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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
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Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
MERCY HOUSING SOUTHEAST

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code  
DENVER, CO 80202

**D** Employer identification number  
56-1993872

**E** Telephone number  
(303) 830-3300

**G** Gross receipts \$ 1,382,033

**F** Name and address of principal officer  
FRANCENA MARIE LOWE  
1999 BROADWAY SUITE 1000  
DENVER, CO 80202

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ www.mercyhousing.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1996 **M** State of legal domicile NC

**Part I Summary**

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

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	4
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
	<b>8</b> Contributions and grants (Part VIII, line 1h)	5,674,645
<b>9</b> Program service revenue (Part VIII, line 2g)	2,173,670	1,100,686
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	18,986	20,364
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,867,301	1,382,033
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	965,140	276,733
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,083,044	1,314,129
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶745,780		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,918,044	1,806,875
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,966,228	3,397,737
<b>19</b> Revenue less expenses Subtract line 18 from line 12	3,901,073	-2,015,704

	Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	16,359,858
<b>21</b> Total liabilities (Part X, line 26)	15,152,137	15,345,766
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,207,721	-807,983

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2017-09-14  
VINCE DODDS Treasurer  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Kathy Blackburn  
Preparer's signature: Kathy Blackburn  
Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00450629  
Firm's name: ▶ COHNREZNICK LLP Firm's EIN: ▶ 22-1478099  
Firm's address: ▶ 525 North Tryon Street Phone no (704) 332-9100  
Charlotte, NC 28202

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

THE MISSION OF MERCY HOUSING SOUTHEAST IS TO DIRECTLY FACILITATE THE PROVISION OF AFFORDABLE HOUSING TO FAMILIES, SENIORS, PEOPLE WITH SPECIAL NEEDS, HOMELESS AND POTENTIALLY HOMELESS INDIVIDUALS WHO WOULD OTHERWISE LACK THE FINANCIAL RESOURCES TO OBTAIN QUALITY, SAFE HOUSING FURTHER, MERCY HOUSING SOUTHEAST PROVIDES A VARIETY OF FREE PROGRAMS AND SERVICES TO RESIDENTS OF THEIR AFFORDABLE HOUSING PROJECTS WHICH ARE DESIGNED TO IMPROVE THEIR LIVES AND THE COMMUNITIES IN WHICH THEY LIVE

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 1,241,381 including grants of \$ 63,945 ) (Revenue \$ 650,690 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,082,672 including grants of \$ 1,000 ) (Revenue \$ 430,138 )  
See Additional Data

**4c** (Code ) (Expenses \$ 327,890 including grants of \$ 211,788 ) (Revenue \$ 19,858 )  
See Additional Data

(Code ) (Expenses \$ 14 including grants of \$ ) (Revenue \$ )  
consulting services are provided to other developers of low-income affordable housing services include strategic planning, financing application preparation, construction design and construction management, lease-up assistance and closing assistance

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 14 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 2,651,957

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> 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> . . . . .		No
<b>11</b> 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 <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-34, 35a-35b, 36-37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes to governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Election power), 7b (Reserved decisions), 8 (Meeting documentation), 8a/b (Committee authority), 9 (Officer reachability).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies for chapters), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a/b (Officer/employee compensation), 16a (Investment/venture), 16b (Joint venture policy).

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed. Row 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. Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records.





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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	0	806,425	82,243

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	24,966			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	236,017			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		260,983			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> DEVELOPER FEE REVENUE	531390	717,485	717,485		
	<b>b</b> SERVICES FEES	531390	328,044	328,044		
	<b>c</b> PROGRAM INTEREST INCOM	531390	35,673	35,673		
	<b>d</b> BAD DEBT RECOVERY	531390	17,858	17,858		
	<b>e</b> Net of Contribution an	531390	1,626	1,626		
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		1,100,686				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		20,364		20,364	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		1,382,033	1,100,686	0	20,364	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	276,733	276,733		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	192,775		192,775	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	871,955	532,869	180,352	158,734
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,620	6,071	3,033	1,516
<b>9</b> Other employee benefits	156,411	94,809	38,303	23,299
<b>10</b> Payroll taxes	82,368	44,628	24,674	13,066
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	3,236		3,236	
<b>b</b> Legal				
<b>c</b> Accounting	6		6	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,532	3,496	2,886	150
<b>12</b> Advertising and promotion	32,164	1,377		30,787
<b>13</b> Office expenses	64,223	48,717	13,203	2,303
<b>14</b> Information technology	40,110	8,720	31,291	99
<b>15</b> Royalties				
<b>16</b> Occupancy	118,485	81,237	16,934	20,314
<b>17</b> Travel	98,699	51,130	34,726	12,843
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	860	820		40
<b>20</b> Interest	250,993		250,993	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	8,424		8,424	
<b>23</b> Insurance	4,943	3,849	676	418
<b>24</b> 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.)				
<b>a</b> INDIRECT COSTS	538,837	250,563	208,709	79,565
<b>b</b> BAD DEBTS	303,958	303,958		
<b>c</b> PROJECT DEVEL-DISCONTIN	130,026	130,026		
<b>d</b> PROJECT DEVELOPMENT FEE	45,214	45,214		
<b>e</b> All other expenses	160,165	767,740	-1,010,221	402,646
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,397,737	2,651,957	0	745,780
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	689,935	<b>1</b>	866,192
	<b>2</b> Savings and temporary cash investments . . . . .	1,150,000	<b>2</b>	850,000
	<b>3</b> Pledges and grants receivable, net . . . . .	3,042,780	<b>3</b>	72,822
	<b>4</b> Accounts receivable, net . . . . .	13,812	<b>4</b>	8,536
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	7,477,679	<b>7</b>	9,661,834
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	38,596	<b>9</b>	36,995
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	408,583		
	<b>b</b> Less accumulated depreciation	159,747		
		405,213	<b>10c</b>	248,836
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	3,541,843	<b>15</b>	2,792,568	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,359,858	<b>16</b>	14,537,783	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	220,421	<b>17</b>	229,066
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	50,315	<b>19</b>	39,025
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	128,442	<b>23</b>	120,366
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	14,752,959	<b>25</b>	14,957,309
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	15,152,137	<b>26</b>	15,345,766
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	-6,166,131	<b>27</b>	-7,978,052
	<b>28</b> Temporarily restricted net assets . . . . .	7,373,852	<b>28</b>	7,170,069
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	1,207,721	<b>33</b>	-807,983
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	16,359,858	<b>34</b>	14,537,783

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,382,033
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	3,397,737
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-2,015,704
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	1,207,721
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-807,983

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		<b>Yes</b>	<b>No</b>
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                  If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-1993872

**Name:** MERCY HOUSING SOUTHEAST

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

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

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**Form 990, Part III, Line 4b:**

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

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**Form 990, Part III, Line 4c:**

Asset management services are provided to low-income multi-family rental properties and include preparing and managing annual operating budgets, preparing reports for investors and lenders, overseeing the property management services, and ensuring and monitoring compliance to meet regulatory and eligibility requirements of residents

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**SCHEDULE A**  
**(Form 990 or 990EZ)**

**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](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOUSING SOUTHEAST

Employer identification number

56-1993872

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_

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

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

12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations \_\_\_\_\_

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	165,255	357,642	55,769	5,674,654	260,983	6,514,303
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,496,390	2,708,313	2,224,702	2,173,670	1,100,686	10,703,761
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,661,645	3,065,955	2,280,471	7,848,324	1,361,669	17,218,064
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,851,362	1,087,844	1,948,727	1,500,932	974,681	7,363,546
<b>c</b> Add lines 7a and 7b	1,851,362	1,087,844	1,948,727	1,500,932	974,681	7,363,546
<b>8 Public support.</b> (Subtract line 7c from line 6.)						9,854,518

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6	2,661,645	3,065,955	2,280,471	7,848,324	1,361,669	17,218,064
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,807	26,818	22,452	18,986	20,364	102,427
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	13,807	26,818	22,452	18,986	20,364	102,427
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,675,452	3,092,773	2,302,923	7,867,310	1,382,033	17,320,491
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	56.900 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	65.020 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.590 %
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	0.990 %

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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 Circumstances Test**



**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](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Name of the organization**  
MERCY HOUSING SOUTHEAST

