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DLN: 93493228038946

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the .	2015 ca	lendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015	;			
B Ch	eck ıf ap	plicable	C Name of organization MERCY HOUSING SOUTHEAST		D Emplo	oyer id	entification number
┌ Ad	dress cha	ange			56-1	9938	7 2
Г	me chan	nge	% STEVE SPEARS Doing business as				
┌ Ini	tıal retur	'n			E Teleph	ono nu	mhor
Fir ret	al urn/term	nınated	Number and street (or P O box if mail is not delivered to street address) Room/suite 1999 BROADWAY SUITE 1000	е			-3300
	nended r	eturn pending	City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80202		G Gross	receipts	s \$ 7,867,301
, ,,,	pileación	pending	E. Name and address of name and officers				_
			F Name and address of principal officer FRANCENA MARIE LOWE	H(a) Is the	ıs a group rdınates?		n for □Yes 🗹 No
			1999 BROADWAY SUITE 1000	H(b) Are a			
			DENVER,CO 80202	includ			
T Ta	ıx-exemi	pt status	▼ 501(c)(3)				t (see instructions)
			w mercyhousing org	H(c) Grou	ıp exemp	tion n	umber 🟲
	_		✓ Corporation	L Year of fo	mation 1	996	M State of legal domicile NC
Pa	rt I		mary				
			scribe the organization's mission or most significant activities LOP,OWN AND OPERATE A LOW-INCOME HOUSING PROJECT THAT	Γ FACILIAT	ES HOUS	SING	FOR
			S,SENIORS,PEOPLE WITH SPECIAL NEEDS,HOMELESS AND POTENT				
Governance	_						
<u> </u>	-						
臺	2 C	heck th	is box দ if the organization discontinued its operations or disposed of	more than 2	5% of its	net a	ssets
ទី			,				
2 6 60	3 N	umber	of voting members of the governing body (Part VI, line 1a)			3	4
Activities &	4 N	umber	of independent voting members of the governing body (Part VI, line 1b)			4	4
ξ	5 ⊺	otal nur	mber of individuals employed in calendar year 2015 (Part V, line 2a) .		5	0	
दं			mber of volunteers (estimate if necessary)		•	6	
			related business revenue from Part VIII, column (C), line 12			7a	0
	b Ne	et unrela	ated business taxable income from Form 990-T, line 34		•	7b	
	_			Prio	r Year		Current Year
<u>a</u>	8		butions and grants (Part VIII, line 1h)			,769	5,674,645
Revenue	9		am service revenue (Part VIII, line 2g)		2,224	-	2,173,670
2	10 11		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,	,452 0	18,986
	1		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
	12	12)	revenue—and mies o tinough II (must equal Fait VIII, column (A), me		2,302	,923	7,867,301
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1–3)		777	,978	965,140
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0	0
88	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines		1,035	,510	1,083,044
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	0
ੱਲ	ь	Total fu	indraising expenses (Part IX, column (D), line 25) •436,104				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,531	,848	1,918,044
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		4,345	,336	3,966,228
	19	Reven	ue less expenses Subtract line 18 from line 12		-2,042	,413	3,901,073
Not Assets or Fund Balances				Beginning o	of Current	Year	End of Year
SS et	20	Total	assets (Part X, line 16)		11,904	,436	16,359,858
A E	21	Total	liabilities (Part X, line 26)	13,817	,401	15,152,137	
žΞ	22	Net as	ssets or fund balances Subtract line 21 from line 20		-1,912	,965	1,207,721
			ature Block				
my k	nowled	ge and i	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other tha nowledge				
		****	**	20)16-11-15		
Sign	,	Signa	ature of officer		ate		
Her			E DODDS Treasurer				
		Type	or print name and title				

Preparer's signature KATHY BLACKBURN

Firm's address ► 525 N TRYON STREET STE 1000

CHARLOTTE, NC 28202
May the IRS discuss this return with the preparer shown above? (see instructions)

Print/Type preparer's name KATHY BLACKBURN

Paid

Preparer

Use Only

Check ☐ If

Firm's EIN 🕨

Phone no (704) 332-9100

Date

PTIN P00450629

. ✓ Yes ☐ No

art IV	Chec	klist	of	Require	d	Scher	dule	5
					ч.		uui	

	Checkinst 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	NO
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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? <i>If "Yes," complete Schedule D, Part V</i> 😼	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. I	11a	Yes	
	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
	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	Yes	
	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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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 and XII 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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	"Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	200		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
c	Part IV	28b		No
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		No No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
31	conservation contributions? If "Yes," complete Schedule M	30		No
J 1		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, Part II, III, or IV, and Part V, line 1	34	Yes	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 11b and 19?	38	Yes	

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Pal	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
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 as charitable contributions?	5c 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).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			11.0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 or note to any line in this Part VI

Se	ection A. Governing Body and Management	•		,
	Sion in octoring bou fund handgemone		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
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		N o
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	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		105	
, u	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			
а	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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 this 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?			
а	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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
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. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records ►STEVE SPEARS 1999 BROADWAY SUITE 1000 DENVER, CO 80202 (303) 830-3300

interest policy, and financial statements available to the public during the tax year

Part VII

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

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) FELIX DE GOLIAN III	1 0	,,								
DIRECTOR/CHairman	0 0	×						0	0	0
(2) DARREL DAISE DIRECTOR	1 0	х						0	0	0
(3) ALAN BRADFORD	1 0								_	_
DIRECTOR	0 0	×						0	0	0
(4) Alba Adamo Director	1 0	х						0	0	0
(5) Debra Stephens	1 0									
VICE PRESIDENT	0 0			Х				0	0	0
(6) VINCE DODDS	1 0									
TREASURER	40 0			Х				0	179,192	32,548
(7) Joe Rosenblum	1 0									
SECRETARY	40 0			X				0	85,134	24,358
(8) MELISSA CLAYTON	1 0			,				0	174 565	25.750
VICE PRESIDENT	40 0			X				0	174,565	25,759
(9) BRUCE SAAB	1 0			х				0	117,836	15,283
VICE PRESIDENT	40 0							0	117,030	13,203
(10) Francena Marie Lowe President	1 0			х				0	185,374	2,156
	40 0									
					_					
							\vdash			
				_	_					

Part VII	Section A. Officers, Directors	, Trustees, Key Employees,	${\bf and \; Highest \; Compensated \; Employees} \; ({\it continued})$

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han (n is	ne l both	oox, an c	heck unless officer stee)	3	(D) Reportable compensation from the organization (W-		v-	(E) Reportable compensation from related organizations (W-	Estir amount compe	F) nated of other nsation of the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	rela	ation and ated zations
1b c d	Sub-Total				•					0		742,101		100,104
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	se	liste	d abov	e) w	ho receive	d more	tha	an		
													Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest	t comp	ens •		3	No
4	For any individual listed on line organization and related organ individual											ch	4 Yes	
5	Did any person listed on line 1 services rendered to the organ			•					_	anızatı • •	on o	or individual for	5	No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization													ar
	N	(A) lame and business	address								Desc	(B) ription of services		(C) ensation
1,														

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 V	/++1	Statement of Revenue		th Dt \/ III			<u> </u>
		Check if Schedule O contains a respon	nse or note to any lin	(A)	(B)	(C)	
				Total revenue	Related or	Unrelated	Revenue
					exempt	business	excluded from
					function revenue	revenue	tax under sections
							512-514
တ္က	1a	Federated campaigns 1a					
Grants	ь	Membership dues 1b					
9 E	c	Fundraising events 1c					
tributions, Giffs, Grants Other Similar Amounts			33,500				
Contributions, Gifts, and Other Similar A	d	Related organizations 1d					
ž, E	e	Government grants (contributions) 1e	4,788,358				
ë S	f	All other contributions, gifts, grants, and 1f	852,787				
be he		similar amounts not included above					
≣ੂਠ	g	Noncash contributions included in lines 1a-1f \$					
Cont	h	Total. Add lines 1a-1f		5,674,645			
<u> </u>			P				
e E			Business Code				
Men.	2a	DEVELOPER FEE REVENUE	531390	1,645,620	1,645,620		
æ	b	SERVICES FEES	531390	316,536	316,536		
95	c	BAD DEBT RECOVERY	531390	85,798	85,798		
Program Serwce Revenue	d	PROGRAM INTEREST INCOME	531390	30,113	30,113		
ج 2	e	ACQUISITION FEES	531390	95,603	95,603		
<u> </u>	f	All other program service revenue					
) နို			L				
<u></u>	g	Total. Add lines 2a-2f		2,173,670			
	3	Investment income (including dividendand other similar amounts)		18,986			18,98
	4	Income from investment of tax-exempt bond	<u> </u>	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross rents	(11) 1 21231141				
	b	Less rental expenses					
	c	Rental income 0	0				
	₄	or (loss) Net rental income or (loss)		0			
	_	(i) Securities	(II) Other				
	7a	Gross amount	(II) o chei				
		from sales of assets other					
		than inventory					
	ь	Less cost or					
	"	other basis and					
	l c	sales expenses Gain or (loss)					
	d	Net gain or (loss)		0			
άs		Gross income from fundraising	· · · · · · · · · · · · · · · · · · ·				
ž		events (not including					
उ >		\$					
æ		of contributions reported on line 1c) See Part IV, line 18					
<u>Ψ</u>		a					
Other Revenue	Ь	Less direct expenses b					
9		Net income or (loss) from fundraising	events 🛌	0			
		Gross income from gaming activities	٢				
		See Part IV, line 19					
		а					
		Less direct expenses b					
		Net income or (loss) from gaming acti	vities	0			
	10a	Gross sales of inventory, less					
		returns and allowances .					
	 	Less cost of goods sold b					
		Net income or (loss) from sales of inve	entory - 🛌	0			
	۳	Miscellaneous Revenue	Business Code	<u> </u>			
	11a	Miscenalieous Nevellue	Dualileas Code				
							ļ
	Ь						-
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	0			
	12	Total revenue. See Instructions .	🖊	7 067 204	2 172 670		10.00
	1		1	7,867,301	2,173,670		18,986

	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	965,140	965,140		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	·		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15	0			
4	and 16	0			
_	·	0			
5	Compensation of current officers, directors, trustees, and key employees	255,828	70,454	185,374	
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	634,215	418,267	89,710	126,238
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,269	5,922	1,240	107
9	Other employee benefits	114,017	81,972	14,654	17,391
10	Payroll taxes	71,715	42,532	18,918	10,265
11	Fees for services (non-employees)				
а	Management	9,181		9,181	
b	Legal	6,073	6,053	20	
C	Accounting	2,514	13	2,501	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,475	47,858	4,708	909
12	Advertising and promotion	794			794
13	Office expenses	52,383	31,926	18,851	1,606
14	Information technology	26,660	10,676	15,585	399
15	Royalties	0			
16	Occupancy	90,375	69,471	15,676	5,228
17	Travel	84,489	33,086	47,650	3,753
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,555	1,565	1,650	340
20	Interest	247,172	8,689	238,483	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,238	11,814	8,424	
23	Insurance	5,020	3,958	506	556
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BAD DEBTS	606,695	606,695		
ь	INDIRECT COSTS	431,841	243,464	144,310	44,067
c	PROJECT DEVELOPMENT FEES	148,091	148,091	, 5 2 5	,
d	PROJECT DEVEL-DISCONTINUED	32,569	32,569		
e	All other expenses	96,919	670,992	-798,524	224,451
25	Total functional expenses. Add lines 1 through 24e	3,966,228	3,511,207	18,917	436,104
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				,

