
10	Payroll taxes	75,917	66,914	207	8,796
11	Fees for services (non-employees)				
a	Management	17,423	17,423		
b	Legal	183,942	183,667	275	
c	Accounting	479		479	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	4,978	4,898	80	
12	Advertising and promotion	12		12	
13	Office expenses	41,812	37,396	2,768	1,648
14	Information technology	13,895	12,724	1,171	
15	Royalties . .	0			
16	Occupancy	25,407	10,816	6,565	8,026
17	Travel	34,960	32,849	1,695	416
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,044	896	148	
20	Interest	21,376	6,570	14,806	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,627	11,613	14	
23	Insurance	618		618	
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	BAD DEBTS	1,546,814	1,546,814		
b	PROJECT DEVELOPMENT FEES	565,107	565,107		
c	MHI DIRECT COSTS	487,184	340,672		146,512
d	INDIRECT COSTS	249,791	207,626	11,111	31,054
e					
f	All other expenses	257,239	233,738	459	23,042
25	**Total functional expenses.** Add lines 1 through 24f	4,913,425	4,519,323	43,089	351,013
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		218,546	1	5,735,993
	2	Savings and temporary cash investments		0	2	85,487
	3	Pledges and grants receivable, net		41,592	3	62,893
	4	Accounts receivable, net		262,449	4	175,129
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		1,785,659	7	3,611,681
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		20,019	9	39,562
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 350,734			
	b	Less accumulated depreciation	10b 97,782	264,642	10c	252,952
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		1,310,764	15	3,410,267
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,903,671	16	13,373,964
Liabilities	17	Accounts payable and accrued expenses		304,121	17	547,129
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	200
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		214,524	23	398,168
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,413,058	25	7,663,360
	26	**Total liabilities.** Add lines 17 through 25		5,931,703	26	8,608,857
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		-2,558,293	27	-802,754
	28	Temporarily restricted net assets		530,261	28	5,567,861
	29	Permanently restricted net assets		0	29	0
		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		-2,028,032	33	4,765,107
	34	Total liabilities and net assets/fund balances		3,903,671	34	13,373,964

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	11,706,564
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,913,425
3	Revenue less expenses Subtract line 2 from line 1	3	6,793,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-2,028,032
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	4,765,107

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

2011

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")			284,963	1,888,940	6,416,418	8,590,321
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	5,097,335	7,421,615
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	11,513,753	16,011,936
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	3,007,981	4,923,514
c Add lines 7a and 7b			1,538,870	376,663	3,007,981	4,923,514
8 **Public Support** (Subtract line 7c from line 6)						11,088,422

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6			1,839,519	2,658,664	11,513,753	16,011,936
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			6,166	53,793	192,591	252,550
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	192,591	252,550
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	11,706,344	16,264,486

14 **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

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,789		15,789
b Buildings		297,827	97,782	200,045
c Leasehold improvements				
d Equipment		37,118		37,118
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				252,952

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) DUE FROM AFFILIATES	3,347,208
(2) PREDEVELOPMENT COSTS	60,847
(3) OTHER ASSETS	2,212
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,410,267

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	7,662,902
ACCRUED INTEREST - AFFILIATES	458
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	7,663,360

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, 2011 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 G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY HOUSING SOUTHEAST

Employer identification number
56-1993872

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 dinner (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	57,325			57,325
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	57,325			57,325
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	14,960			14,960
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(14,960)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				42,365

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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) MERCY HOUSING GEORGIA XI LP2181 NEWMARKET PARKWAY MARIETTA,GA 30067	26-4677401		119,220				LOW INCOME HOUSING
(2) SAVANNAH GARDENS SENIOR RESIDENCES1400 INDEPENDENCE AVENUE SW WASHINGTON,DC 20250	27-3400284	501(c)(3)	245,318				LOW INCOME HOUSING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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

2011

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?	**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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	155,291	0	0	3,769	12,774	171,834	0
(2) CHARICE HEYWOOD	(i)	0	0	0	0	0	0	0
	(ii)	150,000	0	0	2,885	1,055	153,940	0
(3) BRIAN SHUMAN	(i)	0	0	0	0	0	0	0
	(ii)	319,427	0	0	9,004	8,943	337,374	0

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

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

2011

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 WHICH ARE SET FORTH IN THE RESERVED RIGHTS OF THE BYLAWS OF THE SUBSIDIARY CORPORATION THE RESERVED RIGHTS HELD BY THE MERCY HOUSING BOARD OF TRUSTEES, MANY OF WHICH HAVE BEEN FURTHER DELEGATED TO THE PRESIDENT AND CEO OF MERCY HOUSING, INC , INCLUDE APPROVAL OF THE FOLLOWING ACTIVITIES REVISIONS TO ARTICLES AND BYLAWS, MERGERS AND ACQUISITIONS, ESTABLISHMENT OF NEW ENTITIES, PLEDGING, MORTGAGING OR DISPOSING OF ALL OR SUBSTANTIALLY ALL ASSETS, OBLIGATIONS OF NEW OPERATING AND MORTGAGE DEBT, AND, APPOINTMENT OR REMOVAL OF GOVERNING BOARD MEMBERS AND OFFICERS
PART VI SECTION B	PART VI SECTION B # 11B, 12C AND #15B	#11B 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
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
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
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
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAUL HINCHEY TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SR ANGELA EBBERWIEN TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DON MCKENNA TITLE CHAIRMAN/DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VINCE BARKSDALE TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HAL FOLDS TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FELIX DE GOLIAN III TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARGARET REDMAN TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LYNN KINCAID WAYMER TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VINCE DODDS TITLE VICE PRESIDENT/TREASURER HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARICE HEYWOOD TITLE PRESIDENT HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICIA O'ROARK TITLE SECRETARY HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BROOKE CRAWFORD TITLE SECRETARY HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRIAN SHUMAN TITLE officer HOURS 1