**Employer identification number**  
56-1993872

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

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

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |     |    |
|--|-----|----|
|  | Yes | No |
| <b>(i)</b> unrelated organizations . . . . .   |     |    |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		15,789		15,789
<b>b</b> Buildings		297,827	64,780	233,047
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		63,562	63,562	0
<b>e</b> Other . . . . .		31,405	31,405	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				248,836

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,792,568
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	2,792,568

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
note payable TO AFFILIATES	14,956,941
ACCRUED INTEREST - AFFILIATES	368
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	14,957,309

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	



# Additional Data

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

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>MHI AND ITS CONSOLIDATED NONPROFIT CORPORATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE STATUTES. MHI DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015. ALL NONPROFIT CORPORATIONS ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, THE COMPANY DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE LIMITED PARTNERSHIPS IN WHICH THE COMPANY HAS A PARTNERSHIP INTEREST HAVE ELECTED TO BE TREATED AS A PASS-THROUGH ENTITY FOR INCOME TAX PURPOSES AND, AS SUCH, ARE NOT SUBJECT TO INCOME TAXES. RATHER, ALL ITEMS OF TAXABLE INCOME, DEDUCTIONS AND TAX CREDITS ARE PASSED THROUGH TO AND ARE REPORTED BY ITS OWNERS ON THEIR RESPECTIVE INCOME TAX RETURNS. THE PARTNERSHIPS' FEDERAL TAX STATUSES ARE BASED ON THEIR LEGAL STATUS AS A PARTNERSHIP. ACCORDINGLY, THE PARTNERSHIPS ARE NOT REQUIRED TO TAKE ANY TAX POSITIONS IN ORDER TO QUALIFY AS A PASS-THROUGH ENTITY. THE PARTNERSHIPS ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE PARTNERSHIPS HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. INCOME TAX RETURNS FILED BY THE COMPANY ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS, TAX YEARS SINCE 2013 REMAIN OPEN.</p>

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization MERCY HOUSING SOUTHEAST

Employer identification number 56-1993872

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	THE MAJORITY OF GRANTS EXPENSE REPRESENTS CONTRIBUTIONS TO AFFILIATED ORGANIZATIONS. DONORS CONTRIBUTE TO THE ORGANIZATION FOR SPECIFIC CAPITAL PROJECTS OR OTHER RESTRICTED OPERATING AND PROGRAM ACTIVITIES, AND THE ORGANIZATION PASSES THE CONTRIBUTION TO A RELATED ENTITY IN ACCORDANCE WITH THE DONOR RESTRICTIONS



**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
st mary's riverview I 5845 east governor john sevier knoxville, TN 37924	62-1782683	501(c)(3)	25,000				low income housing
st mary's riverview II 5845 east governor john sevier knoxville, TN 37924	31-1723287	501(c)(3)	17,000				low income housing

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST THERESA VILLAGE 6783 SIEBERN AVENUE CINCINNATI, OH 45236	31-1411529	501(c)(3)	26,087				LOW INCOME HOUSING
MERCY HOUSING INC 1999 BROADWAY SUITE 1000 DENVER, CO 80202	47-0646706	501(c)(3)	121,282				LOW INCOME HOUSING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARLES CREST II 1999 BROADWAY SUITE 1000 DENVER, CO 80202	34-1714407	501(C)(3)	22,419				LOW INCOME HOUSING

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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](http://www.irs.gov/form990).**

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MERCY HOUSING SOUTHEAST

Employer identification number  
56-1993872

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Francena Marie Lowe President	(i)	0	0	0	0	0	0	
	(ii)	192,775	0	0	2,619	1,019	196,413	
2 MELISSA CLAYTON VICE PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	198,698	0	0	5,960	21,265	225,923	
3 VINCE DODDS TREASURER	(i)	0	0	0	0	0	0	
	(ii)	184,725	0	0	7,812	25,512	218,049	

See Additional Data Table


**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
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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
MERCY HOUSING SOUTHEAST

Employer identification number

56-1993872

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE BOARD OF TRUSTEES OF MERCY HOUSING, INC , AS SOLE MEMBER OF MERCY HOUSING SOUTHEAST, HAS AUTHORITY OVER MERCY HOUSING SOUTHEAST IN VARIOUS ASPECTS OF OPERATIONS AND MANAGEMENT WHICH ARE SET FORTH IN THE RESERVED RIGHTS OF THE BYLAWS OF THE SUBSIDIARY CORPORATION THE RESERVED RIGHTS HELD BY THE MERCY HOUSING BOARD OF TRUSTEES, MANY OF WHICH HAVE BEEN FURTHER DELEGATED TO THE PRESIDENT AND CEO OF MERCY HOUSING, INC , INCLUDE APPROVAL OF THE FOLLOWING ACTIVITIES REVISIONS TO ARTICLES AND BYLAWS, MERGERS AND ACQUISITIONS, ESTABLISHMENT OF NEW ENTITIES, PLEDGING, MORTGAGING OR DISPOSING OF ALL OR SUBSTANTIALLY ALL ASSETS, OBLIGATIONS OF NEW OPERATING AND MORTGAGE DEBT, AND, APPOINTMENT OR REMOVAL OF GOVERNING BOARD MEMBERS AND OFFICERS



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 7b	Same as line 7a

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 11b	PRIOR TO FILING FORM 990, THE GOVERNING BOARD REVIEWS THE FORM

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE AUDIT COMMITTEE OF MERCY HOUSING, INC REVIEWS ANNUALLY THE CONFLICT OF INTEREST DISCLOSURES AND DETERMINES WHETHER ANY ACTION IS REQUIRED

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	ANNUALLY THE executive COMMITTEE WITHIN THE MERCY HOUSING, INC BOARD OF TRUSTEES WILL REVIEW EXECUTIVE SALARIES TO ENSURE COMPETITIVENESS WITH EXTERNAL MARKETS AND FOR INTERNAL EQUITY IN RELATION TO GENERAL EMPLOYEE WAGES AND BENEFITS, INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE, AND THE FINANCIAL RESOURCES OF THE ORGANIZATION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
From 990, PART XII, line 2B	THE ORGANIZATION'S FINANCIAL STATEMENT ARE AUDITED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE AUDITED FINANCIAL STATEMENTS ARE REPORTED WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION OF MERCY HOUSING, INC

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
From 990, PART XII, line 2C	RESPONSIBILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE ANNUAL AUDIT IS RESERVED BY THE MERCY HOUSING, INC BOARD OF TRUSTEES MERCY HOUSING, INC , IS THE SOLE MEMBER OF MERCY HOUSING SOUTHEAST

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
form 990, part ix	The 990 is being amended to reclass some expenses that were incorrectly classified on the originally filed return. The total expenses did not change but the total program expenses and total fundraising expenses have changed.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

▶ 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](http://www.irs.gov/form990).

Name of the organization  
MERCY HOUSING SOUTHEAST

Employer identification number

56-1993872

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> Mercy Housing Georgia Holdings LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-1233986	low-income housing	GA	0	195,445	N/A