Part X Balance Sheet

Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			· · · •
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,099,465	1	689,935
	2	Savings and temporary cash investments	2,250,000	2	1,150,000
	3	Pledges and grants receivable, net	6,436	3	3,042,780
	4	Accounts receivable, net	6,792	4	13,812
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
			0	5	0
ţs	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Assets			0	6	0
4	7	Notes and loans receivable, net	4,724,921	7	7,477,679
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	30,347	9	38,596
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 544,832			
	Ь	Less accumulated depreciation 10b 139,619	317,177	10 c	405,213
	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	780,387	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	2,688,911	15	3,541,843
	16	Total assets.Add lines 1 through 15 (must equal line 34)	11,904,436	16	16,359,858
	17	Accounts payable and accrued expenses	190,724	17	220,421
	18	Grants payable	0	18	0
	19	Deferred revenue	58,135	19	50,315
	20	Tax-exempt bond liabilities	0	20	0
10	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
"iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
졅		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	134,640	23	128,442
	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			
			13,433,902		14,752,959
	26	Total liabilities. Add lines 17 through 25	13,817,401	26	15, 152, 137
φ o		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	-4,929,094	27	-6, 166, 131
<u>छ</u>	28	Temporarily restricted net assets	3,016,129	28	7,373,852
<u>e</u>	29	Permanently restricted net assets	0,010,120	29	0
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		25	
ö		complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
đ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-1,912,965	33	1,207,721
	34	Total liabilities and net assets/fund balances	11,904,436	34	16,359,858

Dar	t XI Reconcilliation of Net Assets			<u> </u>	age ==
Fai	Check if Schedule O contains a response or note to any line in this Part XI				. ৮
	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7 ,8	367,301
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	966,228
3	Revenue less expenses Subtract line 2 from line 1	3		3,9	01,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-1,9	12,965
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-7	80,387
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,2	207,721
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• •	Yes	. I No
1	Accounting method used to prepare the Form 990			163	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
	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?	2	За	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	

Additional Data

Software ID: Software Version:

EIN: 56-1993872

Name: MERCY HOUSING SOUTHEAST

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

(Code) (Expenses \$	including grants of \$) (Revenue \$)
consulting service:	s are provided to other			
(Code) (Expenses \$	including grants of \$) (Revenue \$)
developers of low-ı	ncome affordable housing			

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

	TIE TITOGRAM GENTIES AND	outing (out of the contraction o		
(Code) (Expenses \$	including grants of \$) (Revenue \$)
services include st	rategic planning,			
(Code) (Expenses \$	including grants of \$) (Revenue \$)
financing application	on preparation,			

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

orm bbo, rare	i i rogrami cei vice me	compilation (555 time interest	101101107	
(Code) (Expenses \$	including grants of \$) (Revenue \$)
construction desigr	n and construction			
(Code) (Expenses \$	including grants of \$) (Revenue \$)
management, lease	-up assistance and closing			

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

(Code) (Expenses \$ 79,150 including grants of \$) (Revenue \$) assistance

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228038946

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public

Inspection

		ne organization					Employer identifica	ation number
MERC	Y HOUS	SING SOUTHEAST					56-1993872	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this i	•	ons.
		zation is not a private fo						
1		A church, convention						
2	, T	A school described in	· ·					
3	, _	A hospital or a cooper						
4	, T	A medical research or) Enter the
_	'	hospital's name, city,	-	erated in conjunction v	vicii a nospitai c	iescribed iii se		J. Lincer the
5	Γ		ated for the be	nefit of a college or un II)	iversity owned	or operated by	a governmental unit o	lescribed in section
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in s e	ection 170(b)(1	L)(A)(v).	
7	Γ	An organization that n	ormally receiv	ves a substantial part	of its support fr	om a governme	ental unit or from the g	jeneral public
_	_	described in section 1						
8	<u> </u>	A community trust de						
9	₽ F	receipts from activition from gross investmen	es related to it nt income and ne 30, 1975 S	ves (1) more than 33 ts exempt functions—s unrelated business tables tested by the section 509(a)(2). The section 509(b) to tested exclusively to tested exclusively to tested by the section 509(b) to tested by the section 509 the section	ubject to certa xable income (l (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 tax) from businesse	331/3% of its support
11	<u></u>	An organization organ						ut the nurnoses of
a	Γ	one or more publicly s the box in lines 11a th Type I. A supporting of supported organization organization You mus	upported organrough 11d the organization op n(s) the power	inizations described in at describes the type operated, supervised, or to regularly appoint o	section 509(a of supporting or r controlled by i r elect a majori)(1) or section ganization and ts supported o	509(a)(2) See sectio complete lines 11e, 1 rganization(s), typical	on 509(a)(3). Check .1f, and 11g ly by giving the
b	Γ	Type II. A supporting management of the su	pporting orgai	nization vested in the s				
С	_	must complete Part IV Type III functionally	•		n operated in c	onnection with	and functionally inter	arated with its
·	'	supported organization						graced with, its
d	Г	Type III non-function						anızatıon(s) that ıs
		not functionally integr					ement and an attentiv	eness requirement
	_	(see instructions) Yo						
е	ı	Check this box if the contegrated, or Type II.					s a Type I, Type II, T	ype III functionally
f	Ente	r the number of support						
g	Linco	Provide the following i	-					
9		Trovide the following r	mormation ab	out the supported orge	inización(3)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Naı	ne of s	supported organization	(.,,=	Type of organization (described on lines 1-9 above (see instructions))	Is the orgal listed in your docume	nızatıon governıng	A mount of monetary support (see instructions)	A mount of other support (see instructions)
					Yes	No		

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, ,		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	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 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 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
	33 1/3% support test—2015.If the	-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box	anızatıon on lıne 13 or 16a			► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
<i>(6</i>	Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
(or r	iscal year beginning in) F Gifts, grants, contributions, and							
-	membership fees received (Do	6,416,418	165,255	357,642	55,769	-	674 654	12 660 720
	not include any "unusual	0,410,416	103,233	337,042	33,709	ی	,674,654	12,669,738
_	grants ")						\longrightarrow	
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished	F 007 22F	2 406 200	2 700 212	2 224 702	2	172.670	14 700 410
	in any activity that is related to	5,097,335	2,496,390	2,708,313	2,224,702	2	,173,670	14,700,410
	the organization's tax-exempt							
_	purpose							
3	Gross receipts from activities that are not an unrelated trade or							0
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							0
_	paid to or expended on its behalf The value of services or facilities						\longrightarrow	
5	furnished by a governmental unit							
	to the organization without							0
	charge							
6	Total. Add lines 1 through 5	11,513,753	2,661,645	3,065,955	2,280,471	7	,848,324	27,370,148
7a	A mounts included on lines 1, 2,							
	and 3 received from disqualified							0
h	persons Amounts included on lines 2 and							
	3 received from other than							
	disqualified persons that exceed	3,007,981	1,851,362	1,087,844	1,948,727	1	,500,932	9,396,846
	the greater of \$5,000 or 1% of	3,007,301	1,031,302	1,007,011	1,510,727	-	,300,332	3,330,010
	the amount on line 13 for the							
_	year Add lines 7a and 7b	3,007,981	1,851,362	1,087,844	1,948,727	1	,500,932	9,396,846
8	Public support. (Subtract line 7c	3,001,301	1,031,302	1,007,011	1/3 10/12/	-	1000,752	
	from line 6)							17,973,302
Se	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
-	iscal year beginning in)	11,513,753	2,661,645	3,065,955	2,280,471		,848,324	27,370,148
9 10a	A mounts from line 6 Gross income from interest,	11,313,733	2,001,043	3,003,933	2,280,471		,040,324	27,370,146
IUa	dividends, payments received							
	on securities loans, rents,	192,591	13,807	26,818	22,452		18,986	274,654
	royalties and income from							
_	similar sources						\longrightarrow	
b	Unrelated business taxable income (less section 511 taxes)							
	from businesses acquired after							0
	June 30, 1975							
C	Add lines 10a and 10b	192,591	13,807	26,818	22,452		18,986	274,654
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the							0
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of							0
	capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c,	11 705 011	2 675 450	2 202 772	2 222 222		267.240	27.544.000
	11, and 12)	11,706,344	2,675,452	3,092,773	2,302,923	/	,867,310	27,644,802
14	First five years. If the Form 990 is	for the organization	on's first, second,	thırd, fourth, or f	ifth tax year as a	section 5	01(c)(3	
	check this box and stop here							<u>► </u>
	ction C. Computation of Pub			4.0. 1. (6)				
15	Public support percentage for 201	•		13, column (f))		15	<u> </u>	65 015 %
16	Public support percentage from 20					16	<u> </u>	61 841 %
	ction D. Computation of Inv							
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17		0 993 %
18	Investment income percentage fro					18		1 376 %
19a	33 1/3% support tests—2015. If the more than 33 1/3%, check this box							line 17 is not ▶✓

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493228038946

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

me of the organization RCY HOUSING SOUTHEAST		Empl	oyer identification number
RCT HOUSING SOUTHEAST		56-1	993872
	r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds	or Accounts.
	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	sed Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
t II Conservation Easements. Compl	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recressive Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	Preservation of a	certified	cally important land area I historic structure i of a conservation
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	neid at the End of the Year
Total acreage restricted by conservation easeme	ents	2b	
Number of conservation easements on a certified		2c	
Number of conservation easements included in (• •		
historic structure listed in the National Register Number of conservation easements modified, tra		2d	
Number of states where property subject to cons Does the organization have a written policy regal violations, and enforcement of the conservation of Staff and volunteer hours devoted to monitoring,	rding the periodic monitoring, inspection, har easements it holds?	•	Yes No Servation easements during the
year ▶			
A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing o	conserva	tion easements during the year
▶ \$			
Does each conservation easement reported on II (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation early	of the footnote to the organization's financia		
	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education,	or resea	arch in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	rassets held for public exhibition, education,		
Revenue included on Form 990, Part VIII, line	1	- \$	
Assets included in Form 990, Part X			
If the organization received or held works of art, following amounts required to be reported under:		for financ	
Revenue included on Form 990, Part VIII, line 1			▶ \$
Assets included in Form 990, Part X			