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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

2011

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	7,100	258,215	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) Disproportionate 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	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202 47-0646706	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Loan Fund 1999 Broadway Suite 1000 Denver, CO 80202 84-1559406	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Portfolio Services 1999 Broadway Suite 1000 Denver, CO 80202 26-4002114	low-inc hsng	CO	501 (c) (3)	9	NA		No
Mercy Housing Properties Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1262403	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Brook Oaks Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295604	low-inc hsng	TX	501 (c) (3)	7	NA		No
Mercy Commercial Finance Properties 1999 Broadway Suite 1000 Denver, CO 80202 84-1164880	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing Southwest 1999 Broadway Suite 1000 Denver, CO 80202 86-0743192	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Avondale Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0980810	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Camelot Casitas 1999 Broadway Suite 1000 Denver, CO 80202 86-0980809	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Casa de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0808941	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Casa de Shanti 1999 Broadway Suite 1000 Denver, CO 80202 86-0728526	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
El Mirage Senior 1999 Broadway Suite 1000 Denver, CO 80202 86-0847975	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Mesa Senior Meadows 1999 Broadway Suite 1000 Denver, CO 80202 86-0897708	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Guadalupe Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0897709	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Peoria Place 1999 Broadway Suite 1000 Denver, CO 80202 86-0980811	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Plazas de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0758961	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Vista Alegre 1999 Broadway Suite 1000 Denver, CO 80202 86-0947230	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Decatur Place 1999 Broadway Suite 1000 Denver, CO 80202 84-1062097	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Holly Park East 1999 Broadway Suite 1000 Denver, CO 80202 84-1347445	low-inc hsng	CO	501 (c) (3)	11a	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Willow Street Apartments 1999 Broadway Suite 1000 Denver, CO 80202 84-1334167	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Mercy Properties Arizona 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AR	501 (c) (3)	11a	NA		No
Los Arcos 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Mercy Court 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Holly Park Community Center LLC 1999 Broadway Suite 1000 Denver, CO 80202 38-3715668	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Homes for Greeley 1999 Broadway Suite 1000 Denver, CO 80202 84-1349918	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Mercy Housing California 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	501 (c) (3)	9	NA		No
All Hallows Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2722870	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Marin Homes for Independent Living 1999 Broadway Suite 1000 Denver, CO 80202 94-2787430	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Cantebria Senior Homes 1999 Broadway Suite 1000 Denver, CO 80202 94-3361794	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Senior Housing Oxnard 1999 Broadway Suite 1000 Denver, CO 80202 94-3224446	low-inc hsng	CA	501 (c) (3)	11a	NA		No
EHCC Housing Corp (Eden House) 1999 Broadway Suite 1000 Denver, CO 80202 94-3234538	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Francis of Assisi Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2366315	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Gault Street Senior 1999 Broadway Suite 1000 Denver, CO 80202 75-2983979	low-inc hsng	CA	501 (c) (3)	11a	NA		No
John W King Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3282891	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Maria B Freitas Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3190261	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Marin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-1358291	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Gardens 1999 Broadway Suite 1000 Denver, CO 80202 33-0809069	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Notre Dame Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3209503	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Oceana Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3167825	low-inc hsng	CA	501 (c) (3)	11a	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Presentation Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3264209	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Russell Manor 1999 Broadway Suite 1000 Denver, CO 80202 93-1189914	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Tierra Del Sol Inc 1999 Broadway Suite 1000 Denver, CO 80202 75-3004763	low-inc hsng	CA	501 (c) (3)	9	NA		No
St Elizabeth Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-2705149	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Garden Park Apt Community 1999 Broadway Suite 1000 Denver, CO 80202 68-0484147	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Oaks Village 1999 Broadway Suite 1000 Denver, CO 80202 75-3134134	low-inc hsng	CA	501 (c) (3)	7	NA		No
Mercy Properties California 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	9	NA		No
Foster Youth 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
The Haven 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Leland House 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Osocales (McIntosh Mobile Homes) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Richmond Hills 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Sycamore Center (Red Bluff) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Sierra Vista 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Magnolia Village LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0139519	low-inc hsng	GA	501 (c) (3)	11a	NA		No
Eagle Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 03-0410639	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Southeast Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1284293	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Moscow Inc (Hawthorne) 1999 Broadway Suite 1000 Denver, CO 80202 82-0475388	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Twin Falls Inc (Willswood) 1999 Broadway Suite 1000 Denver, CO 80202 82-0492940	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Housing Lakefront 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	IL	501 (c) (3)	7	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Lavernge Courts LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-4535351	low-inc hsng	IL	501 (c) (3)	11a	NA		No
Washington Courts LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0084370	low-inc hsng	IL	501 (c) (3)	11a	NA		No
Whitmore Apartments LLC 1999 Broadway Suite 1000 Denver, CO 80202 47-0924267	low-inc hsng	IL	501 (c) (3)	11a	NA		No
Mercy Housing Ohio Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-2373936	low-inc hsng	OH	501 (c) (3)	11a	NA		No
Mercy Properties Inc (MPI) 1999 Broadway Suite 1000 Denver, CO 80202 84-1173689	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Properties II Inc 1999 Broadway Suite 1000 Denver, CO 80202 82-0485862	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Neary Lagoon Inc 1999 Broadway Suite 1000 Denver, CO 80202 77-0214799	low-inc hsng	CA	501 (c) (3)	11a	NA		No
San Juan Housing Corp 1999 Broadway Suite 1000 Denver, CA 80202 68-0378676	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing Midwest 1999 Broadway Suite 1000 Denver, CO 80202 47-0772351	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Crestview Village 1999 Broadway Suite 1000 Denver, CO 80202 47-0785351	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Heartland Housing Initiative (HARP) 1999 Broadway Suite 1000 Denver, CO 80202 42-1359133	low-inc hsng	AZ	501 (c) (3)	11a	NA		No