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

See Additional Data Table

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

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

See Additional Data Table

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

**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.

See Additional Data Table

(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) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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**Additional Data**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(1) 1999 Broadway Suite 1000 Denver, CO 80202 47-5177987	low-inc hsng	IN	501 (c) (3)	10	N/A		No
(2) 1999 Broadway Suite 1000 Denver, CO 80202 94-2722870	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(3) 1999 Broadway Suite 1000 Denver, CO 80202 20-4295472	low-inc hsng	CO	501 (c) (3)	10	N/A		No
(4) 1999 Broadway Suite 1000 Denver, CO 80202 36-3942336	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(5) 1999 Broadway Suite 1000 Denver, CO 80202 36-3803443	low-inc hsng	IL	501 (c) (3)		N/A		No
(6) 1999 Broadway Suite 1000 Denver, CO 80202 36-3914084	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(7) 1999 Broadway Suite 1000 Denver, CO 80202 36-4039278	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(8) 1999 Broadway Suite 1000 Denver, CO 80202 36-4049150	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(9) 1999 Broadway Suite 1000 Denver, CO 80202 39-1771526	low-inc hsng	WI	501 (c) (3)	10	N/A		No
(10) 1999 Broadway Suite 1000 Denver, CO 80202 39-1814815	low-inc hsng	WI	501 (c) (3)	10	N/A		No
(11) 1999 Broadway Suite 1000 Denver, CO 80202 80-0623447	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(12) 1999 Broadway Suite 1000 Denver, CO 80202 36-3767250	low-inc hsng	WI	501 (c) (3)	10	N/A		No
(13) 1999 Broadway Suite 1000 Denver, CO 80202 86-0980810	low-inc hsng	AZ	501 (c) (3)	10	N/A		No
(14) 1999 Broadway Suite 1000 Denver, CO 80202 86-0980809	low-inc hsng	AZ	501 (c) (3)	10	N/A		No
(15) 1999 Broadway Suite 1000 Denver, CO 80202 94-3361794	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(16) 1999 Broadway Suite 1000 Denver, CO 80202 36-3957850	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(17) 1999 Broadway Suite 1000 Denver, CO 80202 86-0808941	low-inc hsng	AZ	501 (c) (3)	10	N/A		No
(18) 1999 Broadway Suite 1000 Denver, CO 80202 86-0728526	low-inc hsng	AZ	501 (c) (3)	12a	N/A		No
(19) 1999 Broadway Suite 1000 Denver, CO 80202 77-0117473	low-inc hsng	CA	501 (c) (3)	10	N/A		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g)		
						Yes	No	
(21) 1999 Broadway Suite 1000 Denver, CO 80202 34-1399869	low-inc hsng	OH	501 (c) (3)	10	N/A		No	
(1) 1999 Broadway Suite 1000 Denver, CO 80202 34-1714407	low-inc hsng	OH	501 (c) (3)	10	N/A		No	
(2) 1999 Broadway Suite 1000 Denver, CO 80202 34-1552671	low-inc hsng	OH	501 (c) (3)	10	N/A		No	
(3) 1999 Broadway Suite 1000 Denver, CO 80202 23-7200039	low-inc hsng	CO	501 (c) (3)		N/A		No	
(4) 1999 Broadway Suite 1000 Denver, CO 80202 74-2740978	low-inc hsng	CO	501 (c) (3)		N/A		No	
(5) 1999 Broadway Suite 1000 Denver, CO 80202 84-1062097	low-inc hsng	CO	501 (c) (3)	10	N/A		No	
(6) 1999 Broadway Suite 1000 Denver, CO 80202 02-0655254	low-inc hsng	KY	501 (c) (3)	10	N/A		No	
(7) 1999 Broadway Suite 1000 Denver, CO 80202 03-0410639	low-inc hsng	ID	501 (c) (3)	10	N/A		No	
(8) 1999 Broadway Suite 1000 Denver, CO 80202 47-5190275	low-inc hsng	IL	501 (c) (3)	10	N/A		No	
(9) 1999 Broadway Suite 1000 Denver, CO 80202 94-3234538	low-inc hsng	CA	501 (c) (3)	12a	N/A		No	
(10) 1999 Broadway Suite 1000 Denver, CO 80202 86-0847975	low-inc hsng	AZ	501 (c) (3)	10	N/A		No	
(11) 1999 Broadway Suite 1000 Denver, CO 80202 94-2772546	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(12) 1999 Broadway Suite 1000 Denver, CO 80202 68-0336533	low-inc hsng	CA	501 (c) (3)	12a	N/A		No	
(13) 1999 Broadway Suite 1000 Denver, CO 80202 84-0626174	low-inc hsng	IL	501 (c) (3)		N/A		No	
(14) 1999 Broadway Suite 1000 Denver, CO 80202 94-2366315	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(15) 1999 Broadway Suite 1000 Denver, CO 80202 68-0484147	low-inc hsng	CA	501 (c) (3)	12a	N/A		No	
(16) 1999 Broadway Suite 1000 Denver, CO 80202 75-2983979	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(17) 1999 Broadway Suite 1000 Denver, CO 80202 86-0897709	low-inc hsng	AZ	501 (c) (3)	10	N/A		No	
(18) 1999 Broadway Suite 1000 Denver, CO 80202 72-1545927	low-inc hsng	ID	501 (c) (3)	12a	N/A		No	
(19) 1999 Broadway Suite 1000 Denver, CO 80202 91-1667138	low-inc hsng	WA	501 (c) (3)	10	N/A		No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) 1999 Broadway Suite 1000 Denver, CO 80202 94-3282891	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(1) 1999 Broadway Suite 1000 Denver, CO 80202 47-5189624	low-inc hsng	IN	501 (c) (3)	10	N/A		No
(2) 1999 Broadway Suite 1000 Denver, CO 80202 27-2239991	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(3) 1999 Broadway Suite 1000 Denver, CO 80202 47-5190723	low-inc hsng	FL	501 (c) (3)		N/A		No
(4) 1999 Broadway Suite 1000 Denver, CO 80202 94-2762529	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(5) 1999 Broadway Suite 1000 Denver, CO 80202 94-3190261	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(6) 1999 Broadway Suite 1000 Denver, CO 80202 39-1515867	low-inc hsng	WI	501 (c) (3)	10	N/A		No
(7) 1999 Broadway Suite 1000 Denver, CO 80202 36-2750105	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(8) 1999 Broadway Suite 1000 Denver, CO 80202 94-2787430	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(9) 1999 Broadway Suite 1000 Denver, CO 80202 94-1358291	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(10) 1999 Broadway Suite 1000 Denver, CO 80202 91-2164481	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(11) 1999 Broadway Suite 1000 Denver, CO 80202 20-1910771	low-inc hsng	SC	501 (c) (3)	10	N/A		No
(12) 1999 Broadway Suite 1000 Denver, CO 80202 31-1548500	low-inc hsng	KY	501 (c) (3)	10	N/A		No
(13) 1999 Broadway Suite 1000 Denver, CO 80202 94-3142767	low-inc hsng	AZ	501 (c) (3)	12a	N/A		No
(14) 1999 Broadway Suite 1000 Denver, CO 80202 94-3286321	low-inc hsng	CO	501 (c) (3)	12a	N/A		No
(15) 1999 Broadway Suite 1000 Denver, CO 80202 68-0378674	low-inc hsng	NE	501 (c) (3)	12a	N/A		No
(16) 1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	501 (c) (3)	12a	N/A		No
(17) 1999 Broadway Suite 1000 Denver, CO 80202 33-0809069	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(18) 1999 Broadway Suite 1000 Denver, CO 80202 84-1347445	low-inc hsng	CO	501 (c) (3)	12a	N/A		No
(19) 1999 Broadway Suite 1000 Denver, CO 80202 94-2834861	low-inc hsng	CA	501 (c) (3)	12a	N/A		No