Part I	Organizations Maintaining (continued)	Collections of A	rt, His	torical	Trea	sures, e	or Ot	her Similar <i>A</i>	Assets	
	sing the organization's acquisition, acce ollection items (check all that apply)	ession, and other rec	ords, ch						se of its	
а Г	Public exhibition		d	Loa	an or e	xchange p	progra	ms		
ь Г	Scholarly research		е	┌ ot	her					
с Г	Preservation for future generations									
	rovide a description of the organization's art XIII	s collections and exp	laın hov	v they fur	ther th	e organız	atıon's	s exempt purpos	e in	
as	uring the year, did the organization solic ssets to be sold to raise funds rather tha	an to be maintained a							s $\lceil N \rceil$	o
Part 1	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form '	990, Par	rt IV, l	line 9, oi	r repo	orted an amou	nt on Fo	rm 990,
	s the organization an agent, trustee, cus ncluded on Form 990, Part X?	todian or other interr	nediary	for contr	ribution	s or othe	rasse	ts not re	s [N	0
b	If "Yes," explain the arrangement in Pa	ort XIII and complete	the fol	lowing tal	ble			An	nount	
c	Beginning balance					1	1c			
d	Additions during the year					Ī	1d			
e	Distributions during the year					Ī	1e			
f	Ending balance					Ī	1f			
2a Di	ud the organization include an amount or	n Form 990. Part X. li	ne 21.	for escro	worcu	stodial ad	ccoun	t liability? F Ye s	s F N	<u> </u>
	Ta the organization merade an amount of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21,	.01 00010	., ., .,	ocourar a	cccun	e nasine, , i.e.	,	
b If	f "Yes," explain the arrangement in Part	XIII Check here if the	he expla	anation h	as beei	n provide	d in Pa	art XIII		. Г
Part										
	·	(a)Current year		or year				d) Three years back		years back
1a B	Beginning of year balance									
b C	Contributions									
	Net investment earnings, gains, and osses									
d G	Grants or scholarships									
	Other expenditures for facilities and programs									
f A	Administrative expenses									
	Ind of year balance									
_	rovide the estimated percentage of the o	current vear end hala	nce (lin	e 1a col	umn (a)) held as	 		1	
	oard designated or quasi-endowment	carrence year end bara		c 19, co.	u (u	,, nera as				
	ermanent endowment ►									
c Te	emporarily restricted endowment he he percentages on lines 2a, 2b, and 2c s	should agust 1000/								
3a A	re there endowment funds not in the pos rganization by	•	ızatıon	that are h	neld and	d admınıs	tered	for the	Ye	s No
	i) unrelated organizations							3	a(i)	
-	ii) related organızatıons							<u></u>	a(ii)	
	f "Yes" on 3a(II), are the related organiza								3b	
	escribe in Part XIII the intended uses o		ndowm	ent funds	i					
Part \	VI Land, Buildings, and Equiporal Complete of the organization a		orm 9	90 Part	TV lır	ne 11a S	See Fr	orm 990 Part	X line 1	Λ
	Description of property	niswered res to r		(a) ost or other	r basıs	(b) Cost or oth) ner bas	Accumulated	(d)	Book value
1a lar	nd			(ınvestme	:iit <i>)</i>	(othe	15,78			15,789
	ıldıngs		. -				15,78 ² 297,82		-	297,827
	asehold improvements		. ⁺⊢				201,02	<u> </u>	+	231,021
	uipment						63,56	2 63	562	0
•	her	· ·					167,65	<u> </u>		91,597

405,213

Part VII Investments—Other Securities. See Form 990, Part X, line 12.			
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12	<u>,</u> ▶		
Part VIII Investments—Program Related	_	O Part IV line 11c -	
Complete if the organization answe (a) Description of investment	red res on rollings	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
			Cost or end-of-year market value
7 1 1 (2 1 4 1) 1 1 1 2 2 2 2 3 3 4 4 4 4 3 4 3 4 3 4 3 4 3 4			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organiz		Form 990, Part IV, line	 11d See Form 990, Part X, line 15
(a) De	escription		(b) Book value
(1) DUE FROM AFFILIATES (2) OTHER ASSETS			3,540,067 1,776
Total. (Column (b) must equal Form 990, Part X, col.(B) li			
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	organization answere	d 'Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	e	
Federal Income taxes		0	
DUE TO AFFILIATES	14.752	572	
DOE TO ATTIEIATES	14,752,	,372	
ACCRUED INTEREST - AFFILIATES		387	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	14,752,	,959	

Part		Levenue per Audited Financial Stat nızatıon answered 'Yes' on Form 990, F		per Retu	ırn
1	•	er support per audited financial statements		1	
2		ut not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses)	on investments	2a		
b	Donated services and use of	facilities	2b		
C	Recoveries of prior year grant	.s	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d .			2e	
3	Subtract line 2e from line 1 .			3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b			4c	
5		d 4c. (This must equal Form 990, Part I, line		5	
Part		xpenses per Audited Financial Sta nızatıon answered 'Yes' on Form 990, F		es per Re	turn.
1		er audited financial statements		1	
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25			
а	Donated services and use of	facilities	2a		
b	Prior year adjustments		2b		
C	Other losses		2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e	
3	Subtract line $\mathbf{2e}$ from line 1 .			3	
4	Amounts included on Form 99	00, Part IX, line 25, but not on line 1:			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a		
b	•)			
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 a	ınd 4c. (Thıs must equal Form 990, Part I, lır	ne 18)	5	
Prov Part	${\sf V}$, line ${\sf 4}$, ${\sf Part}$ ${\sf X}$, line ${\sf 2}$, ${\sf Part}$ ${\sf XI}$	formation Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and			iny additional
Infori	nation	T			
	Return Reference	Explanation			
fin 48	(asc 740) part x, question 2	mercy housing, inc (MHI) and its consolid state income taxes under section 501(c)(3 statutes and did not have any unrelated but to thier tax-exempt status, MHI and the coincome taxes income taxes must and the consolidated no irs and other taxing authorities accordingly income taxes and there are no other tax possible.	 of the internal revenue cd usiness income for the year of onsolidated nonprofit corpora onprofit corporations are req ly, the financial statements of 	e and compa ended Decer ations are no uired to file t do not reflec	arable state mber 31, 2015 Due ot subject to cax returns with the t a provision for

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

(Form 990)

Department of the

Internal Revenue Service Name of the organization

Treasury

DLN: 93493228038946 OMB No 1545-0047

Open to Public

Employer identification number

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990. **Inspection**

MERCY HOUSING SOUTHEAST						56-1993872	
Part I General Information	n on Grants and	Assistance				•	
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat 	ard the grants or ass cion's procedures fo	r monitoring the use	of grant funds in the Un				✓ Yes
Part II Grants and Other Assistar that received more than \$				ipiete if the organization	answered yes on Fo	rm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 50		_	ted in the line 1 table .			<u> </u>	16

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22	<u>:</u>
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

Return Reference	Explanation
PART I	The majority of grants expense represents contributions to affiliated organiZations. Donors contribute to the Organization for specific capital projects or

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

Schedule I (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 56-1993872

Name: MERCY HOUSING SOUTHEAST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
st mary's riverview i 5845 east governor john sevier knoxville,TN 37924	62-1782683	501(c)(3)	101,000				low income housing
st mary's riverview ii 5845 east governor john sevier knoxville,TN 37924	31-1723287	501(c)(3)	103,000				low income housing
SAINT MARY'S VILLA 4129 E EMORY ROAD KNOXVILLE,TN 37938	31-1548512	501(c)(3)	101,480				LOWINCOME HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART VILLAGE II 2108 PAYNE STREET LOUISVILLE,KY 40206	61-1339396	501(c)(3)	14,480				LOWINCOME HOUSING
ST THERESA VILLAGE 6783 SIEBERN AVENUE CINCINNATI,OH 45236	31-1411529	501(c)(3)	48,210				LOW INCOME HOUSING
CHARLES MEADOWS 545 WEST MARKET STREET TIFFIN,OH 44883	34-1552671	501(c)(3)	25,000				LOWINCOME HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOUSING INC 1999 BROADWAY SUITE 1000 DENVER,CO 80202	47-0646706	501(c)(3)	116,820				LOW INCOME HOUSING
Dublin Manor 1999 Broadway Suite 1000 DENVER,CO 80202	20-2373936	501(c)(3)	35,000				LOW INCOME HOUSING
McAuley Manor 1999 Broadway STE 1000 Denver,CO 80202	31-1548500	501(C)(3)	52,000				LOW INCOME HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Manor 1999 Broadway STE 1000 Denver,CO 80202	61-1344092	501(C)(3)	31,000				LOWINCOME HOUSING
SACRED HEART VILLAGE I 1999 BROADWAY SUITE 1000 DENVER,CO 80202	31-1411531	501(C)(3)	17,480				LOWINCOME HOUSING
SACRED HEART VILLAGE III 1999 BROADWAY SUITE 1000 DENVER,CO 80202	61-1367719	501(C)(3)	124,000				LOWINCOME HOUSING

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	to Domestic Orga	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIENA SPRINGS I 1999 BROADWAY SUITE 1000 DENVER,CO 80202	31-1052772	501(C)(3)	55,000				LOW INCOME HOUSING
SIENA SPRINGS II 1999 BROAWAY SUITE 1000 DENVER,CO 80202	31-1591780	501(C)(3)	28,000				LOWINCOME HOUSING
CHARLES CREST CORPORATION 1999 BROADWAY SUITE 1000 DENVER, CO 80202	34-1399869	501(C)(3)	34,210				LOWINCOME HOUSING

Form 990,Schedule I, Par	't II, Grants and	<u>l Other Assistance</u>	e to Domestic Orga	inizations and D	<u>omestic Governme</u>	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES CREST II 1999 BROADWAY SUITE 1000 DENVER,CO 80202	34-1714407	501(C)(3)	35,210				LOW INCOME HOUSING

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DLN: 93493228038946

OMB No 1545-0047

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" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization MERCY HOUSING SOUTHEAST

Employer identification number

56-1993872

Pai	t I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe		- · · · · · · · · · · · · · · · · · · ·			
	directors, trustees, officers, metading the eloyexe	.cutive D	meetor, regarding the realist effected in fine 14.	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply				
	Compensation committee	Г	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 on Form 990 or a related organization	, Part VI	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	ıt?	4a		No
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines $4a-c$, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III			8		No
9		he rebutt	able presumption procedure described in Regulations	-		No

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

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 VINCE DODDSTREASURER	(i)	0	0	0	0	0	0	0
	(ii)	179,192	0	0	7,566	24,982	211,740	0
2 MELISSA CLAYTON VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	174,565	0	0	4,606	21,153	200,324	0
3 Francena Marie Lowe President	(i)	0	0	0	0	0	0	0
	(ii)	185,374	0	0	1,138	1,018	187,530	0