Mercy House 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Northglen 1999 Broadway Suite 1000 Denver, CO 80202 47-0779681	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Oakwood Gardens 1999 Broadway Suite 1000 Denver, CO 80202 84-1344220	low-inc hsng	AZ	501 (c) (3)	9	NA		No
Mercy Midwest Properties (Ridgeview) 1999 Broadway Suite 1000 Denver, CO 80202 43-1584918	low-inc hsng	MO	501 (c) (3)	11a	NA		No
Mercy Western Manor 1999 Broadway Suite 1000 Denver, CO 80202 47-0785349	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Mercy Village Joplin 1999 Broadway Suite 1000 Denver, CO 80202 37-1459692	low-inc hsng	MO	501 (c) (3)	11a	NA		No
Mercy Housing Southeast 1999 Broadway Suite 1000 Denver, CO 80202 56-1993872	low-inc hsng	NC	501 (c) (3)	11a	NA		No
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-inc hsng	NC	501 (c) (3)	11a	NA		No
Mercy Housing Pembroke Inc 1999 Broadway Suite 1000 Denver, CO 80202 13-4224803	low-inc hsng	GA	501 (c) (3)	11a	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Mercy Housing Georgia Holdings LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1233986	low-inc hsng	GA	501 (c) (3)	11a	NA		No
Marshside Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-1910771	low-inc hsng	SC	501 (c) (3)	11a	NA		No
Allegre Point Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295472	low-inc hsng	CO	501 (c) (3)	11a	NA		No
Mercy Properties Georgia Inc (MPGI) 1999 Broadway Suite 1000 Denver, CO 80202 58-2425127	low-inc hsng	GA	501 (c) (3)	11a	NA		No
Intercommunity Housing Ferndale 1999 Broadway Suite 1000 Denver, CO 80202 91-1667138	low-inc hsng	WA	501 (c) (3)	11a	NA		No
Sterling Senior Housing 1999 Broadway Suite 1000 Denver, CO 80202 14-1866405	low-inc hsng	WA	501 (c) (3)	11a	NA		No
Mercy Housing 2904 N 45th St Omaha 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	11a	NA		No
Florin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0336533	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing CalWest 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Bond Properties Nebraska I 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	NE	501 (c) (3)	9	NA		No
Mercy Bond Properties Colorado I 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CO	501 (c) (3)	9	NA		No
Walnut Grove 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Santa Monica 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Acacia Meadows 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Timbercreek LLC 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Franconia LLC 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Padre Apartments Community 1999 Broadway Suite 1000 Denver, CO 80202 84-0789830	low-inc hsng	CA	501 (c) (3)	11a	NA		No
South of Market Mercy 1999 Broadway Suite 1000 Denver, CO 80202 94-3199902	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing Northwest 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	501 (c) (3)	11a	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization
Mercy Housing Northwest Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	ID	501 (c) (3)	11a	NA	No
MERCY HOUSING MANAGEMENT GROUP 1999 Broadway Suite 1000 Denver, CO 80202 82-0376108	low-inc hsng	IL	501 (c) (3)	9	NA	No
MERCY HOUSING MOUNTAIN PLAINS 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	CO	501 (c) (3)	9	NA	No
Independence Hill Inc 1999 Broadway Suite 1000 Denver, CO 80202 72-1545927	low-inc hsng	ID	501 (c) (3)	11a	NA	No
Mercy Housing California Senior Properti 1999 Broadway Suite 1000 Denver, CO 80202 20-3177114	low-inc hsng	IL	501 (c) (3)	11a	NA	No
Dublin Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 02-0655254	low-inc hsng	KY	501 (c) (3)	11a	NA	No
McAuley Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548500	low-inc hsng	KY	501 (c) (3)	11a	NA	No
Mercy Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1344092	low-inc hsng	TN	501 (c) (3)	11a	NA	No
Riverview - St Mary's Inc(St Mary's 1999 Broadway Suite 1000 Denver, CO 80202 62-1782683	low-inc hsng	TN	501 (c) (3)	11a	NA	No
St Mary's Villa at Riverview II Inc (1999 Broadway Suite 1000 Denver, CO 80202 31-1723287	low-inc hsng	TN	501 (c) (3)	11a	NA	No
St Mary's Villa Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548512	low-inc hsng	KY	501 (c) (3)	11a	NA	No
Sacred Heart Village I Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411531	low-inc hsng	KY	501 (c) (3)	11a	NA	No
Sacred Heart Village II Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1339396	low-inc hsng	KY	501 (c) (3)	11a	NA	No
Sacred Heart Village III Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1367719	low-inc hsng	OH	501 (c) (3)	11a	NA	No
St Theresa Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411529	low-inc hsng	OH	501 (c) (3)	11a	NA	No
Siena Springs (Siena Springs I) 1999 Broadway Suite 1000 Denver, CO 80202 31-1052772	low-inc hsng	OH	501 (c) (3)	11a	NA	No
Siena Springs II 1999 Broadway Suite 1000 Denver, CO 80202 31-1591780	low-inc hsng	OH	501 (c) (3)	11a	NA	No
Charles Meadows Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1552671	low-inc hsng	OH	501 (c) (3)	11a	NA	No
Charles Crest Corporation (Charles Crest 1999 Broadway Suite 1000 Denver, CO 80202 34-1399869	low-inc hsng	OH	501 (c) (3)	11a	NA	No
Charles Crest II Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1714407	low-inc hsng	OH	501 (c) (3)	11a	NA	No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
Savannah Gardens Senior Residences Inc 1999 Broadway Suite 1000 Denver, CO 80202 27-3400284	low-inc hsng	GA	501 (c) (3)	11a	NA		No
2101 Telegraph Avenue Inc 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Mercy Housing West 1999 Broadway Suite 1000 Denver, CO 80202 68-0254564	low-inc hsng	CA	501 (c) (3)	11a	NA		No
Commons on Main GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-8033652	low-inc hsng	OH	501 (c) (3)	9	NA		No
Marlton Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 91-2164481	low-inc hsng	CA	501 (c) (3)	11b	NA		No
MHC NSP LLC (NSP MHCL) 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	501 (c) (3)	9	NA		No
Mercy Housing Idaho NSP LLC (NSPID) 1999 Broadway Suite 1000 Denver, CO 80202 27-1039061	low-inc hsng	ID	501 (c) (3)	11a	NA		No
Johnston Center MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	low-inc hsng	WI	501 (c) (3)	7	NA		No
Appian Way Manager LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-8829324	low-inc hsng	WA	501 (c) (3)	9	NA		No
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-inc hsng	NC	501 (c) (3)	11c	NA		No
FHD Holdings LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1356271	low-inc hsng	OH	501 (c) (3)	9	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) 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	0	0		No			No	0 %
Bennett House LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308081	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Dorothy Day Community LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308078	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Junipero Serra LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308082	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Monsignor Lyne LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
St Andrew Community LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Villa Columba Mercy Riverside LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XL 1999 Broadway Suite 1000 Denver, CO 80202 26-1398920	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXVIII 1999 Broadway Suite 1000 Denver, CO 80202 33-1153406	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
365 Fulton LP (Parcel G) 1999 Broadway Suite 1000 Denver, CO 80202 26-1539223	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLII 1999 Broadway Suite 1000 Denver, CO 80202 26-2575525	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLIV 1999 Broadway Suite 1000 Denver, CO 80202 26-3583090	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLIII 1999 Broadway Suite 1000 Denver, CO 80202 26-2553554	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Community Housing Georgia (MHCGa) 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia I 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %