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) 1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(1) 1999 Broadway Suite 1000 Denver, CO 80202 33-0998451	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(2) 1999 Broadway Suite 1000 Denver, CO 80202 20-3177114	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(3) 1999 Broadway Suite 1000 Denver, CO 80202 94-3088260	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(4) 1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(5) 1999 Broadway Suite 1000 Denver, CO 80202 81-3397958	low-inc hsng	CO	501 (c) (3)	10	N/A		No
(6) 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	IL	501 (c) (3)	7	N/A		No
(7) 1999 Broadway Suite 1000 Denver, CO 80202 82-0376108	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(8) 1999 Broadway Suite 1000 Denver, CO 80202 47-0772351	low-inc hsng	NE	501 (c) (3)	10	N/A		No
(9) 1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	CO	501 (c) (3)	10	N/A		No
(10) 1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	501 (c) (3)	10	N/A		No
(11) 1999 Broadway Suite 1000 Denver, CO 80202 36-3453183	low-inc hsng	ID	501 (c) (3)	12a	N/A		No
(12) 1999 Broadway Suite 1000 Denver, CO 80202 20-2373936	low-inc hsng	OH	501 (c) (3)	12a	N/A		No
(13) 1999 Broadway Suite 1000 Denver, CO 80202 13-4224803	low-inc hsng	GA	501 (c) (3)	10	N/A		No
(14) 1999 Broadway Suite 1000 Denver, CO 80202 56-1993872	low-inc hsng	NC	501 (c) (3)	10	N/A		No
(15) 1999 Broadway Suite 1000 Denver, CO 80202 86-0743192	low-inc hsng	AZ	501 (c) (3)	10	N/A		No
(16) 1999 Broadway Suite 1000 Denver, CO 80202 68-0254564	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(17) 1999 Broadway Suite 1000 Denver, CO 80202 37-1068780	low-inc hsng	NE	501 (c) (3)	10	N/A		No
(18) 1999 Broadway Suite 1000 Denver, CO 80202 47-0646706	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(19) 1999 Broadway Suite 1000 Denver, CO 80202 84-1559406	low-inc hsng	CA	501 (c) (3)	10	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(81) 1999 Broadway Suite 1000 Denver, CO 80202 61-1344092	low-inc hsng	TN	501 (c) (3)	10	N/A		No
(1) 1999 Broadway Suite 1000 Denver, CO 80202 68-0002157	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(2) 1999 Broadway Suite 1000 Denver, CO 80202 82-0475388	low-inc hsng	ID	501 (c) (3)	10	N/A		No
(3) 1999 Broadway Suite 1000 Denver, CO 80202 75-3134134	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(4) 1999 Broadway Suite 1000 Denver, CO 80202 84-1344220	low-inc hsng	AZ	501 (c) (3)	10	N/A		No
(5) 1999 Broadway Suite 1000 Denver, CO 80202 80-0034784	low-inc hsng	NC	501 (c) (3)	10	N/A		No
(6) 1999 Broadway Suite 1000 Denver, CO 80202 26-4002114	low-inc hsng	CO	501 (c) (3)	10	N/A		No
(7) 1999 Broadway Suite 1000 Denver, CO 80202 86-0772987	low-inc hsng	AR	501 (c) (3)	10	N/A		No
(8) 1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(9) 1999 Broadway Suite 1000 Denver, CO 80202 82-0485862	low-inc hsng	ID	501 (c) (3)	12a	N/A		No
(10) 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-inc hsng	WA	501 (c) (3)	10	N/A		No
(11) 1999 Broadway Suite 1000 Denver, CO 80202 91-1903782	low-inc hsng	WA	501 (c) (3)	12a	N/A		No
(12) 1999 Broadway Suite 1000 Denver, CO 80202 30-0117515	low-inc hsng	WA	501 (c) (3)	10	N/A		No
(13) 1999 Broadway Suite 1000 Denver, CO 80202 84-1173689	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(14) 1999 Broadway Suite 1000 Denver, CO 80202 94-3224446	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(15) 1999 Broadway Suite 1000 Denver, CO 80202 84-1284293	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(16) 1999 Broadway Suite 1000 Denver, CO 80202 37-1459692	low-inc hsng	MO	501 (c) (3)	10	N/A		No
(17) 1999 Broadway Suite 1000 Denver, CO 80202 86-0897708	low-inc hsng	AZ	501 (c) (3)	10	N/A		No
(18) 1999 Broadway Suite 1000 Denver, CO 80202 47-5216971	low-inc hsng	IL	501 (c) (3)	10	N/A		No
(19) 1999 Broadway Suite 1000 Denver, CO 80202 47-5217175	low-inc hsng	IL	501 (c) (3)	10	N/A		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g)		
						Yes	No	
(101) 1999 Broadway Suite 1000 Denver, CO 80202 94-3044873	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(1) 1999 Broadway Suite 1000 Denver, CO 80202 77-0214799	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(2) 1999 Broadway Suite 1000 Denver, CO 80202 94-3209503	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(3) 1999 Broadway Suite 1000 Denver, CO 80202 94-3167825	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(4) 1999 Broadway Suite 1000 Denver, CO 80202 84-0789830	low-inc hsng	CA	501 (c) (3)	12a	N/A		No	
(5) 1999 Broadway Suite 1000 Denver, CO 80202 47-5203278	low-inc hsng	IL	501 (c) (3)		N/A		No	
(6) 1999 Broadway Suite 1000 Denver, CO 80202 86-0980811	low-inc hsng	AZ	501 (c) (3)	10	N/A		No	
(7) 1999 Broadway Suite 1000 Denver, CO 80202 86-0758961	low-inc hsng	AZ	501 (c) (3)	10	N/A		No	
(8) 1999 Broadway Suite 1000 Denver, CO 80202 94-3264209	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(9) 1999 Broadway Suite 1000 Denver, CO 80202 47-5202983	low-inc hsng	IL	501 (c) (3)		N/A		No	
(10) 1999 Broadway Suite 1000 Denver, CO 80202 47-5202868	low-inc hsng	IL	501 (c) (3)		N/A		No	
(11) 1999 Broadway Suite 1000 Denver, CO 80202 62-1782683	low-inc hsng	TN	501 (c) (3)	10	N/A		No	
(12) 1999 Broadway Suite 1000 Denver, CO 80202 26-2330256	low-inc hsng	IL	501 (c) (3)	10	N/A		No	
(13) 1999 Broadway Suite 1000 Denver, CO 80202 26-4723017	low-inc hsng	IL	501 (c) (3)	10	N/A		No	
(14) 1999 Broadway Suite 1000 Denver, CO 80202 93-1189914	low-inc hsng	CA	501 (c) (3)	10	N/A		No	
(15) 1999 Broadway Suite 1000 Denver, CO 80202 31-1411531	low-inc hsng	KY	501 (c) (3)	10	N/A		No	
(16) 1999 Broadway Suite 1000 Denver, CO 80202 61-1339396	low-inc hsng	KY	501 (c) (3)	10	N/A		No	
(17) 1999 Broadway Suite 1000 Denver, CO 80202 61-1367719	low-inc hsng	OH	501 (c) (3)	10	N/A		No	
(18) 1999 Broadway Suite 1000 Denver, CO 80202 68-0378676	low-inc hsng	CA	501 (c) (3)	12a	N/A		No	
(19) 1999 Broadway Suite 1000 Denver, CO 80202 27-3400284	low-inc hsng	GA	501 (c) (3)	10	N/A		No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(121)  1999 Broadway Suite 1000 Denver, CO 80202 31-1052772	low-inc hsng	OH	501 (c) (3)	10	N/A		No
(1)  1999 Broadway Suite 1000 Denver, CO 80202 31-1591780	low-inc hsng	OH	501 (c) (3)	10	N/A		No
(2)  1999 Broadway Suite 1000 Denver, CO 80202 94-3199902	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(3)  1999 Broadway Suite 1000 Denver, CO 80202 39-0857537	low-inc hsng	WI	501 (c) (3)	1	N/A		No
(4)  1999 Broadway Suite 1000 Denver, CO 80202 94-2705149	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(5)  1999 Broadway Suite 1000 Denver, CO 80202 31-1723287	low-inc hsng	TN	501 (c) (3)	12a	N/A		No
(6)  1999 Broadway Suite 1000 Denver, CO 80202 31-1548512	low-inc hsng	KY	501 (c) (3)	10	N/A		No
(7)  1999 Broadway Suite 1000 Denver, CO 80202 31-1411529	low-inc hsng	OH	501 (c) (3)	10	N/A		No
(8)  1999 Broadway Suite 1000 Denver, CO 80202 14-1866405	low-inc hsng	WA	501 (c) (3)	10	N/A		No
(9)  1999 Broadway Suite 1000 Denver, CO 80202 45-3959651	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(10)  1999 Broadway Suite 1000 Denver, CO 80202 75-3004763	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(11)  1999 Broadway Suite 1000 Denver, CO 80202 46-5357713	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(12)  1999 Broadway Suite 1000 Denver, CO 80202 68-0387620	low-inc hsng	CA	501 (c) (3)	10	N/A		No