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

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As Filed Data -

DLN: 93493228038946

OMB No 1545-0047

Supplemental Information to Form 990 or 990-EZ

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

0045

2015

Open to Public Inspection

Name of the organization MERCY HOUSING SOUTHEAST Employer identification number

56-1993872

990 Schedule O, Supplemental Information

Reference	Explanation
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 BY LAWS 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 BY LAWS, 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
SECTION B # 11B, 12C AND #15B	#11B Prior to filing Form 990, the governing board reviewed the Form 12C The Audit Comm ittee of Mercy Housing, Inc. reviews annually the Conflict of Interest disclosures and det ermines 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 compet itiveness with external markets and for internal equity in relation to general employee was ges and benefits, individual and organizational performance, and the financial resources of the Organization.
PART VI SECTION C# 19	Governing documents, conflict of interest policy and financial statements are made available to the public upon request
1	The majority of grants expense represents contributions to affiliated organizations. Donor s contribute to the Organization for specific capital projects or other restricted operation of and program activities, and the Organization passes the contribution to a related entity in accordance with the donor restrictions.
& #2C	#2B THE ORGANIZATION'S FINANCIAL STATEMENT ARE AUDITED IN ACCORDANCE WITH THE GENERALLY A CCEPTED ACCOUNTING PRINCIPLES THE AUDITED FINANCIAL STATEMENTS ARE REPORTED WITHIN THE CO NSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION OF MERCY HOUSING, INC #2C R ESPONSIBILITY 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 SOL E MEMBER OF MERCY HOUSING SOUTHEAST
	(780,387) resulting from MHSE withdrawing as the Original limited partner from MHSE Reynoldstown Senior, LP adjusting to agree to audit

DLN: 93493228038946

OMB No 1545-0047 2015

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization MERCY HOUSING SOUTHEAST				Employer ide	ntification number		
Part I Identification of Disregarded Entities Comple	te if the organization	answered "Yes" on	Form 990, Part	56-1993872 IV, line 33.	2		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(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	0	208,132			
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the		he organization ans	swered "Yes" on	Form 990, Part	IV, line 34 because	ıt had or	ne
(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 stat (if section 501(c)(Sectio (13) c er	(g) on 512(l controlle ntity?
See Additional Data Table						Yes	No
							_
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat No. 5013	257		Schedule R (F	orm 990)	2015

	cation of Related Organizations Taxable as a Partnership Complete if the orga		es" 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)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
				311)			Yes	No		Yes	No	
See Additional Data Table												
Down TV Identification of Polated Oversitations Tayable a	Co		on Tures C	amalata if th	0.0000000	tion and	, a na d	"\\ o o !"	02 F0422 O	00 [) n = +	TV luna

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.

Prır	(b) mary 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	(i) Section 512 (b)(13) controlled entity? Yes	No	
ble										
										ł

Part V Transactions With Related Organizations Complete if the organization answe	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (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 Dividends from related organization(s)				1f		No
				1g		No
g Sale of assets to related organization(s)				1h		No.
h Purchase of assets from related organization(s)				1i		No
i Exchange of assets with related organization(s)				\vdash		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		NO
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	volved	
ee Additional Data Table						

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

revenue) that was not a related organization. See instructions													
(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)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_		-	1	I		<u> </u>			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

Francis of Assisi Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2366315 Software ID: Software Version:

EIN: 56-1993872

Name: MERCY HOUSING SOUTHEAST

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (f) (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state section status (b)(13) entity or foreign country) (if section 501(c) controlled entity? (3)) Yes ow-inc hsng СА 501 (c)(3) 11a NΑ Νo 2101 Telegraph Avenue Inc 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935 ow-inc hsng CA 501 (c)(3) NΑ All Hallows Community 1999 Broadway Suite 1000 Denver, CO 80202 94-2722870 СО 501 (c)(3) NΑ Νo low-ınc hsng Allegre Point Senior Residences 1999 Broadway Suite 1000 Denver, CO 80202 20-4295472 ΑZ 501 (c)(3) NΑ Νo low-inc hsng Avondale Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0980810 501 (c)(3) low-ınc hsng ΑZ NΑ Νo Camelot Casitas 1999 Broadway Suite 1000 Denver, CO 80202 86-0980809 NΑ CA 501 (c)(3) Νo low-ınc hsng Cantebria Senior Homes 1999 Broadway Suite 1000 Denver, CO 80202 94-3361794 NΑ ΑΖ 501 (c)(3) Νo ow-inc hsng Casa de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0808941 ow-inc hsng ΑZ 501 (c)(3) 11a NΑ Νo Casa de Shanti 1999 Broadway Suite 1000 Denver, CO 80202 86-0728526 NΑ low-inc hsng CA501 (c)(3) Νo Central Coast Housing 1999 Broadway Suite 1000 Denver, CO 80202 77-0117473 low-ınc hsng ОН 501 (c)(3) NΑ Νo Charles Crest Corporation (Charles Crest 1999 Broadway Suite 1000 Denver, CO 80202 34-1399869 ow-inc hsng ОН 501 (c)(3) NΑ Νo Charles Crest II Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1714407 501 (c)(3) ΟН NΑ Νo low-ınc hsng Charles Meadows Corporation 1999 Broadway Suite 1000 Denver, CO 80202 34-1552671 ow-inc hsng СО 501 (c)(3) NΑ Νo **Decatur Place** 1999 Broadway Suite 1000 Denver, CO 80202 84-1062097 low-ınc hsng ΚY 501 (c) (3) NΑ Νo Dublin Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 02-0655254 501 (c)(3) ΙD NΑ Νo low-inc hsng Eagle Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 03-0410639 CA501 (c)(3) 11a NΑ ow-inc hsng Νo EHCC Housing Corp (Eden House) 1999 Broadway Suite 1000 Denver, CO 80202 94-3234538 501 (c)(3) NΑ ow-inc hsng ΑZ Νo El Mirage Senior 1999 Broadway Suite 1000 Denver, CO 80202 86-0847975 СА 501 (c)(3) NΑ Νo ow-inc hsng Fairfax Nonprofit Housing Development Co 1999 Broadway Suite 1000 Denver, CO 80202 94-2772546 СА 501 (c)(3) 11a NΑ ow-inc hsng Florin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0336533 $\mathsf{C}\mathsf{A}$ 501 (c)(3) NΑ ow-inc hsng Νo