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 IV 1999 Broadway Suite 1000 Denver, CO 80202 56-2328730	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia V LP 1999 Broadway Suite 1000 Denver, CO 80202 90-0284434	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia VI LP 1999 Broadway Suite 1000 Denver, CO 80202 20-4466474	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Acquisition Properties Georgia I 1999 Broadway Suite 1000 Denver, CO 80202 20-4465851	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia VIII LP 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Acquisition Properties Georgia II 1999 Broadway Suite 1000 Denver, CO 80202 20-4465972	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Properties Washington 1999 Broadway Suite 1000 Denver, CO 80202 91-1903782	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Intercommunity Mercy Washington I 1999 Broadway Suite 1000 Denver, CO 80202 91-1584665	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Intercommunity Mercy Washington II 1999 Broadway Suite 1000 Denver, CO 80202 91-1572690	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington VIII 1999 Broadway Suite 1000 Denver, CO 80202 91-2124779	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington VI 1999 Broadway Suite 1000 Denver, CO 80202 84-1459924	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington V 1999 Broadway Suite 1000 Denver, CO 80202 84-1457612	low-inc hsng	OR	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington VII 1999 Broadway Suite 1000 Denver, CO 80202 91-2038920	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington IX LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1186086	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington X LLC 1999 Broadway Suite 1000 Denver, CO 80202 55-0887839	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %

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							Yes	No		Yes	No	
Mercy Properties Washington III LLC 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Pilchuck 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Woodlake Manor II 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Woodlake Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Villa Kathleen 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Skagit Village 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Oak Harbor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Olympic 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Monroe Villa 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Lake Village East 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Lake Stevens 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Fircrest 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Ferndale Villa 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Evergreen Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cedarwood I 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %

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							Yes	No		Yes	No	
Cedarwood IV 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cascade Apartments 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Boundary Village 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Properties Washington II 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mercy Properties Washington I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Bayshore Court 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cambridge Apartments 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cascade Village 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Cheney Gardens 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Mabton Gardens 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Moses Lake Estates 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Pine Road Village 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Rock Creek Terrace 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Sandstone 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Silvercrest 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %

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							Yes	No		Yes	No	
Wapato Gardens 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Washington Square 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
111 Jones Street Assoc (111 Jones St) 1999 Broadway Suite 1000 Denver, CO 80202 94-3142765	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Britton Street Assoc(Britton Court) 1999 Broadway Suite 1000 Denver, CO 80202 94-3300509	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Nebraska I 1999 Broadway Suite 1000 Denver, CO 80202 84-1449163	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
Mercy Housing California VII 1999 Broadway Suite 1000 Denver, CO 80202 94-3229540	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Somerset Senior Hsg 1999 Broadway Suite 1000 Denver, CO 80202 74-2765568	low-inc hsng	TX	na	RELATED	0	0		No			No	0 %
Mercy Housing California II 1999 Broadway Suite 1000 Denver, CO 80202 94-3187825	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado VIII 1999 Broadway Suite 1000 Denver, CO 80202 93-1190349	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado-I LTD (Grace) 1999 Broadway Suite 1000 Denver, CO 80202 84-1176712	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing California XI 1999 Broadway Suite 1000 Denver, CO 80202 94-3244521	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Marleton Affordable Hsg Assoc 1999 Broadway Suite 1000 Denver, CO 80202 04-3594636	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mason Apartments (Mason School Apts) 1999 Broadway Suite 1000 Denver, CO 80202 42-1301449	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing California V 1999 Broadway Suite 1000 Denver, CO 80202 94-3229051	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Park Terrace Apts (Park Terrace Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3332881	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %

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							Yes	No		Yes	No	
Quinn Cottages LP (Quinn Cottages) 1999 Broadway Suite 1000 Denver, CO 80202 65-0367005	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California X (The Rose) 1999 Broadway Suite 1000 Denver, CO 80202 94-3232501	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
San Felipe Homes (San Felipe Homes) 1999 Broadway Suite 1000 Denver, CO 80202 95-4384732	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
2220 10th Avenue Assoc (Santana Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3140163	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California VIII 1999 Broadway Suite 1000 Denver, CO 80202 94-3229541	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Iowa II LP 1999 Broadway Suite 1000 Denver, CO 80202 84-1284752	low-inc hsng	IA	na	RELATED	0	0		No			No	0 %
Mercy Housing California I 1999 Broadway Suite 1000 Denver, CO 80202 84-1210914	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Arizona I 1999 Broadway Suite 1000 Denver, CO 80202 86-0791473	low-inc hsng	AZ	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia II 1999 Broadway Suite 1000 Denver, CO 80202 58-2621798	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado-IX 1999 Broadway Suite 1000 Denver, CO 80202 87-0706258	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Arizona II (Page Commons) 1999 Broadway Suite 1000 Denver, CO 80202 33-1075152	low-inc hsng	AZ	na	RELATED	0	0		No			No	0 %
Parkside Terrace Apt LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Parkside Terrace LP 1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Mercy Housing South Carolina I 1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia III 1999 Broadway Suite 1000 Denver, CO 80202 43-1954812	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %

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							Yes	No		Yes	No	
Mercy Housing South Dakota I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-2830331	low-inc hsng	SD	na	RELATED	0	0		No			No	0 %
Mercy Housing South Dakota II LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-2830356	low-inc hsng	SD	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado XI LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-5331841	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Commons on Main LP 1999 Broadway Suite 1000 Denver, CO 80202 20-8033896	low-inc hsng	OH	na	RELATED	0	0		No			No	0 %
Aromor Mercy LLC (Aromor Apartments) 1999 Broadway Suite 1000 Denver, CO 80202 30-0296042	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Galewood SLF Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 20-1882654	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Mercy Alston Lake LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-2948887	low-inc hsng	SC	na	RELATED	0	0		No			No	0 %
Franciscan Homes III LP 1999 Broadway Suite 1000 Denver, CO 80202 31-1394513	low-inc hsng	OH	na	RELATED	0	0		No			No	0 %
Franciscan Homes IV LP 1999 Broadway Suite 1000 Denver, CO 80202 31-1463371	low-inc hsng	OH	na	RELATED	0	0		No			No	0 %
Mercy Housing Utah I 1999 Broadway Suite 1000 Denver, CO 80202 02-0564555	low-inc hsng	UT	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho IV 1999 Broadway Suite 1000 Denver, CO 80202 82-0487654	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho V (Sisters Villa) 1999 Broadway Suite 1000 Denver, CO 80202 04-3624359	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
2101 Telegraph Avenue Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Bishops Block (Bishops Block) 1999 Broadway Suite 1000 Denver, CO 80202 01-0477157	low-inc hsng	IA	na	RELATED	0	0		No			No	0 %
1028 Howard St Associates 1999 Broadway Suite 1000 Denver, CO 80202 94-3160742	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %

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							Yes	No		Yes	No	
1101 Howard St Associates 1999 Broadway Suite 1000 Denver, CO 80202 94-3160341	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California VI 1999 Broadway Suite 1000 Denver, CO 80202 94-3224528	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
1475 167th Avenue Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3249328	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Centro Partners 1999 Broadway Suite 1000 Denver, CO 80202 77-0295344	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
La Playa Residential 1999 Broadway Suite 1000 Denver, CO 80202 77-0278613	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
West 28th Street 1999 Broadway Suite 1000 Denver, CO 80202 95-4550003	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
16th & Church Street Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3135262	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California III 1999 Broadway Suite 1000 Denver, CO 80202 94-3187826	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California IX 1999 Broadway Suite 1000 Denver, CO 80202 94-3230471	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California IV 1999 Broadway Suite 1000 Denver, CO 80202 94-3210969	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Visitation Valley Fam Hsg Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3275566	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Neary Lagoon Partners 1999 Broadway Suite 1000 Denver, CO 80202 77-0256317	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XIV 1999 Broadway Suite 1000 Denver, CO 80202 94-3377941	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XV 1999 Broadway Suite 1000 Denver, CO 80202 94-3379316	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XVII 1999 Broadway Suite 1000 Denver, CO 80202 94-3400496	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %

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							Yes	No		Yes	No	
Mercy Housing California XXIV 1999 Broadway Suite 1000 Denver, CO 80202 74-3052786	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XVIII 1999 Broadway Suite 1000 Denver, CO 80202 03-0376881	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XIII 1999 Broadway Suite 1000 Denver, CO 80202 94-3377935	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XX 1999 Broadway Suite 1000 Denver, CO 80202 36-4497277	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XVI 1999 Broadway Suite 1000 Denver, CO 80202 94-3381170	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXIII 1999 Broadway Suite 1000 Denver, CO 80202 82-0560494	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XII 1999 Broadway Suite 1000 Denver, CO 80202 94-3366333	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Village Park Housing Associates 1999 Broadway Suite 1000 Denver, CO 80202 68-0254566	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXI 1999 Broadway Suite 1000 Denver, CO 80202 48-1259652	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XIX 1999 Broadway Suite 1000 Denver, CO 80202 01-0716135	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXV 1999 Broadway Suite 1000 Denver, CO 80202 81-0564415	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Pinewood Court Apartments 1999 Broadway Suite 1000 Denver, CO 80202 68-0435836	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXII 1999 Broadway Suite 1000 Denver, CO 80202 35-2172040	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXVI 1999 Broadway Suite 1000 Denver, CO 80202 58-2679059	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLI 1999 Broadway Suite 1000 Denver, CO 80202 26-2350027	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %

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 XIV 1999 Broadway Suite 1000 Denver, CO 80202 94-3377941	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXVII 1999 Broadway Suite 1000 Denver, CO 80202 65-1207291	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXVIII 1999 Broadway Suite 1000 Denver, CO 80202 73-1721242	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXIX 1999 Broadway Suite 1000 Denver, CO 80202 73-1729092	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXX 1999 Broadway Suite 1000 Denver, CO 80202 61-1488186	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
New Dana Strand Townhomes 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXII 1999 Broadway Suite 1000 Denver, CO 80202 87-0756940	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXVI 1999 Broadway Suite 1000 Denver, CO 80202 56-2568833	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXI 1999 Broadway Suite 1000 Denver, CO 80202 87-0756700	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXV 1999 Broadway Suite 1000 Denver, CO 80202 76-0827799	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Ca XXXIII 1999 Broadway Suite 1000 Denver, CO 80202 43-2100410	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Ca XXXVII 1999 Broadway Suite 1000 Denver, CO 80202 68-0631916	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Colonia San Martin Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 83-0481233	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXIX 1999 Broadway Suite 1000 Denver, CO 80202 01-0885277	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Kennedy Estates Hsg Assoc 1999 Broadway Suite 1000 Denver, CO 80202 68-0355465	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %

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, CO 80202 94-3298324	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Florin Wood Assoc 1999 Broadway Suite 1000 Denver, CO 80202 68-0318012	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho II 1999 Broadway Suite 1000 Denver, CO 80202 84-1212029	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado VII 1999 Broadway Suite 1000 Denver, CO 80202 84-1473883	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado-II Ltd 1999 Broadway Suite 1000 Denver, CO 80202 84-1176713	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Iowa I (Lawlor Garvey) 1999 Broadway Suite 1000 Denver, CO 80202 84-1178412	low-inc hsng	IA	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington IV 1999 Broadway Suite 1000 Denver, CO 80202 91-1717799	low-inc hsng	MO	na	RELATED	0	0		No			No	0 %
Mercy Housing Missouri-I LP 1999 Broadway Suite 1000 Denver, CO 80202 84-1176358	low-inc hsng	MO	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado VI 1999 Broadway Suite 1000 Denver, CO 80202 84-1361296	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho III 1999 Broadway Suite 1000 Denver, CO 80202 84-1251391	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho I 1999 Broadway Suite 1000 Denver, CO 80202 84-1212028	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado V 1999 Broadway Suite 1000 Denver, CO 80202 84-1318329	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Missouri II 1999 Broadway Suite 1000 Denver, CO 80202 84-1201811	low-inc hsng	MO	na	RELATED	0	0		No			No	0 %
Mercy Housing Colorado III 1999 Broadway Suite 1000 Denver, CO 80202 84-1292696	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Washington III 1999 Broadway Suite 1000 Denver, CO 80202 91-1676111	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %

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 IV 1999 Broadway Suite 1000 Denver, CO 80202 84-1284749	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Brentwood Green Valley Apts 1999 Broadway Suite 1000 Denver, CO 80202 94-3135990	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
New Dana Strand Partners I LP 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Magnolia Limited Partnership 1999 Broadway Suite 1000 Denver, CO 80202 36-3822288	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Red Door Limited Partnership 1999 Broadway Suite 1000 Denver, CO 80202 36-3915050	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
4707 Malden Ltd Partnership 1999 Broadway Suite 1000 Denver, CO 80202 36-3762788	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Malden Limited Partnership II 1999 Broadway Suite 1000 Denver, CO 80202 20-8746121	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
MPI Highland Place Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
2220 Tenth Ave 1999 Broadway Suite 1000 Denver, CO 80202 94-3140163	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
South Loop Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-4027476	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
5042 Winthrop Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 36-3855358	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Near North Partnership 1999 Broadway Suite 1000 Denver, CO 80202 32-0143113	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Mercy Housing S Carolina 1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	na	RELATED	0	0		No			No	0 %
Wentworth Commons 1999 Broadway Suite 1000 Denver, CO 80202 30-0082553	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
901 West 63rd LP (Englewood Apartments) 1999 Broadway Suite 1000 Denver, CO 80202 26-1233617	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %

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 IX LP 1999 Broadway Suite 1000 Denver, CO 80202 20-8829418	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Roseland Limited Partnerhsip 1999 Broadway Suite 1000 Denver, CO 80202 36-4304416	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Belray Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Harold Washington Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Bluff Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0954394	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Mercy Housing Senior Properties LLC 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Villa Columbia Mercy Riverside LP (Merc 1999 Broadway Suite 1000 Denver, CO 80202 36-4304416	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLV (Washington 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Boise Senior 202 Owner LP 1999 Broadway Suite 1000 Denver, CO 80202 27-0992784	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Mercy Housing Idaho NSP LLC (NSPID) 1999 Broadway Suite 1000 Denver, CO 80202 27-1039061	low-inc hsng	ID	na	RELATED	0	0		No			No	0 %
Countryside Senior Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Johnston Center Outlots LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	WI	na	RELATED	0	0		No			No	0 %
Reynoldstown Senior Apts (Renoldstown) 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia X (Savannah Garden 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
MHSE Adamsville Green Senior Partners LL 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %

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	0	0		No			No	0 %
New Tacoma Senior Housing Phase I 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
New Tacoma Phase II Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-4569392	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Northglen LP 1999 Broadway Suite 1000 Denver, CO 80202 32-0139512	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
Mercy Crestview Village Housing LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578510	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
Western Manor LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578652	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
Alston Lake Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578402	low-inc hsng	SC	na	RELATED	0	0		No			No	0 %
Mercy Housing California XXXIV LP 1999 Broadway Suite 1000 Denver, CO 80202 51-0594948	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California XLVII 1999 Broadway Suite 1000 Denver, CO 80202 27-2930358	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
HWA-850 EASTWOOD LP 1999 Broadway Suite 1000 Denver, CO 80202 27-1257130	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
grayslake senior housing 1999 Broadway Suite 1000 Denver, CO 80202 26-3800351	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
mercy housing midwest nebraska llc 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	NE	na	RELATED	0	0		No			No	0 %
MERCY HOUSING COLORADO I LTD 1999 Broadway Suite 1000 Denver, CO 80203 84-1176712	low-inc hsng	CO	na	RELATED	0	0		No			No	0 %
Evergreen Vista 1 Owner LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-4160484	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %
Rainer Vista Block 43 Owner LP(Columbia 1999 Broadway Suite 1000 Denver, CO 80202 27-3221112	low-inc hsng	WA	na	RELATED	0	0		No			No	0 %