(13)  1999 Broadway Suite 1000 Denver, CO 80202 84-1347868	low-inc hsng	IL	501 (c) (3)		N/A		No
(14)  1999 Broadway Suite 1000 Denver, CO 80202 94-3273336	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(15)  1999 Broadway Suite 1000 Denver, CO 80202 86-0947230	low-inc hsng	AZ	501 (c) (3)	10	N/A		No
(16)  1999 Broadway Suite 1000 Denver, CO 80202 68-0233835	low-inc hsng	CA	501 (c) (3)	12a	N/A		No
(17)  1999 Broadway Suite 1000 Denver, CO 80202 84-1334167	low-inc hsng	CO	501 (c) (3)	10	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 1028 Howard St Associates  1999 Broadway Suite 1000 Denver, CO 80202 94-3160742	low-inc hsng	CA	N/A	RELATED				No			No	
(1) 104th Street LP  1999 Broadway Suite 1000 Denver, CO 80202 27-2755027	low-inc hsng	IL	N/A	RELATED				No			No	
(2) 1100 Ocean Avenue LP  1999 Broadway Suite 1000 Denver, CO 80202 45-4437017	low-inc hsng	CA	N/A	RELATED				No			No	
(3) 1101 Howard St Associates  1999 Broadway Suite 1000 Denver, CO 80202 94-3160341	low-inc hsng	CA	N/A	RELATED				No			No	
(4) 111 Jones Street Assoc (111 Jones St)  1999 Broadway Suite 1000 Denver, CO 80202 94-3142765	low-inc hsng	CA	N/A	RELATED				No			No	
(5) 1475 167th Avenue Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3249328	low-inc hsng	CA	N/A	RELATED				No			No	
(6) 16th & Church Street Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3135262	low-inc hsng	CA	N/A	RELATED				No			No	
(7) 180 Properties  1999 Broadway Suite 1000 Denver, CO 80202 27-0561021	low-inc hsng	IL	N/A	RELATED				No			No	
(8) 1760 Bush LP  1999 Broadway Suite 1000 Denver, CO 80202 47-3449006	low-inc hsng	CA	N/A	RELATED				No			No	
(9) 1880 Pine LP  1999 Broadway Suite 1000 Denver, CO 80202 47-1291546	low-inc hsng	CA	N/A	RELATED				No			No	
(10) 2000 Illinois Aurora LLC  1999 Broadway Suite 1000 Denver, CO 80202 46-2558442	low-inc hsng	IL	N/A	RELATED				No			No	
(11) 2101 Telegraph Avenue Assoc  1999 Broadway Suite 1000 Denver, CO 80202 94-3222935	low-inc hsng	CA	N/A	RELATED				No			No	
(12) 2220 10th Avenue Assoc (Santana Apts)  1999 Broadway Suite 1000 Denver, CO 80202 94-3140163	low-inc hsng	CA	N/A	RELATED				No			No	
(13) 2698 California LP  1999 Broadway Suite 1000 Denver, CO 80202 47-3462784	low-inc hsng	CA	N/A	RELATED				No			No	
(14) 2814 Fifth Street Associates LP  1999 Broadway Suite 1000 Denver, CO 80202 68-0340317	low-inc hsng	CA	N/A	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) 455 Fell LP  1999 Broadway Suite 1000 Denver, CO 80202 47-4654112	low-inc hsng	CA	N/A	RELATED				No			No	
(1) 4707 Malden Ltd Partnership  1999 Broadway Suite 1000 Denver, CO 80202 36-3762788	low-inc hsng	IL	N/A	RELATED				No			No	
(2) 5042 Winthrop Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 36-3855358	low-inc hsng	IL	N/A	RELATED				No			No	
(3) 55 Laguna LP  1999 Broadway Suite 1000 Denver, CO 80202 45-3582721	low-inc hsng	CA	N/A	RELATED				No			No	
(4) 901 West 63rd LP (Englewood Apartments)  1999 Broadway Suite 1000 Denver, CO 80202 26-1233617	low-inc hsng	IL	N/A	RELATED				No			No	
(5) Acquisition Properties Georgia I  1999 Broadway Suite 1000 Denver, CO 80202 20-4465851	low-inc hsng	GA	N/A	RELATED				No			No	
(6) Adamsville Green LP  1999 Broadway Suite 1000 Denver, CO 80202 26-2252791	low-inc hsng	GA	N/A	RELATED				No			No	
(7) Allegre Mercy Redevelopment LLLP  1999 Broadway Suite 1000 Denver, CO 80202 45-3540725	low-inc hsng	WA	N/A	RELATED				No			No	
(8) Antioch Villas LP  1999 Broadway Suite 1000 Denver, CO 80202 27-0194197	low-inc hsng	GA	N/A	RELATED				No			No	
(9) Appian Way Mercy LLC  1999 Broadway Suite 1000 Denver, CO 80202 91-1546525	low-inc hsng	WA	N/A	RELATED				No			No	
(10) Aromor Mercy LLC (Aromor Apartments)  1999 Broadway Suite 1000 Denver, CO 80202 30-0296042	low-inc hsng	CO	N/A	RELATED				No			No	
(11) Bayshore Court  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(12) Belray Apartments  1999 Broadway Suite 1000 Denver, CO 80202 36-4027474	low-inc hsng	IL	N/A	RELATED				No			No	
(13) Bennett House LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308081	low-inc hsng	CA	N/A	RELATED				No			No	
(14) Bishops Block (Bishops Block)  1999 Broadway Suite 1000 Denver, CO 80202 01-0477157	low-inc hsng	IA	N/A	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) Bluff Mercy LLC  1999 Broadway Suite 1000 Denver, CO 80202 27-0954394	low-inc hsng	CO	N/A	RELATED				No			No	
(1) Boise Senior 202 Owner LP  1999 Broadway Suite 1000 Denver, CO 80202 27-0992784	low-inc hsng	ID	N/A	RELATED				No			No	
(2) Boundary Village  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(3) Brentwood Green Valley Apts  1999 Broadway Suite 1000 Denver, CO 80202 94-3135990	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Britton Street Assoc(Britton Court)  1999 Broadway Suite 1000 Denver, CO 80202 94-3300509	low-inc hsng	CA	N/A	RELATED				No			No	
(5) Cambridge Apartments  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(6) Cascade Apartments  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(7) Cascade Village  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(8) Cedarwood I  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(9) Cedarwood IV  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(10) Centro Partners  1999 Broadway Suite 1000 Denver, CO 80202 77-0295344	low-inc hsng	CA	N/A	RELATED				No			No	
(11) Cheney Gardens  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(12) Coastside Senior Housing LP  1999 Broadway Suite 1000 Denver, CO 80202 45-2262853	low-inc hsng	CA	N/A	RELATED				No			No	
(13) Colonia San Martin Associates LP  1999 Broadway Suite 1000 Denver, CO 80202 83-0481233	low-inc hsng	CA	N/A	RELATED				No			No	
(14) Commons on Main LP  1999 Broadway Suite 1000 Denver, CO 80202 20-8033896	low-inc hsng	OH	N/A	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) Countryside Senior Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	low-inc hsng	IL	N/A	RELATED				No			No	
(1) Danville Veterans Housing LLC  1999 Broadway Suite 1000 Denver, CO 80202 35-2441770	low-inc hsng	IL	N/A	RELATED				No			No	
(2) Dorothy Day Community LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308078	low-inc hsng	CA	N/A	RELATED				No			No	
(3) Dove Family Housing Associates LP  1999 Broadway Suite 1000 Denver, CO 80202 33-0975782	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Eden House LP  1999 Broadway Suite 1000 Denver, CO 80202 46-2704216	low-inc hsng	CA	N/A	RELATED				No			No	
(5) El Monte LP  1999 Broadway Suite 1000 Denver, CO 80202 46-1360554	low-inc hsng	CA	N/A	RELATED				No			No	
(6) Evergreen Manor  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(7) Evergreen Vista 1 Owner LP  1999 Broadway Suite 1000 Denver, CO 80202 27-4160484	low-inc hsng	WA	N/A	RELATED				No			No	
(8) Family Tree & Lincoln Way LLLP  1999 Broadway Suite 1000 Denver, CO 80202 46-2841485	low-inc hsng	WA	N/A	RELATED				No			No	
(9) Ferndale Villa  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(10) Fircrest  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(11) Florin Wood Assoc  1999 Broadway Suite 1000 Denver, CO 80202 68-0318012	low-inc hsng	CA	N/A	RELATED				No			No	
(12) Franciscan Homes III LP  1999 Broadway Suite 1000 Denver, CO 80202 31-1394513	low-inc hsng	OH	N/A	RELATED				No			No	
(13) Franciscan Homes IV LP  1999 Broadway Suite 1000 Denver, CO 80202 31-1463371	low-inc hsng	OH	N/A	RELATED				No			No	
(14) Galewood SLF Associates LP  1999 Broadway Suite 1000 Denver, CO 80202 20-1882654	low-inc hsng	IL	N/A	RELATED				No			No	



Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(61) Grayslake senior housing  1999 Broadway Suite 1000 Denver, CO 80202 26-3800351	low-inc hsng	IL	N/A	RELATED				No			No	
(1) Greenwich Park Apartments LLC  1999 Broadway Suite 1000 Denver, CO 80202 32-0453460	low-inc hsng	WI	N/A	RELATED				No			No	
(2) Harold Washington Apartments  1999 Broadway Suite 1000 Denver, CO 80202 36-3556291	low-inc hsng	IL	N/A	RELATED				No			No	
(3) HWA-850 EASTWOOD LP  1999 Broadway Suite 1000 Denver, CO 80202 27-1257130	low-inc hsng	IL	N/A	RELATED				No			No	
(4) Impact Family Village GP LLC  1999 Broadway Suite 1000 Denver, CO 80202 36-4715432	low-inc hsng	WA	N/A	RELATED				No			No	
(5) Impact Family Village LP  1999 Broadway Suite 1000 Denver, CO 80202 80-0769567	low-inc hsng	WA	N/A	RELATED				No			No	
(6) JFK Tower LP  1999 Broadway Suite 1000 Denver, CO 80202 47-3477829	low-inc hsng	CA	N/A	RELATED				No			No	
(7) Johnston Center Outlots LLC  1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	WI	N/A	RELATED				No			No	
(8) Johnston Center Re-Use LP  1999 Broadway Suite 1000 Denver, CO 80202 30-0529359	low-inc hsng	IL	N/A	RELATED				No			No	
(9) Junipero Serra LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308082	low-inc hsng	CA	N/A	RELATED				No			No	
(10) Kankakee Station Street Senior Housing  1999 Broadway Suite 1000 Denver, CO 80202 46-1841937	low-inc hsng	IL	N/A	RELATED				No			No	
(11) Kennedy Estates Hsg Assoc  1999 Broadway Suite 1000 Denver, CO 80202 68-0355465	low-inc hsng	CA	N/A	RELATED				No			No	
(12) La Playa Residential  1999 Broadway Suite 1000 Denver, CO 80202 77-0278613	low-inc hsng	CA	N/A	RELATED				No			No	
(13) Lake Stevens  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(14) Lake Village East  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(76) Mabton Gardens  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(1) Magnolia Limited Partnership  1999 Broadway Suite 1000 Denver, CO 80202 36-3822288	low-inc hsng	IL	N/A	RELATED				No			No	
(2) Malden Limited Partnership II  1999 Broadway Suite 1000 Denver, CO 80202 20-8746121	low-inc hsng	IL	N/A	RELATED				No			No	
(3) Marlton Affordable Hsg Assoc  1999 Broadway Suite 1000 Denver, CO 80202 04-3594636	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Mercy Alston Lake LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-2948887	low-inc hsng	SC	N/A	RELATED				No			No	
(5) Mercy Crestview Village Housing LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578510	low-inc hsng	NE	N/A	RELATED				No			No	
(6) Mercy Eden House LLC  1999 Broadway Suite 1000 Denver, CO 80202 46-4227209	low-inc hsng	CA	N/A	RELATED				No			No	
(7) MERCY FAMILY PLAZA LP  1999 Broadway Suite 1000 Denver, CO 80202 94-3094867	low-inc hsng	CA	N/A	RELATED				No			No	
(8) Mercy Housing Arizona I  1999 Broadway Suite 1000 Denver, CO 80202 86-0791473	low-inc hsng	AZ	N/A	RELATED				No			No	
(9) Mercy Housing Arizona II (Page Commons)  1999 Broadway Suite 1000 Denver, CO 80202 33-1075152	low-inc hsng	AZ	N/A	RELATED				No			No	
(10) Mercy Housing Ca XXXIII  1999 Broadway Suite 1000 Denver, CO 80202 43-2100410	low-inc hsng	CA	N/A	RELATED				No			No	
(11) Mercy Housing Ca XXXVII  1999 Broadway Suite 1000 Denver, CO 80202 68-0631916	low-inc hsng	CA	N/A	RELATED				No			No	
(12) Mercy Housing California 47 LP  1999 Broadway Suite 1000 Denver, CO 80202 27-2930358	low-inc hsng	CA	N/A	RELATED				No			No	
(13) Mercy Housing California 48 LP  1999 Broadway Suite 1000 Denver, CO 80202 27-3117667	low-inc hsng	CA	N/A	RELATED				No			No	
(14) Mercy Housing California 49 LP  1999 Broadway Suite 1000 Denver, CO 80202 27-3277379	low-inc hsng	CA	N/A	RELATED				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(91) Mercy Housing California 50 LP  1999 Broadway Suite 1000 Denver, CO 80202 27-3381977	low-inc hsng	CA	N/A	RELATED				No			No	
(1) Mercy Housing California 51 LP  1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	N/A	RELATED				No			No	
(2) Mercy Housing California 52 LP  1999 Broadway Suite 1000 Denver, CO 80202 45-2751062	low-inc hsng	CA	N/A	RELATED				No			No	
(3) Mercy Housing California 53 LP  1999 Broadway Suite 1000 Denver, CO 80202 45-2050339	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Mercy Housing California 54 LP  1999 Broadway Suite 1000 Denver, CO 80202 94-2963228	low-inc hsng	CA	N/A	RELATED				No			No	
(5) Mercy Housing California 55 LP  1999 Broadway Suite 1000 Denver, CO 80202 45-3710672	low-inc hsng	CA	N/A	RELATED				No			No	
(6) Mercy Housing California 56 LP  1999 Broadway Suite 1000 Denver, CO 80202 45-4659051	low-inc hsng	CA	N/A	RELATED				No			No	
(7) Mercy Housing California 57 LP  1999 Broadway Suite 1000 Denver, CO 80202 45-4711412	low-inc hsng	CA	N/A	RELATED				No			No	
(8) Mercy Housing California 58 LP  1999 Broadway Suite 1000 Denver, CO 80202 45-4486957	low-inc hsng	CA	N/A	RELATED				No			No	
(9) Mercy Housing California 59 LP  1999 Broadway Suite 1000 Denver, CO 80202 46-2537487	low-inc hsng	CA	N/A	RELATED				No			No	
(10) Mercy Housing California 60 LP  1999 Broadway Suite 1000 Denver, CO 80202 46-1239561	low-inc hsng	CA	N/A	RELATED				No			No	
(11) Mercy Housing California 61 LP  1999 Broadway Suite 1000 Denver, CO 80202 46-3636570	low-inc hsng	CA	N/A	RELATED				No			No	
(12) Mercy Housing California 62 LP  1999 Broadway Suite 1000 Denver, CO 80202 46-3424351	low-inc hsng	CA	N/A	RELATED				No			No	
(13) Mercy Housing California 63 LP  1999 Broadway Suite 1000 Denver, CO 80202 46-3921420	low-inc hsng	CA	N/A	RELATED				No			No	
(14) Mercy Housing California 64 LP  1999 Broadway Suite 1000 Denver, CO 80202 46-5015672	low-inc hsng	CA	N/A	RELATED				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(106) Mercy Housing California 65 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-1120541	low-inc hsng	CA	N/A	RELATED				No			No	
(1) Mercy Housing California 66 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-3441276	low-inc hsng	CA	N/A	RELATED				No			No	
(2) Mercy Housing California 67 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-3628711	low-inc hsng	CA	N/A	RELATED				No			No	
(3) Mercy Housing California 68 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-4992813	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Mercy Housing California 69 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-5419818	low-inc hsng	CA	N/A	RELATED				No			No	
(5) Mercy Housing California 70 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-5463378	low-inc hsng	CA	N/A	RELATED				No			No	
(6) Mercy Housing California 71 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-5468338	low-inc hsng	CA	N/A	RELATED				No			No	
(7) Mercy Housing California 72 LP  1999 Broadway Suite 1000 Denver, CO 80202 81-1758210	low-inc hsng	CA	N/A	RELATED				No			No	
(8) Mercy Housing California 73 LP  1999 Broadway Suite 1000 Denver, CO 80202 81-2079108	low-inc hsng	CA	N/A	RELATED				No			No	
(9) Mercy Housing California 74 LP  1999 Broadway Suite 1000 Denver, CO 80202 81-2465663	low-inc hsng	CA	N/A	RELATED				No			No	
(10) Mercy Housing California 75 LP  1999 Broadway Suite 1000 Denver, CO 80202 81-2748406	low-inc hsng	CA	N/A	RELATED				No			No	
(11) Mercy Housing California 76 LP  1999 Broadway Suite 1000 Denver, CO 80202 36-4847211	low-inc hsng	CA	N/A	RELATED				No			No	
(12) Mercy Housing California I  1999 Broadway Suite 1000 Denver, CO 80202 84-1210914	low-inc hsng	CA	N/A	RELATED				No			No	
(13) Mercy Housing California II  1999 Broadway Suite 1000 Denver, CO 80202 94-3187825	low-inc hsng	CA	N/A	RELATED				No			No	
(14) Mercy Housing California III  1999 Broadway Suite 1000 Denver, CO 80202 94-3187826	low-inc hsng	CA	N/A	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(121) Mercy Housing California IX  1999 Broadway Suite 1000 Denver, CO 80202 94-3230471	low-inc hsng	CA	N/A	RELATED				No			No	