Form 990, Schedule R, Part II - Identification of Relat			1	1	1	1 .	
(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	Section (b) (cont	g) on 512 (13) rolled aty?
						Yes	No
Garden Park Apt Community 1999 Broadway Suite 1000 Denver, CO 80202 68-0484147	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Gault Street Senior 1999 Broadway Suite 1000 Denver, CO 80202 75-2983979	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Guadalupe Senior Village 1999 Broadway Suite 1000 Denver, CO 80202 86-0897709	low-inc hsng	ΑZ	501 (c) (3)	9	NA		No
Homes for Greeley 1999 Broadway Suite 1000 Denver, CO 80202 84-1349918	low-ınc hsng	со	501 (c) (3)	9	NA		No
Independence Hill Inc 1999 Broadway Suite 1000 Denver, CO 80202 72-1545927	low-ınc hsng	ID	501 (c) (3)	11a	NA		No
Intercommunity Housing Ferndale 1999 Broadway Suite 1000 Denver, CO 80202 91-1667138	low-ınc hsng	WA	501 (c)(3)	9	NA		No
John W King Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3282891	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Kane County Neighborhood Stabilization C 1999 Broadway Suite 1000 Denver, CO 80202 27-2239991	low-ınc hsng	IL	501 (c) (3)	9	NA		No
Macleav Non-Proft Housing Development 1999 Broadway Suite 1000 Denver, CO 80202 94-2762529	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Maria B Freitas Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3190261	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Marin Homes for Independent Living 1999 Broadway Suite 1000 Denver, CO 80202 94-2787430	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Marin Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-1358291	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Marlton Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 91-2164481	low-ınc hsng	СА	501 (c)(3)	11a	NA		No
Marshside Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-1910771	low-ınc hsng	SC	501 (c)(3)	9	NA		No
McAuley Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548500	low-ınc hsng	КҮ	501 (c) (3)	9	NA		No
Mercy Bond Properties AZ I 1999 Broadway Suite 1000 Denver, CO 80202 94-3142767	low-ınc hsng	ΑZ	501 (c)(3)	11a	NA		No
Mercy Bond Properties Colorado I 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-ınc hsng	со	501 (c)(3)	11a	NA		No
Mercy Bond Properties Nebraska I 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-ınc hsng	NE	501 (c)(3)	11a	NA		No
Mercy Community Housing Georgia 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-ınc hsng	GA	501 (c) (3)	11a	NA		No
Mercy Gardens 1999 Broadway Suite 1000 Denver, CO 80202 33-0809069	low-inc hsng	СА	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Rela			1	1	1	ı	
(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	Section (b) cont	g) on 512 (13) rolled uty?
						Yes	No
Mercy Holly Park East 1999 Broadway Suite 1000 Denver, CO 80202 84-1347445	low-ınc hsng	СО	501 (c) (3)	11a	NA		No
Mercy Housing CA Holding Co 1999 Broadway Suite 1000 Denver, CO 80202 94-2834861	low-ınc hsng	СА	501 (c)(3)	11a	NA		No
Mercy Housing California 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	СА	501 (c)(3)	9	NA		No
Mercy Housing California Family Properti 1999 Broadway Suite 1000 Denver, CO 80202 33-0998451	low-ınc hsng	CA	501 (c)(3)	11a	NA		No
Mercy Housing California Senior Properti 1999 Broadway Suite 1000 Denver, CO 80202 20-3177114	low-ınc hsng	IL	501 (c)(3)	9	NA		No
Mercy Housing California Special Needs 1999 Broadway Suite 1000 Denver, CO 80202 94-3088260	low-ınc hsng	СА	501 (c)(3)	11a	NA		No
Mercy Housing CalWest 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-ınc hsng	СА	501 (c)(3)	9	NA		No
Mercy Housing Lakefront 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-ınc hsng	IL	501 (c)(3)	7	NA		No
MERCY HOUSING MANAGEMENT GROUP 1999 Broadway Suite 1000 Denver, CO 80202 82-0376108	low-ınc hsng	IL	501 (c)(3)	9	NA		No
Mercy Housing Midwest 1999 Broadway Suite 1000 Denver, CO 80202 47-0772351	low-ınc hsng	NE	501 (c)(3)	9	NA		No
MERCY HOUSING MOUNTAIN PLAINS 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-ınc hsng	СО	501 (c)(3)	9	NA		No
Mercy Housing Northwest 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-ınc hsng	WA	501 (c)(3)	9	NA		No
Mercy Housing Northwest Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-ınc hsng	ID	501 (c)(3)	11a	NA		No
Mercy Housing Ohio Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-2373936	low-ınc hsng	ОН	501 (c)(3)	11a	NA		No
Mercy Housing Pembroke Inc 1999 Broadway Suite 1000 Denver, CO 80202 13-4224803	low-ınc hsng	GA	501 (c)(3)	9	NA		No
Mercy Housing Southeast 1999 Broadway Suite 1000 Denver, CO 80202 56-1993872	low-ınc hsng	NC	501 (c)(3)	9	NA		No
Mercy Housing Southwest 1999 Broadway Suite 1000 Denver, CO 80202 86-0743192	low-ınc hsng	AZ	501 (c)(3)	9	NA		No
Mercy Housing West 1999 Broadway Suite 1000 Denver, CO 80202 68-0254564	low-ınc hsng	СА	501 (c)(3)	9	NA		No
Mercy Housing 2904 N 45th St Omaha 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-ınc hsng	NE	501 (c)(3)	9	NA		No
Mercy Housing Inc 1999 Broadway Suite 1000 Denver, CO 80202 47-0646706	low-ınc hsng	СА	501 (c)(3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Relat			1	1	1	1 .	
(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	Section (b)(g) on 512 (13) rolled :ity?
						Yes	No
Mercy Loan Fund 1999 Broadway Suite 1000 Denver, CO 80202 84-1559406	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Mercy Manor Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1344092	low-ınc hsng	TN	501 (c) (3)	9	NA		No
Mercy Midtown Inc 1999 Broadway Suite 1000 Denver, CO 80202 68-0002157	low-ınc hsng	СА	501 (c)(3)	9	NA		No
Mercy Moscow Inc (Hawthorne) 1999 Broadway Suite 1000 Denver, CO 80202 82-0475388	low-ınc hsng	ID	501 (c) (3)	9	NA		No
Mercy Oaks Village 1999 Broadway Suite 1000 Denver, CO 80202 75-3134134	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Mercy Oakwood Gardens 1999 Broadway Suite 1000 Denver, CO 80202 84-1344220	low-ınc hsng	ΑZ	501 (c) (3)	9	NA		No
Mercy Place Belmont Inc 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-ınc hsng	NC	501 (c) (3)	9	NA		No
Mercy Portfolio Services 1999 Broadway Suite 1000 Denver, CO 80202 26-4002114	low-ınc hsng	со	501 (c) (3)	9	NA		No
Mercy Properties Arizona 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-ınc hsng	AR	501 (c) (3)	9	NA		No
Mercy Properties California 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-ınc hsng	CA	501 (c)(3)	11a	NA		No
Mercy Properties II Inc 1999 Broadway Suite 1000 Denver, CO 80202 82-0485862	low-ınc hsng	ID	501 (c) (3)	11a	NA		No
Mercy Properties WA II 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-ınc hsng	WA	501 (c) (3)	9	NA		No
Mercy Properties Washington 1999 Broadway Suite 1000 Denver, CO 80202 91-1903782	low-ınc hsng	WA	501 (c) (3)	11a	NA		No
Mercy Properties Inc (MPI) 1999 Broadway Suite 1000 Denver, CO 80202 84-1173689	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Mercy Senior Housing Oxnard 1999 Broadway Suite 1000 Denver, CO 80202 94-3224446	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Mercy Southeast Idaho Inc 1999 Broadway Suite 1000 Denver, CO 80202 84-1284293	low-ınc hsng	СА	501 (c) (3)	9	NA		No
Mercy Village Joplin 1999 Broadway Suite 1000 Denver, CO 80202 37-1459692	low-ınc hsng	МО	501 (c)(3)	9	NA		No
Mesa Senior Meadows 1999 Broadway Suite 1000 Denver, CO 80202 86-0897708	low-ınc hsng	AZ	501 (c)(3)	9	NA		No
Most Holy Redeemer Senior Housing Corpor 1999 Broadway Suite 1000 Denver, CO 80202 94-3044873	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Neary Lagoon Inc 1999 Broadway Suite 1000 Denver, CO 80202 77-0214799	low-ınc hsng	СА	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part II - Identification of Relat			1		I	1	
(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	Section (b) cont	g) on 512 (13) rolled city?
						Yes	No
Notre Dame Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3209503	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Oceana Senior Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 94-3167825	low-inc hsng	СА	501 (c) (3)	9	NA		No
Padre Apartments Community 1999 Broadway Suite 1000 Denver, CO 80202 84-0789830	low-inc hsng	СА	501 (c) (3)	11a	NA		No
Peoria Place 1999 Broadway Suite 1000 Denver, CO 80202 86-0980811	low-inc hsng	ΑZ	501 (c)(3)	9	NA		No
Plazas de Merced 1999 Broadway Suite 1000 Denver, CO 80202 86-0758961	low-ınc hsng	ΑZ	501 (c) (3)	9	NA		No
Presentation Senior Community 1999 Broadway Suite 1000 Denver, CO 80202 94-3264209	low-ınc hsng	CA	501 (c)(3)	9	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)	9	NA		No
Roseland Place Inc NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-2330256	low-ınc hsng	IL	501 (c) (3)	9	NA		No
Roseland Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 26-4723017	low-ınc hsng	IL	501 (c)(3)	9	NA		No
Russell Manor 1999 Broadway Suite 1000 Denver, CO 80202 93-1189914	low-inc hsng	CA	501 (c)(3)	9	NA		No
Sacred Heart Village I Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411531	low-inc hsng	КҮ	501 (c)(3)	9	NA		No
Sacred Heart Village II Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1339396	low-inc hsng	КҮ	501 (c)(3)	9	NA		No
Sacred Heart Village III Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1367719	low-inc hsng	ОН	501 (c)(3)	9	NA		No
San Juan Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 68-0378676	low-inc hsng	CA	501 (c)(3)	11a	NA		No
Savannah Gardens Senior Residences Inc 1999 Broadway Suite 1000 Denver, CO 80202 27-3400284	low-inc hsng	GA	501 (c) (3)	9	NA		No
Siena Springs (Siena Springs I) 1999 Broadway Suite 1000 Denver, CO 80202 31-1052772	low-inc hsng	ОН	501 (c)(3)	9	NA		No
Siena Springs II 1999 Broadway Suite 1000 Denver, CO 80202 31-1591780	low-inc hsng	ОН	501 (c)(3)	9	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
St Catherine Residence Inc 1999 Broadway Suite 1000 Denver, CO 80202 39-0857537	low-inc hsng	WI	501 (c) (3)	1	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

Form 990, Schedule R, Part II - Identification of Relate	ed Tax-Exempt Or	ganizations					
(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		on 512 (13) rolled
					l	Yes	No
St Mary's Villa at Riverview II Inc (1999 Broadway Suite 1000 Denver, CO 80202 31-1723287	low-ınc hsng	TN	501 (c)(3)	11a	NA		No
St Mary's Villa Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1548512	low-ınc hsng	КҮ	501 (c)(3)	9	NA		No
St Theresa Village Inc 1999 Broadway Suite 1000 Denver, CO 80202 31-1411529	low-ınc hsng	ОН	501 (c)(3)	9	NA		No
Sterling Senior Housing 1999 Broadway Suite 1000 Denver, CO 80202 14-1866405	low-inc hsng	WA	501 (c)(3)	9	NA		No
Sunset Lane Apartments LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-3959651	low-ınc hsng	CA	501 (c)(3)	11A	NA		No
Tierra Del Sol Inc 1999 Broadway Suite 1000 Denver, CO 80202 75-3004763	low-ınc hsng	CA	501 (c) (3)	9	NA		No
Transbay Block 6 LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-5357713	low-ınc hsng	CA	501 (c)(3)	9	NA		No
Villa Caridad Senior Housing 1999 Broadway Suite 1000 Denver, CO 80202 68-0387620	low-ınc hsng	CA	501 (c)(3)	9	NA		No
Visitacion Valley Affordable Housing 1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Vista Alegre 1999 Broadway Suite 1000 Denver, CO 80202 86-0947230	low-ınc hsng	AZ	501 (c) (3)	9	NA		No
Walnut Grove 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-ınc hsng	CA	501 (c) (3)	11a	NA		No
Willow Street Apartments 1999 Broadway Suite 1000 Denver, CO 80202 84-1334167	low-ınc hsng	СО	501 (c) (3)	9	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of end-Share of total Domicile Direct or Name, address, and EIN of allocations? Percentage Primary activity income(related ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No 1028 Howard St Associates low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 94-3160742 104th Street LP ΙL RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 27-2755027 1100 Ocean Avenue LP RELATED low-inc hsng CA Νo Ina 1999 Broadway Suite 1000 Denver, CO 80202 45-4437017 1101 Howard St Associates low-inc hsng СА RELATED Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3160341 111 Jones Street Assoc CA RELATED Νo Νo low-inc hsng na (111 Jones St) 1999 Broadway Suite 1000 Denver, CO 80202 94-3142765 1475 167th Avenue Assoc СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 94-3249328 16th & Church Street Assoc low-inc hsng CAna RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3135262 RELATED 180 Properties ΙL Νo Νo low-inc hsng lna 1999 Broadway Suite 1000 Denver, CO 80202 27-0561021 1760 Bush LP low-inc hsng СА na RELATED Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-3449006 $\mathsf{C}\mathsf{A}$ 1880 Pine LP RELATED Νo low-inc hsng na Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-1291546 2000 Illinois Aurora LLC RELATED ΙL Νo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 46-2558442 2101 Telegraph Avenue low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935 RELATED 2220 10th Avenue Assoc $\mathsf{C}\mathsf{A}$ low-inc hsng na Νo Νo (Santana Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3140163 2698 California LP СА RELATED Nο Νo llow-inc hsna Ina 1999 Broadway Suite 1000 Denver, CO 80202 47-3462784 2814 Fifth Street СА RELATED Νo low-inc hsng na Νo Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 68-0340317

Form 990, Schedule R, P	art III - Identif		of Related C)rganizations	Taxable as a	a Partnership	,		1			ı
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	Income	(g) Share of end- of-year assets	lalloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Mana Partn	neral or aging :ner?	(k) Percentage ownership
365 Fulton LP (Parcel G)	low-inc hsng	CA	na	RELATED			163	No	 		No	
1999 Broadway Suite 1000 Denver, CO 80202 26-1539223												
	low-inc hsng	IL	na	RELATED				No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 36-3762788				!			!		'			
5042 Winthrop Apartments LP	low-ınc hsng	IL	na	RELATED				No	,		No	1
1999 Broadway Suite 1000 Denver, CO 80202 36-3855358				!								
55 Laguna LP	low-inc hsng	CA	na	RELATED			·	No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 45-3582721				!			!					
901 West 63rd LP (Englewood Apartments)	low-inc hsng	IL	na	RELATED				No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 26-1233617												
	low-ınc hsng	GA	na	RELATED			,	No	,		No	1
1999 Broadway Suite 1000 Denver, CO 80202 20-4465851				!			1					
	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-4465972				!					!			
	low-inc hsng	GA	na	RELATED				No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2252791				!								
Allegre Mercy Redevelopment LLLP	low-ınc hsng	WA	na	RELATED			1	No	'		No	1
1999 Broadway Suite 1000 Denver, CO 80202 45-3540725				!								
	low-ınc hsng	GA	na	RELATED				No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 27-0194197				!								
Appıan Way Mercy LLC	low-ınc hsng	WA	na	RELATED			<u>'</u>	No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 91-1546525												
Aromor Mercy LLC (Aromor Apartments)	low-ınc hsng	СО	na	RELATED			\[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No			No	
1999 Broadway Suite 1000 Denver, CO 80202 30-0296042												
	low-ınc hsng	WA	na	RELATED			'	No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378							 					
Belray Apartments	low-ınc hsng	IL	na	RELATED			,	No	,		No	1
1999 Broadway Suite 1000 Denver, CO 80202 36-4027474							 					
	low-ınc hsng	CA	na	RELATED			,	No	,		No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308081				!					!			