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 51 LP (200 6th 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Mercy Housing California 53 LP (Madonna 1999 Broadway Suite 1000 Denver, CO 80202 45-2050339	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
104th Street LP 1999 Broadway Suite 1000 Denver, CO 80202 27-2755027	low-inc hsng	IL	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia XI LP (Etowah Ter 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing Georgia 12 LP (Savannah G 1999 Broadway Suite 1000 Denver, CO 80202 27-2987561	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
Mercy Housing California 50 LP (St Anth 1999 Broadway Suite 1000 Denver, CO 80202 27-3381997	low-inc hsng	CA	na	RELATED	0	0		No			No	0 %
Antioch Villas LP 1999 Broadway Suite 1000 Denver, CO 80202 27-0194197	low-inc hsng	GA	na	RELATED	0	0		No			No	0 %
MERCY HOUSING COLORADO I LTD 1999 Broadway Suite 1000 Denver, CO 80203 84-1176712	low-inc hsng	GA	na					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	0	0	0 %
Harold Washington Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291	management	IL	na	c corp	0	0	0 %
Roseland Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4304417	management	IL	na	c corp	0	0	0 %
South Loop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027475	management	IL	na	c corp	0	0	0 %
Winthrop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3855355	management	IL	na	c corp	0	0	0 %
Near North Apartments Corp NF 1999 Broadway Suite 1000 Denver, CO 80202 36-4570431	management	IL	na	c corp	0	0	0 %
MCHG Partners Inc (MCHG) 1999 Broadway Suite 1000 Denver, CO 80202 20-8824753	management	GA	na	c corp	0	0	0 %
Mercy Lithonia Park View Inc (MLithPV) 1999 Broadway Suite 1000 Denver, CO 80202 20-8829364	management	GA	na	c corp	0	0	0 %
Malden Arms Corp II NFP 1999 Broadway Suite 1000 Denver, CO 80202 36-3815990	management	CA	na	c corp	0	0	0 %
Mercy Galewood SLF Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-5825081	management	IL	na	c corp	0	0	0 %
McDermott Place 1999 Broadway Suite 1000 Denver, CO 80202 47-0779682	management	IA	na	c corp	0	0	0 %
Mercy Affordable Housing Inc (MAHI) 1999 Broadway Suite 1000 Denver, CO 80202 82-0489878	management	ID	na	c corp	0	0	0 %
Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 84-1173690	management	CA	na	c corp	0	0	0 %
Affordable Housing Initiative (AHI) 1999 Broadway Suite 1000 Denver, CO 80202 94-3096988	management	CA	na	c corp	0	0	0 %
Englewood Apartments NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-1233523	management	IL	na	c corp	0	0	0 %
Mercy Park View Partners Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-8829242	management	GA	na	c corp	0	0	0 %
111th & Wentworth Apartments Corp 1999 Broadway Suite 1000 Denver, CO 80202 38-3648994	management	IL	na	c corp	0	0	0 %
Mercy Commercial California 1999 Broadway Suite 1000 Denver, CO 80202 94-3382154	management	CA	na	c corp	0	0	0 %
Commercial - 10th and Mission 1999 Broadway Suite 1000 Denver, CO 80202 94-3382155	management	CA	na	c corp	0	0	0 %
Commercial - Derek Silva 1999 Broadway Suite 1000 Denver, CO 80202 94-3382156	management	CA	na	c corp	0	0	0 %

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
Commercial - Polk St 1999 Broadway Suite 1000 Denver, CO 80202 94-3382157	management	CA	na	c corp	0	0	0 %
Commercial - Dudley 1999 Broadway Suite 1000 Denver, CO 80202 94-3382158	management	CA	na	c corp	0	0	0 %
HWA 850 ENGLEWOOD GP 1999 Broadway Suite 1000 Denver, CO 80202 27-1257072	management	IL	na	c corp	0	0	0 %
Countryside Seniors LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	management	IL	na	c corp	0	0	0 %
Antioch II LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-3209358	management	GA	na	c corp	0	0	0 %
104th street mm llc 1999 Broadway Suite 1000 Denver, CO 80202 27-2754418	management	IL	na	c corp	0	0	0 %
Belvidere Place Corp I NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-3800299	low-inc hsng	KY	na	c corp	0	0	0 %
Savannah Rose of Sharon LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-3591948	low-inc hsng	GA	na	c corp	0	0	0 %
Boise Senior 202 GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-3841013	low-inc hsng	ID	na	c corp	0	0	0 %
MPI Highland Place LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-2380898	low-inc hsng	GA	na	c corp	0	0	0 %

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)	HILLS AT FARINGTON	(A)	155,935	
(2)	SAVANNAH GARDENS II	(B)	245,098	
(3)	etowah terrace	(B)	119,220	
(4)	mercy housing inc	(C)	6,100,000	
(5)	mercy housing inc	(c)	60,000	
(6)	OAK FOREST	(C)	76,097	
(7)	HILLS AT FAIRINGTON	(D)	4,048,387	
(8)	ORCHARD GROVE	(D)	386,000	
(9)	MULBERRY COURT	(D)	227,372	
(10)	MULBERRY COURT GBC	(D)	171,809	
(11)	HERITAGE PLACE	(D)	155,868	
(12)	HERITAGE CORNER	(D)	94,240	
(13)	MAGNOLIA VILLAGE	(D)	81,845	
(14)	ROSE OF SHARON	(D)	71,316	
(15)	ORCHARD GROVE	(D)	57,342	
(16)	SAVANNAH GARDENS II	(E)	104,120	
(17)	1826 florence	(I)	7,300	
(18)	SAVANNAH GARDENS II	(K)	1,222,899	
(19)	ETOWAH TERRACE	(K)	786,411	
(20)	SAVANNAH GARDENS III	(K)	505,511	

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
(21)	ANTIOCH VILLAS AND GARDENS	(K)	426,033	
(22)	ARBORS AND ELLINGTON	(K)	333,196	
(23)	HIGHLAND PLACE	(K)	271,979	
(24)	ATRIUM AT COLLEGE TOWN	(K)	243,888	
(25)	ATRIUM AT COLLEGE TOWN	(K)	80,001	

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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 $	1,732,966	including grants of $	(Revenue $	6,493,456)
RENTAL PROPERTIES					