(1) Mercy Housing California V  1999 Broadway Suite 1000 Denver, CO 80202 94-3229051	low-inc hsng	CA	N/A	RELATED				No			No	
(2) Mercy Housing California VI  1999 Broadway Suite 1000 Denver, CO 80202 94-3224528	low-inc hsng	CA	N/A	RELATED				No			No	
(3) Mercy Housing California VII  1999 Broadway Suite 1000 Denver, CO 80202 94-3229540	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Mercy Housing California X (The Rose)  1999 Broadway Suite 1000 Denver, CO 80202 94-3232501	low-inc hsng	CA	N/A	RELATED				No			No	
(5) Mercy Housing California XI  1999 Broadway Suite 1000 Denver, CO 80202 94-3244521	low-inc hsng	CA	N/A	RELATED				No			No	
(6) Mercy Housing California XII  1999 Broadway Suite 1000 Denver, CO 80202 94-3366333	low-inc hsng	CA	N/A	RELATED				No			No	
(7) Mercy Housing California XIII  1999 Broadway Suite 1000 Denver, CO 80202 94-3377935	low-inc hsng	CA	N/A	RELATED				No			No	
(8) Mercy Housing California XIV  1999 Broadway Suite 1000 Denver, CO 80202 94-3377941	low-inc hsng	CA	N/A	RELATED				No			No	
(9) Mercy Housing California XIX  1999 Broadway Suite 1000 Denver, CO 80202 01-0716135	low-inc hsng	CA	N/A	RELATED				No			No	
(10) Mercy Housing California XL  1999 Broadway Suite 1000 Denver, CO 80202 26-1398920	low-inc hsng	CA	N/A	RELATED				No			No	
(11) Mercy Housing California XLI  1999 Broadway Suite 1000 Denver, CO 80202 26-2350027	low-inc hsng	CA	N/A	RELATED				No			No	
(12) Mercy Housing California XLII  1999 Broadway Suite 1000 Denver, CO 80202 26-2575525	low-inc hsng	CA	N/A	RELATED				No			No	
(13) Mercy Housing California XLIII  1999 Broadway Suite 1000 Denver, CO 80202 26-2553554	low-inc hsng	CA	N/A	RELATED				No			No	
(14) Mercy Housing California XLIV  1999 Broadway Suite 1000 Denver, CO 80202 26-3583090	low-inc hsng	CA	N/A	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(136) Mercy Housing California XLV  1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	N/A	RELATED				No			No	
(1) Mercy Housing California XLVII  1999 Broadway Suite 1000 Denver, CO 80202 27-2930358	low-inc hsng	CA	N/A	RELATED				No			No	
(2) Mercy Housing California XV  1999 Broadway Suite 1000 Denver, CO 80202 94-3379316	low-inc hsng	CA	N/A	RELATED				No			No	
(3) Mercy Housing California XVI  1999 Broadway Suite 1000 Denver, CO 80202 94-3381170	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Mercy Housing California XVII  1999 Broadway Suite 1000 Denver, CO 80202 94-3400496	low-inc hsng	CA	N/A	RELATED				No			No	
(5) Mercy Housing California XVIII  1999 Broadway Suite 1000 Denver, CO 80202 03-0376881	low-inc hsng	CA	N/A	RELATED				No			No	
(6) Mercy Housing California XX  1999 Broadway Suite 1000 Denver, CO 80202 36-4497277	low-inc hsng	CA	N/A	RELATED				No			No	
(7) Mercy Housing California XXI  1999 Broadway Suite 1000 Denver, CO 80202 48-1259652	low-inc hsng	CA	N/A	RELATED				No			No	
(8) Mercy Housing California XXII  1999 Broadway Suite 1000 Denver, CO 80202 35-2172040	low-inc hsng	CA	N/A	RELATED				No			No	
(9) Mercy Housing California XXIII  1999 Broadway Suite 1000 Denver, CO 80202 82-0560494	low-inc hsng	CA	N/A	RELATED				No			No	
(10) Mercy Housing California XXIV  1999 Broadway Suite 1000 Denver, CO 80202 74-3052786	low-inc hsng	CA	N/A	RELATED				No			No	
(11) Mercy Housing California XXIX  1999 Broadway Suite 1000 Denver, CO 80202 73-1729092	low-inc hsng	CA	N/A	RELATED				No			No	
(12) Mercy Housing California XXV  1999 Broadway Suite 1000 Denver, CO 80202 81-0564415	low-inc hsng	CA	N/A	RELATED				No			No	
(13) Mercy Housing California XXVI  1999 Broadway Suite 1000 Denver, CO 80202 58-2679059	low-inc hsng	CA	N/A	RELATED				No			No	
(14) Mercy Housing California XXVII  1999 Broadway Suite 1000 Denver, CO 80202 65-1207291	low-inc hsng	CA	N/A	RELATED				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(151) Mercy Housing California XXVIII  1999 Broadway Suite 1000 Denver, CO 80202 73-1721242	low-inc hsng	CA	N/A	RELATED				No			No	
(1) Mercy Housing California XXX  1999 Broadway Suite 1000 Denver, CO 80202 61-1488186	low-inc hsng	CA	N/A	RELATED				No			No	
(2) Mercy Housing California XXXI  1999 Broadway Suite 1000 Denver, CO 80202 87-0756700	low-inc hsng	CA	N/A	RELATED				No			No	
(3) Mercy Housing California XXXII  1999 Broadway Suite 1000 Denver, CO 80202 87-0756940	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Mercy Housing California XXXIV LP  1999 Broadway Suite 1000 Denver, CO 80202 51-0594948	low-inc hsng	CA	N/A	RELATED				No			No	
(5) Mercy Housing California XXXIX  1999 Broadway Suite 1000 Denver, CO 80202 01-0885277	low-inc hsng	CA	N/A	RELATED				No			No	
(6) Mercy Housing California XXXV  1999 Broadway Suite 1000 Denver, CO 80202 76-0827799	low-inc hsng	CA	N/A	RELATED				No			No	
(7) Mercy Housing California XXXVI  1999 Broadway Suite 1000 Denver, CO 80202 56-2568833	low-inc hsng	CA	N/A	RELATED				No			No	
(8) Mercy Housing California XXXVIII  1999 Broadway Suite 1000 Denver, CO 80202 33-1153406	low-inc hsng	CA	N/A	RELATED				No			No	
(9) MERCY HOUSING COLORADO I LTD  1999 Broadway Suite 1000 Denver, CO 80202 84-1176712	low-inc hsng	CO	N/A	RELATED				No			No	
(10) Mercy Housing Colorado III  1999 Broadway Suite 1000 Denver, CO 80202 84-1292696	low-inc hsng	CO	N/A	RELATED				No			No	
(11) Mercy Housing Colorado V  1999 Broadway Suite 1000 Denver, CO 80202 84-1318329	low-inc hsng	CO	N/A	RELATED				No			No	
(12) Mercy Housing Colorado VI  1999 Broadway Suite 1000 Denver, CO 80202 84-1361296	low-inc hsng	CO	N/A	RELATED				No			No	
(13) Mercy Housing Colorado VII  1999 Broadway Suite 1000 Denver, CO 80202 84-1473883	low-inc hsng	CO	N/A	RELATED				No			No	
(14) Mercy Housing Colorado VIII  1999 Broadway Suite 1000 Denver, CO 80202 93-1190349	low-inc hsng	CO	N/A	RELATED				No			No	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(166) Mercy Housing Colorado XI LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-5331841	low-inc hsng	CO	N/A	RELATED				No			No	
(1) Mercy Housing Colorado-I LTD (Grace)  1999 Broadway Suite 1000 Denver, CO 80202 84-1176712	low-inc hsng	CO	N/A	RELATED				No			No	
(2) Mercy Housing Colorado-IX  1999 Broadway Suite 1000 Denver, CO 80202 87-0706258	low-inc hsng	CO	N/A	RELATED				No			No	
(3) Mercy Housing Georgia 12 LP  1999 Broadway Suite 1000 Denver, CO 80202 27-2987561	low-inc hsng	GA	N/A	RELATED				No			No	
(4) Mercy Housing Georgia 13 LP  1999 Broadway Suite 1000 Denver, CO 80202 45-5108221	low-inc hsng	GA	N/A	RELATED				No			No	
(5) Mercy Housing Georgia 14 LP  1999 Broadway Suite 1000 Denver, CO 80202 46-2787254	low-inc hsng	GA	N/A	RELATED				No			No	
(6) Mercy Housing Georgia 15 LP  1999 Broadway Suite 1000 Denver, CO 80202 46-5547801	low-inc hsng	GA	N/A	RELATED				No			No	
(7) Mercy Housing Georgia I  1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	N/A	RELATED				No			No	
(8) Mercy Housing Georgia III  1999 Broadway Suite 1000 Denver, CO 80202 43-1954812	low-inc hsng	GA	N/A	RELATED				No			No	
(9) Mercy Housing Georgia IV  1999 Broadway Suite 1000 Denver, CO 80202 56-2328730	low-inc hsng	GA	N/A	RELATED				No			No	
(10) Mercy Housing Georgia IX LP  1999 Broadway Suite 1000 Denver, CO 80202 20-8829418	low-inc hsng	GA	N/A	RELATED				No			No	
(11) Mercy Housing Georgia V LP  1999 Broadway Suite 1000 Denver, CO 80202 90-0284434	low-inc hsng	GA	N/A	RELATED				No			No	
(12) Mercy Housing Georgia VI LP  1999 Broadway Suite 1000 Denver, CO 80202 20-4466474	low-inc hsng	GA	N/A	RELATED				No			No	
(13) Mercy Housing Georgia VIII LP  1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	N/A	RELATED				No			No	
(14) Mercy Housing Georgia X  1999 Broadway Suite 1000 Denver, CO 80202 27-0162550	low-inc hsng	GA	N/A	RELATED				No			No	