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General Legal (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of total Domicile Direct Share of endor Name, address, and EIN of allocations? Percentage Primary activity income(related ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No Bishops Block (Bishops IΑ RELATED Νo Νo low-inc hsng na Block) 1999 Broadway Suite 1000 Denver, CO 80202 01-0477157 Bluff Mercy LLC low-inc hsng CO na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-0954394 Boise Senior 202 Owner LP ΙD RELATED Νo Νo llow-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 27-0992784 Boundary Village WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED Brentwood Green Valley СА Νo Νo low-inc hsna na Apts 1999 Broadway Suite 1000 Denver, CO 80202 94-3135990 Britton Street Assoc(Britton low-inc hsng RELATED CA Nο Nο Ina Court) 1999 Broadway Suite 1000 Denver, CO 80202 94-3300509 RELATED Cambridge Apartments low-inc hsng WA Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Cascade Apartments low-inc hsng WA RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Cascade Village WA RELATED Νo Νo low-inc hsng lna 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Cedarwood I WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED Cedarwood IV WA Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Centro Partners СА RELATED Νo Νo low-inc hsna Ina 1999 Broadway Suite 1000 Denver, CO 80202 77-0295344 Cheney Gardens low-inc hsng WA na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Coastside Senior Housing LP low-inc hsng СА RELATED Nο Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-2262853 Colonia San Martin СА RELATED Νo low-inc hsng na Νo Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 83-0481233

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General (d) (f) Legal (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of total Domicile Direct Share of endor Name, address, and EIN of Primary activity allocations? Percentage income(related ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No Commons on Main LP ОН RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 20-8033896 Countryside Senior ΙL RELATED Νo Νo low-inc hsng na Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851 Danville Veterans Housing ΙL RELATED Νo Νo low-inc hsng na LLC 1999 Broadway Suite 1000 Denver, CO 80202 35-2441770 Dorothy Day Community LP СА RELATED Νo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 65-1308078 Dove Family Housing RELATED Νo low-inc hsng CAna Νo Associates LP 1999 Broadway Suite 1000 Denver, CO 80202 33-0975782 RELATED Eden House LP CAΝo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 46-2704216 El Monte LP RELATED low-inc hsng СА Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 46-1360554 Evergreen Manor low-inc hsng WA RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Evergreen Vista 1 Owner LP low-inc hsng WA RELATED Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 27-4160484 Family Tree & Lincoln Way WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 46-2841485 RELATED Ferndale Villa low-inc hsng WA Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED Fircrest WA Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Florin Wood Assoc RELATED Νo Νo low-inc hsng CAna 1999 Broadway Suite 1000 Denver, CO 80202 68-0318012 Franciscan Homes III LP low-inc hsng ΟН na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 31-1394513 RELATED Franciscan Homes IV LP low-inc hsna ОН lna Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 31-1463371

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General or Legal (d) (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of end-Share of total Domicile Direct Name, address, and EIN of allocations? Percentage Primary activity income(related, ın (State Controlling ıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated, Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No Galewood SLF Associates LP low-inc hsng ΙL RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 20-1882654 RELATED Grayslake senior housing ΙL Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 26-3800351 Greenwich Park Apartments RELATED low-inc hsng WI Νo Νo lna LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0453460 Harold Washington ΙL RELATED Νo Νo low-inc hsng na Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291 HWA-850 EASTWOOD LP ΙL RELATED low-inc hsng na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-1257130 Impact Family Village GP LLC RELATED Νo low-inc hsng WA Nο lna 1999 Broadway Suite 1000 Denver, CO 80202 36-4715432 Impact Family Village LP WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 80-0769567 RELATED Νo WA Νo Intercommunity Mercy low-inc hsng na Washington II 1999 Broadway Suite 1000 Denver, CO 80202 91-1572690 JFK Tower LP СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 47-3477829 Johnston Center Outlots LLC WI RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550 RELATED Johnston Center Re-Use LP ΙL Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 30-0529359 Junipero Serra LP СА RELATED Νo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 65-1308082 RELATED Kankakee Station Street low-inc hsng ΙL na Νo Νo Senior Housing L 1999 Broadway Suite 1000 Denver, CO 80202 46-1841937 RELATED Kennedy Estates Hsg Assoc low-inc hsng $\mathsf{C}\mathsf{A}$ na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 68-0355465 RELATED La Playa Residential low-inc hsna СА lna Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0278613

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General Legal (g) Predominant Disproprtionate Code V-UBI amount (k) (a) (b) Share of total Direct Share of endor Domicile Name, address, and EIN of allocations? Percentage Primary activity income(related ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No RELATED Lake Stevens low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Lake Village East RELATED low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 WA RELATED Νo Mabton Gardens low-inc hsng na Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Magnolia Limited Partnership low-inc hsng ΙL RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 36-3822288 Malden Limited Partnership RELATED Νo low-inc hsng IL Νo na ΙI 1999 Broadway Suite 1000 Denver, CO 80202 20-8746121 Marlton Affordable Hsg СА RELATED Νo Νo low-inc hsng na Assoc 1999 Broadway Suite 1000 Denver, CO 80202 04-3594636 СО Mason Apartments (Mason RELATED Νo Νo low-inc hsng na School Apts) 1999 Broadway Suite 1000 Denver, CO 80202 42-1301449 Mercy Alston Lake LLC SC RELATED Νo Νo low-inc hsna na 1999 Broadway Suite 1000 Denver, CO 80202 20-2948887 ΝE RELATED Νo Mercy Crestview Village low-inc hsng Νo na Housing LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578510 Mercy Eden House LLC RELATED low-inc hsng СА na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 46-4227209 MERCY FAMILY PLAZA LP СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 94-3094867 Mercy Housing Arizona I ΑZ RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 86-0791473 Mercy Housing Arizona II RELATED ΑZ Νo Νo low-inc hsna na (Page Commons) 1999 Broadway Suite 1000 Denver, CO 80202 33-1075152 Mercy Housing Ca XXXIII СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 43-2100410 Mercy Housing Ca XXXVII RELATED Νo CA Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 68-0631916

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) Legal (d) (f) General (g) Disproprtionate Code V-UBI amount Predominant (k) (a) Direct Share of total Share of end-Domicile or Name, address, and EIN of allocations? Percentage Primary activity income(related ın Controlling ıncome of-year assets Managing (State ownership related organization unrelated, Box 20 of Schedule Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No СА Mercy Housing California 46 low-inc hsng RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 27-2321382 Mercy Housing California 47 low-inc hsng RELATED CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 27-2930358 Mercy Housing California 48 low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 27-3117667 Mercy Housing California 49 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 27-3277379 Mercy Housing California 50 low-inc hsng RELATED CAna Νo Νo LP(St Anth 1999 Broadway Suite 1000 Denver, CO 80202 27-3381997 RELATED Mercy Housing California 51 low-inc hsng CAΝo Νo na LP (200 6th 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228 RELATED Mercy Housing California 52 low-inc hsng CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-2751062 RELATED Mercy Housing California 53 low-inc hsng CAΝo Νo na LP (Madonna 1999 Broadway Suite 1000 Denver, CO 80202 45-2050339 Mercy Housing California 54 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228 RELATED Mercy Housing California 55 low-inc hsng CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-3710672 RELATED Mercy Housing California 56 low-inc hsng СА Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-4659051 RELATED Mercy Housing California 57 low-inc hsng GΑ Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-4711412 Mercy Housing California 58 low-inc hsng RELATED CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 45-4486957 Mercy Housing California 59 | low-inc hsng RELATED CAΝo Νo na LP 1999 Broadway Suite 1000 Denver, CO 80202 46-2537487 Mercy Housing California 60 low-inc hsng RELATED CAΝo Νo na LP 1999 Broadway Suite 1000 Denver, CO 80202 46-1239561

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Legal General (g) Disproprtionate Code V-UBI amount (k) Predominant (b) (a) Domicile Direct Share of total Share of end-٥r Name, address, and EIN of allocations? Percentage Primary activity income(related ın (State Controllingıncome of-year assets Managing Box 20 of Schedule ownership related organization unrelated. Entity Partner? excluded from K-1 Foreign (Form 1065) tax under Country sections 512-514) Yes Yes No No Mercy Housing California 61 low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 46-3636570 Mercy Housing California 62 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 46-3424351 Mercy Housing California 63 low-inc hsng СА na RELATED Νo 1999 Broadway Suite 1000 Denver, CO 80202 46-3921420 Mercy Housing California 64 low-inc hsng CAna RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 46-5015672 Mercy Housing California 65 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 47-1120541 Mercy Housing California 66 low-inc hsng CARELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 47-3441276 RELATED Mercy Housing California 67 low-inc hsng CAΝo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 47-3628711 RELATED Mercy Housing California 68 low-inc hsng CAna Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-4992813 Mercy Housing California 71 low-inc hsng CAna RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-5468338 RELATED Mercy Housing California 72 low-inc hsng Νo Νo CA na 1999 Broadway Suite 1000 Denver, CO 80202 81-1758210 Mercy Housing California I low-inc hsng CAna RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 84-1210914 RELATED Mercy Housing California II low-inc hsng CA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3187825 Mercy Housing California III low-inc hsng RELATED CAna Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3187826 Mercy Housing California IX low-inc hsng СА na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3230471 Mercy Housing California V СА RELATED Νo Νo llow-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 94-3229051

Form 990, Schedule R, F	Part III - Identi		of Related C	Organizations	Taxable as a	Partnership	1		1	۱ ،	. 1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	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) Disprop alloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gene Mana Parti	ral or iging	(k) Percentage ownership
Mercy Housing California VI	low-ınc hsng	CA	na	RELATED			Yes	No No		Yes	No No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3224528	-											
Mercy Housing California VII	low-ınc hsng	СА	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3229540												
Mercy Housing California VIII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3229541												
Mercy Housing California X (The Rose)	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3232501												
Mercy Housing California XI	low-ınc hsng	СА	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3244521												
Mercy Housing California XII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3366333												
Mercy Housing California XIII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3377935												
Mercy Housing California XIV	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3377941												
Mercy Housing California XIX	low-ınc hsng	СА	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 01-0716135												
	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-1398920												
Mercy Housing California XLI	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2350027												
Mercy Housing California XLII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2575525												
Mercy Housing California XLIII	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2553554												
	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-3583090												
	low-ınc hsng	СА	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308076												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (i) (e) General Legal Predominant Disproprtionate Code V-UBI amount (k) (b) Share of total Direct or Domicile Share of end-Name, address, and EIN of Primary activity income(related, allocations? ın Percentage Managing Controlling (State ıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No Mercy Housing California low-inc hsng СА RELATED Νo na XLVII 1999 Broadway Suite 1000 Denver, CO 80202 27-2930358 Mercy Housing California XV low-inc hsng СА RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 94-3379316 RELATED Mercy Housing California СА na Νo Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 94-3381170 Mercy Housing California СА RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 94-3400496 RELATED Mercy Housing California low-inc hsng $\mathsf{C}\mathsf{A}$ na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 03-0376881 Mercy Housing California XX low-inc hsng СА RELATED Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 36-4497277 Mercy Housing California CA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 48-1259652 Mercy Housing California RELATED Νo low-inc hsng CA na Νo XXII 1999 Broadway Suite 1000 Denver, CO 80202 35-2172040 Mercy Housing California СА RELATED low-inc hsng na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 82-0560494 Mercy Housing California RELATED low-inc hsng CA na Νo Νo XXIV 1999 Broadway Suite 1000 Denver, CO 80202 74-3052786 RELATED Mercy Housing California low-inc hsng CA na Νo Νo XXXX 1999 Broadway Suite 1000 Denver, CO 80202 73-1729092 Mercy Housing California low-inc hsng СА na RELATED Νo Νo XXV1999 Broadway Suite 1000 Denver, CO 80202 81-0564415 Mercy Housing California low-inc hsng СА na RELATED Νo Νo XXVI 1999 Broadway Suite 1000 Denver, CO 80202 58-2679059 Mercy Housing California low-inc hsng СА na RELATED Νo Νo XXVII 1999 Broadway Suite 1000 Denver, CO 80202 65-1207291 Mercy Housing California СА RELATED Νo Νo low-inc hsng na XXVIII 1999 Broadway Suite 1000 Denver, CO 80202 73-1721242

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Legal (d) General or Disproprtionate Code V-UBI amount (k) Predominant (a) (b) Direct Share of total Domicile Share of end-Name, address, and EIN of Percentage Primary activity allocations? income(related, ın Managing (State Controlling ıncome of-year assets ownership Box 20 of Schedule related organization unrelated. Entity Partner? or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No RELATED Mercy Housing California СА Νo Νo low-inc hsng lna 1999 Broadway Suite 1000 Denver, CO 80202 61-1488186 Mercy Housing California СА RELATED Νo Νo low-inc hsng na XXXI 1999 Broadway Suite 1000 Denver, CO 80202 87-0756700 Mercy Housing California low-inc hsng $\mathsf{C}\mathsf{A}$ na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 87-0756940 Mercy Housing California low-ınc hsng $\mathsf{C}\mathsf{A}$ lna RELATED Νo Νo XXXIV LP 1999 Broadway Suite 1000 Denver, CO 80202 51-0594948 Mercy Housing California RELATED Νo low-inc hsna CA Νo Ina XXXIX 1999 Broadway Suite 1000 Denver, CO 80202 01-0885277 Mercy Housing California СА RELATED Νo Νo low-inc hsng na XXXV1999 Broadway Suite 1000 Denver, CO 80202 76-0827799 Mercy Housing California СА RELATED Νo Νo low-inc hsng na IVXXX 1999 Broadway Suite 1000 Denver, CO 80202 56-2568833 RELATED Mercy Housing California low-inc hsng $\mathsf{C}\mathsf{A}$ Νo Νo XXXVIII 1999 Broadway Suite 1000 Denver, CO 80202 33-1153406 MERCY HOUSING СО lna RELATED Νo Νo low-inc hsng COLORADO I LTD 1999 Broadway Suite 1000 Denver. CO 80202 84-1176712 СО RELATED Mercy Housing Colorado III low-inc hsng Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 84-1292696 Mercy Housing Colorado IV RELATED Νo Νo low-inc hsng СО na 1999 Broadway Suite 1000 Denver, CO 80202 84-1284749 Mercy Housing Colorado V СО na RELATED Νo Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 84-1318329 Mercy Housing Colorado VI CO RELATED Νo low-inc hsng na Νo 1999 Broadway Suite 1000 Denver, CO 80202 84-1361296 Mercy Housing Colorado VII low-inc hsng CO RELATED Nο Νo Ina 1999 Broadway Suite 1000 Denver, CO 80202 84-1473883 RELATED Mercy Housing Colorado VIII low-inc hsng СО Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 93-1190349

Form 990, Schedule R, I	Part III - Identi	1	of Related (Organizations	Taxable as a	Partnership	1		1	l <i>(</i> :	、 1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	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) Dispropalloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r nging	(k) Percentage ownership
Mercy Housing Colorado XI LLC	low-ınc hsng	со	na	RELATED				No		100	No	
1999 Broadway Suite 1000 Denver, CO 80202 20-5331841												
Mercy Housing Colorado-I LTD (Grace)	low-ınc hsng	со	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1176712												
Mercy Housing Colorado-II Ltd	low-inc hsng	со	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1176713												
Mercy Housing Colorado-IX	low-ınc hsng	со	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 87-0706258												
Mercy Housing Georgia 12 LP (Savannah G	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-2987561												
Mercy Housing Georgia 13 LP	low-inc hsng	GA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 45-5108221												
Mercy Housing Georgia 14 LP	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 46-2787254												
Mercy Housing Georgia 15 LP	low-inc hsng	GA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 46-5547801												
Mercy Housing Georgia I	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2461689												
Mercy Housing Georgia II	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2621798												
Mercy Housing Georgia III	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 43-1954812												
Mercy Housing Georgia IV	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 56-2328730												
Mercy Housing Georgia IX LP	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-8829418												
Mercy Housing Georgia V LP	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 90-0284434												
Mercy Housing Georgia VI LP	low-ınc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-4466474												

Form 990, Schedule R,	Part III - Identi	1	of Related (Organizations	Taxable as a	Partnership	I		1		, I	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	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) Disproj alloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging	(k) Percentage ownership
Mercy Housing Georgia VIII LP	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 58-2461689												
Mercy Housing Georgia X (Savannah Garden	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 27-0162550												
Mercy Housing Georgia XI LP (Etowah Ter	low-inc hsng	GA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-2523190												
Mercy Housing Idaho I	low-ınc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1212028												
Mercy Housing Idaho II	low-ınc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1212029												
Mercy Housing Idaho III	low-inc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1251391												
Mercy Housing Idaho IV	low-inc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 82-0487654												
Mercy Housing Idaho NSP LLC (NSPID)	low-inc hsng	ID	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 27-1039061												
Mercy Housing Idaho V (Sisters Villa)	low-inc hsng	ID	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 04-3624359												
Mercy Housing Iowa II LP	low-inc hsng	IA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1284752												
mercy housing midwest nebraska llc	low-inc hsng	NE	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1583332												
Mercy Housing Missouri II	low-ınc hsng	МО	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 84-1201811												
Mercy Housing S Carolina I	low-ınc hsng	sc	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 59-3767323												
Mercy Housing Senior Properties LLC	low-inc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 94-3081666												
Mercy Housing South Carolina I	low-inc hsng	sc	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 59-3767323												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (i) (e) General Legal Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Direct or Domicile Share of total Share of end-Name, address, and EIN of Primary activity income(related, allocations? ın Percentage Managing (State Controlling ıncome of-year assets unrelated, Box 20 of Schedule ownership Partner? Entity or excluded from K-1 Foreign (Form 1065) tax under Country) sections 512-514) Yes No Yes No Mercy Housing South Dakota low-inc hsng SD RELATED Νo na 1999 Broadway Suite 1000 Denver. CO 80202 20-2830331 Mercy Housing South Dakota low-inc hsng SD RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 20-2830356 Mercy Housing Utah I low-ınc hsng UT na RELATED Νo 1999 Broadway Suite 1000 Denver, CO 80202 02-0564555 Mercy Housing Washington WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 91-1676111 RELATED Mercy Housing Washington low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 65-1186086 Mercy Housing Washington ΟR RELATED Νo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 84-1457612 Mercy Housing Washington RELATED Νo WA Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 84-1459924 RELATED Mercy Housing Washington WA Νo Νo low-inc hsng lna VII 1999 Broadway Suite 1000 Denver, CO 80202 91-2038920 Mercy Housing Washington WA RELATED Νo Νo low-inc hsng na VIII 1999 Broadway Suite 1000 Denver, CO 80202 91-2124779 Mercy Housing Washington X low-inc hsng WA RELATED Νo Νo na LLC 1999 Broadway Suite 1000 Denver, CO 80202 55-0887839 Mercy Loan Fund Sub-CDE СО low-inc hsng na IRELATED Νo Νo LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-1326149 RELATED Mercy Properties low-ınc hsng WA na Νo Νo Washington I LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 RELATED Mercy Properties low-inc hsng WA na Νo Νo Washington II 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515 Mercy Properties low-inc hsng WA na RELATED Νo Νo Washington III LLC 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 MHC Health 1 LP low-inc hsng СА na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-3554305

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General (d) (f) Legal (g) (k) (b) Predominant Disproprtionate Code V-UBI amount Direct Share of total Share of end-Domicile Name, address, and EIN of Primary activity ncome(related, allocations? Percentage Controlling Managing (State ıncome of-year assets related organization unrelated, Box 20 of Schedule ownership Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country sections 512-514) Yes Yes No No MHNW 9 Othello East LP WA RELATED Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 47-1620007 MHNW 10 Othello West LP RELATED low-inc hsng WA na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-1614235 RELATED MHNW 11 Woodlakes LP WA Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 47-2334969 MHNW 12 Eleanor WA RELATED low-inc hsna Νo Νo na Apartments LLLP 1999 Broadway Suite 1000 Denver, CO 80202 47-3599013 WA RELATED Νo MHNW 13 Building 9 South llow-inc hsng Nο na 1999 Broadway Suite 1000 Denver, CO 80202 47-4660134 MHNW 14 Building 9 North RELATED WA Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 47-4683004 MHSE Adamsville Green RELATED low-inc hsng GΑ na Νo Νo Senior Partners LL 1999 Broadway Suite 1000 Denver, CO 80202 26-2523190 MHSE Bailey Station Senior GΑ RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 46-1868814 MHSE Mercy Park LP RELATED low-inc hsng GΑ na Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 61-1757712 MHSE Pinelake LP GΑ RELATED Νo Νo low-inc hsna na 1999 Broadway Suite 1000 Denver, CO 80202 80-0616765 MHSE Pinelake I LP GΑ RELATED Νo Νo low-inc hsna na 1999 Broadway Suite 1000 Denver, CO 80202 90-0856866 MHSE Reynoldstown Senior RELATED GΑ Nο Νo llow-ınc hsna na 1999 Broadway Suite 1000 Denver, CO 80202 46-3054017 MSHE Wilson Senior GΑ RELATED Νo Νo low-inc hsng na Residence LP 1999 Broadway Suite 1000 Denver, CO 80202 46-4907701 Monroe Villa low-inc hsng WA na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Monsignor Lyne LP low-inc hsng $\mathsf{C}\mathsf{A}$ na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General or Legal (d) (f) (g) (k) (b) Predominant Disproprtionate Code V-UBI amount (a) Share of total Domicile Direct Share of end-Name, address, and EIN of Primary activity ncome(related, allocations? Percentage ın Managing (State Controlling income of-year assets Box 20 of Schedule ownership related organization unrelated, Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No ΙL RELATED Νo Νo Mortgage Resolution Fund lmanagement na 120 LaSalle Suite 1850 Chicago, IL 60603 45-3801619 RELATED Moses Lake Estates low-inc hsng WA Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 MPI Highland Place GΑ RELATED Νo Νo low-inc hsng na Apartments LP 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689 ΙL RELATED Near North Partnership lna Νo Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 32-0143113 low-inc hsng RELATED Νo $\mathsf{C}\mathsf{A}$ Nο Neary Lagoon Partners na 1999 Broadway Suite 1000 Denver, CO 80202 77-0256317 New Dana Strand IV-A LP $\mathsf{C}\mathsf{A}$ RELATED Νo Νo low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 47-3082758 RELATED Νo New Dana Strand Partners I low-inc hsng $\mathsf{C}\mathsf{A}$ na Νo 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022 СА RELATED Νo Νo New Dana Strand na low-inc hsng Townhomes 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022 New Sterling Park LLC low-ınc hsng ΙL na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-2523530 RELATED New Sterling Park MM LLC ΙL na Νo Νo low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 27-2523309 New Tacoma Phase II WA RELATED Νo Νo na low-inc hsng Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-2478067 RELATED New Tacoma Senior Housing low-inc hsng WA na Νo Νo Phase I 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525 Northglen LP low-inc hsng ΝE na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 32-0139512 Oak Harbor RELATED WA Nο Nο lna low-inc hsna 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 RELATED WA Νo O lympic low-inc hsng na Νo 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General or Legal (d) (f) (g) Predominant Disproprtionate Code V-UBI amount (k) (b) (a) Share of total Domicile Direct Share of end-Name, address, and EIN of allocations? Percentage Primary activity ncome(related ın (State Controlling ıncome of-year assets Managing ownership related organization Box 20 of Schedule unrelated. Entity Partner? or excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes No Yes No Park Terrace Apts (Park СА RELATED Νo Νo low-inc hsng na Terrace Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3332881 Parkside Terrace LP low-inc hsng ΙL na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 36-3914505 Pilchuck RELATED low-inc hsng WA Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463 Pine Road Village WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 RELATED Pinewood Court Apartments CAΝo Νo low-inc hsna lna 1999 Broadway Suite 1000 Denver, CO 80202 68-0435836 Rainer Vista Block 43 Owner WA RELATED Νo Νo low-inc hsng na LP (Columbia 1999 Broadway Suite 1000 Denver, CO 80202 27-3221112 Red Door Limited Partnership low-inc hsng ΙL RELATED Νo Νo na 1999 Broadway Suite 1000 Denver, CO 80202 36-3915050 RELATED Reynoldstown Senior Apts GΑ Νo Νo low-inc hsng na (Renoldstown) 1999 Broadway Suite 1000 Denver, CO 80202 27-0162550 Rock Creek Terrace WA RELATED Νo Νo lna low-inc hsng 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 Roseland Limited Partnerhsip ΙL RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 36-4304416 Roseland Place LP ΙL RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 80-0195044 San Felipe Homes (San Felipe low-inc hsng СА RELATED Νo Νo lna Homes) 1999 Broadway Suite 1000 Denver, CO 80202 95-4384732 Sandstone WA RELATED Νo Νo low-inc hsng na 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378 SC Residence LLC low-inc hsng WI na RELATED Νo Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-0675562 RELATED Silvercrest low-inc hsna WA Νo Νo lna 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378

Form 990, Schedule R, P	art III - Identifi		of Related O	rganizations	Taxable as a	Partnership	I		I	l <i>(</i> :	、 1	
(a) Name, address, and EIN of related organization	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) Disprop alloca		(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Parti	eral r ging	(k) Percentage ownership
Skagıt Vıllage	low-ınc hsng	WA	na	RELATED				No		1.55	No	
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463												
Somerset Senior Hsg	low-ınc hsng	TX	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 74-2765568		IL		RELATED				No			No	
South Loop Apartments 1999 Broadway Suite 1000 Denver, CO 80202 36-4027476	low-inc hsng	16	na	RELATED				NO			NO	
	low-ınc hsng	СА	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308080												
Sunnydale Development Co LLC	low-ınc hsng	CA	na	RELATED				Νo			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-3566543												
Tahoe Valley Townhomes Assoc	low-inc hsng	CA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 94-3298324												
The Keating Building Little Village LLC	low-ınc hsng	IL	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 26-4584321												
Third and LeCante LP	low-ınc hsng	СА	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 26-4176495												
Villa Columba Mercy Riverside LP	low-ınc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 65-1308076												
Villa Columbia Mercy Riverside LP (Merc	low-ınc hsng	CA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 36-4304416												
Villa Kathleen Redevelopment	low-ınc hsng	WA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 77-0601463												
Village Park Housing Associates	low-inc hsng	CA	na	RELATED				No			No	
1999 Broadway Suite 1000 Denver, CO 80202 68-0254566												
Visitation Valley Fam Hsg Assoc	low-ınc hsng	CA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 94-3275566												
Wapato Gardens	low-ınc hsng	WA	na	RELATED				No			Νo	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378												
	low-ınc hsng	WA	na	RELATED				Νo			No	
1999 Broadway Suite 1000 Denver, CO 80202 20-1031378												

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

Form 990, Schedule K,	rait III - Ideiiti	ilcation	UI KEIALEU C	, garnzations	I axable as a	raitheisinp	I		1			
(a) Name, address, and EIN of related organization	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		ortionate tions?	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging	(k) Percentage ownership
				312-314)			Yes	No		Yes	No	
Wentworth Commons 1999 Broadway Suite 1000 Denver, CO 80202 30-0082553	low-inc hsng	IL	na	RELATED				No			No	
West 28th Street 1999 Broadway Suite 1000 Denver, CO 80202 95-4550003	low-ınc hsng	CA	na	RELATED				No			No	
Western Manor LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578652	low-inc hsng	NE	na	RELATED				No			No	
Woodlake Manor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	
Woodlake Manor II 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	na	RELATED				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (h) (i) (b) (c) (e) (f) (g) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section related organization domicile (C corp, S ownership 512(b)(13) entity ıncome year (state or foreign corp, assets controlled country) or trust) entity? Yes No (1) 104th street mm llc ΙL na Νo management c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-2754418 (1) 111th & Wentworth Apartments Corp ΙL management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 38-3648994 (2) Affordable Housing Corp CA management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 84-1173690 (3) Affordable Housing Initiative (AHI) management CA na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3096988 (4) Antioch II LLC GΑ na Νo management c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-3209358 ΙL c corp (5) Aurora Snior Apartments GP LLC management na Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-2564297 (6) Belray Apartments Corporation management ΙL na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474 (7) Belvidere Place Corp I NFP ΚY na Νo low-inc hsng c corp 1999 Broadway Suite 1000 Denver, CO 80202 26-3800299 (8) Countryside Seniors LLC ΙL c corp Νo management na 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851 (9) Englewood Apartments NFP ΙL management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-1233523 (10) Greenwich Park Apartments MM LLC management WI na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 61-1750718 (11)ΙL c corp Νo management na Harold Washington Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291 (12) HWA 850 EastWOOD GP ΙL management Νo na c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-1257072 (13) Impact Family Village GP LLC management WA na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 36-4715432 (14) Malden Arms Corp II NFP CA Νo management na c corp 1999 Broadway Suite 1000 Denver, CO 80202 36-3815990

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (g) (h) (i) Name, address, and EIN of Direct controlling Type of entity Share of end-of-Primary activity Legal Share of total Percentage Section related organization domicile entity (C corp, S ıncome year ownership 512(b)(13) (state or foreign corp, assets controlled country) or trust) entity? Yes (16) McDermott Place management IΑ na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 47-0779682 (1) MCHG Partners Inc (MCHG) management GΑ na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-8824753 (2) Mercy Affordable Housing Inc (MAHI) ID management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 82-0489878 (3) Mercy Commercial California СА management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 94-3382154 (4) Mercy Galewood SLF Inc ΙL management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-5825081 (5) Mercy Housing Georgia XI GP LLC GΑ Νo management na c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-3316657 (6) Mercy Lithonia Park View Inc (MLithPV) GΑ management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 20-8829364 (7) Mercy Sterling NFP ΙL management na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-4446431 (8) MHMP CO GP Inc low-inc hsng CO na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 61-1689475 (9) MHSE Adamsville Green Senior Partners | low-inc hsng GΑ na Νo c corp 1999 Broadway Suite 1000 Denver, CO 80202 27-1321251 (10) MHSE Arbors LLC GΑ low-inc hsng na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 27-3284075 (11)low-inc hsng GΑ Νo na c corp MHSE Savannah Gardens Phase III LLC 1999 Broadway Suite 1000 Denver, CO 80202 58-2434289 (12) MHSE Savannah Gardens Phase IV GP | management GΑ na Νo c corp 1999 Broadway Suite 1000 Denver, CO 80202 45-4967129 (13)GΑ low-inc hsng na c corp Νo MHSE Savannah Gardens Phase V GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-2777338 (14) MHL Keating MM LLC management ΙL na c corp Νo 1999 Broadway Suite 1000 Denver, CO 80202 26-4584262

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	(i) Secti 512(b) contro entity	tion ()(13) olled ty?
	<u> </u>			<u> </u>			4	Yes	No
(31) MPI Highland Place LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-2380898	low-ınc hsng	GA	na	c corp					No
(1) Near North Apartments Corp NF 1999 Broadway Suite 1000 Denver, CO 80202 36-4570431	management		na	c corp					No
(2) New Sterling Park MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-2523309	management	IL	na	c corp					No
(3) New Tacoma Condominium Association 1999 Broadway Suite 1000 Denver, CO 80202 47-3225087	low-ınc hsng	WA	na	c corp					No
(4) Roseland Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4304417	management	IL	na	c corp					No
(5) Savannah Rose of Sharon LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-3591948	low-ınc hsng	GA	na	c corp					No
(6) South Loop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027475	management	IL	na	c corp					No
(7) Stapleton II Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0954394	low-inc hsng	СО	na	c corp					No
(8) Winthrop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3855355	management	IL	na	c corp					No

Form 990, Schedule R, Part V - Transactions With Related Organizations											
_	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved							
(1)	SAINT MARY'S RIVERFRONT I	(B)	101,000	cash							
(1)	SAINT MARY'S RIVERFRONT II	(B)	103,000	CASH							
(2)	SACRED HEART VILLAGE III	(B)	124,000	CASH							
(3)	MHI	(B)	116,820	CASH							
(4)	Saint Mary's Villa	(B)	101,480	CASH							
(5)	Heritage Place LOC	(D)	57,281	CASH							
(6)	Hills at Fairington LOC	(D)	71,393	CASH							
(7)	Renaissance Apts LOC	(D)	51,400	CASH							
(8)	Reynoldstown HUD loan	(D)	2,773,960	cash							
(9)	Savannah Gardens IV LOC	(e)	271,108	cash							
(10)	Mercy Park	(e)	109,659	CASH							
(11)	Reynoldstown Dev Fee	(1)	325,406	cash							
(12)	McAuley Manor	(b)	52,000	cash							
(13)	Atrium at College Town Resident Services Fees	(L)	170,004	CASH							
(14)	Adamsville Resident Services Fee	(L)	60,780	cash							
(15)	Siena Springs I	(b)	55,000	cash							
(16)	Savannah Gardens V Dev Fee	(L)	932,118	cash							
(17)	MERCY HOUSING MANAGEMENT GROUP	(0)	634,215	CASH							
		*	•	•							