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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(181) Mercy Housing Georgia XI LP  1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	N/A	RELATED				No			No	
(1) Mercy Housing Idaho NSP LLC (NSPID)  1999 Broadway Suite 1000 Denver, CO 80202 27-1039061	low-inc hsng	ID	N/A	RELATED				No			No	
(2) Mercy Housing Idaho V (Sisters Villa)  1999 Broadway Suite 1000 Denver, CO 80202 04-3624359	low-inc hsng	ID	N/A	RELATED				No			No	
(3) Mercy Housing Iowa II LP  1999 Broadway Suite 1000 Denver, CO 80202 84-1284752	low-inc hsng	IA	N/A	RELATED				No			No	
(4) mercy housing midwest nebraska llc  1999 Broadway Suite 1000 Denver, CO 80202 20-1583332	low-inc hsng	NE	N/A	RELATED				No			No	
(5) Mercy Housing S Carolina I  1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	N/A	RELATED				No			No	
(6) Mercy Housing Senior Properties LLC  1999 Broadway Suite 1000 Denver, CO 80202 94-3081666	low-inc hsng	CA	N/A	RELATED				No			No	
(7) Mercy Housing South Carolina I  1999 Broadway Suite 1000 Denver, CO 80202 59-3767323	low-inc hsng	SC	N/A	RELATED				No			No	
(8) Mercy Housing South Dakota I LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-2830331	low-inc hsng	SD	N/A	RELATED				No			No	
(9) Mercy Housing South Dakota II LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-2830356	low-inc hsng	SD	N/A	RELATED				No			No	
(10) Mercy Housing Utah I  1999 Broadway Suite 1000 Denver, CO 80202 02-0564555	low-inc hsng	UT	N/A	RELATED				No			No	
(11) Mercy Housing Washington III  1999 Broadway Suite 1000 Denver, CO 80202 91-1676111	low-inc hsng	WA	N/A	RELATED				No			No	
(12) Mercy Housing Washington IX LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1186086	low-inc hsng	WA	N/A	RELATED				No			No	
(13) Mercy Housing Washington V  1999 Broadway Suite 1000 Denver, CO 80202 84-1457612	low-inc hsng	OR	N/A	RELATED				No			No	
(14) Mercy Housing Washington VI  1999 Broadway Suite 1000 Denver, CO 80202 84-1459924	low-inc hsng	WA	N/A	RELATED				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(196) Mercy Housing Washington VII  1999 Broadway Suite 1000 Denver, CO 80202 91-2038920	low-inc hsng	WA	N/A	RELATED				No			No	
(1) Mercy Housing Washington VIII  1999 Broadway Suite 1000 Denver, CO 80202 91-2124779	low-inc hsng	WA	N/A	RELATED				No			No	
(2) Mercy Housing Washington X LLC  1999 Broadway Suite 1000 Denver, CO 80202 55-0887839	low-inc hsng	WA	N/A	RELATED				No			No	
(3) Mercy Loan Fund Sub-CDE LLC  1999 Broadway Suite 1000 Denver, CO 80202 27-1326149	low-inc hsng	CO	N/A	RELATED				No			No	
(4) Mercy Properties Washington I LLC  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(5) Mercy Properties Washington III LLC  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(6) MHC Health 1 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-3554305	low-inc hsng	CA	N/A	RELATED				No			No	
(7) MHC Health 2 LP  1999 Broadway Suite 1000 Denver, CO 80202 47-4515862	low-inc hsng	CA	N/A	RELATED				No			No	
(8) MHNW 9 Othello East LP  1999 Broadway Suite 1000 Denver, CO 80202 47-1620007	low-inc hsng	WA	N/A	RELATED				No			No	
(9) MHNW 10 Othello West LP  1999 Broadway Suite 1000 Denver, CO 80202 47-1614235	low-inc hsng	WA	N/A	RELATED				No			No	
(10) MHNW 11 Woodlakes LP  1999 Broadway Suite 1000 Denver, CO 80202 47-2334969	low-inc hsng	WA	N/A	RELATED				No			No	
(11) MHNW 12 Eleanor Apartments LLLP  1999 Broadway Suite 1000 Denver, CO 80202 47-3599013	low-inc hsng	WA	N/A	RELATED				No			No	
(12) MHNW 13 Building 9 South LP  1999 Broadway Suite 1000 Denver, CO 80202 47-4660134	low-inc hsng	WA	N/A	RELATED				No			No	
(13) MHNW 14 Building 9 North LP  1999 Broadway Suite 1000 Denver, CO 80202 47-4683004	low-inc hsng	WA	N/A	RELATED				No			No	
(14) MHNW 15 Building 9 Center LP  1999 Broadway Suite 1000 Denver, CO 80202 81-3897409	low-inc hsng	WA	N/A	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(211) MHSE Adamsville Green Senior Partners  1999 Broadway Suite 1000 Denver, CO 80202 26-2523190	low-inc hsng	GA	N/A	RELATED				No			No	
(1) MHSE Heritage Senior LP  1999 Broadway Suite 1000 Denver, CO 80202 27-5085069	low-inc hsng	GA	N/A	RELATED				No			No	
(2) MHSE Mercy Park LP  1999 Broadway Suite 1000 Denver, CO 80202 61-1757712	low-inc hsng	GA	N/A	RELATED				No			No	
(3) MHSE Pinelake LP  1999 Broadway Suite 1000 Denver, CO 80202 80-0616765	low-inc hsng	GA	N/A	RELATED				No			No	
(4) MHSE Pinelake I LP  1999 Broadway Suite 1000 Denver, CO 80202 90-0856866	low-inc hsng	GA	N/A	RELATED				No			No	
(5) MHSE Reynoldstown Senior GP LLC  1999 Broadway Suite 1000 Denver, CO 80202 46-3048811	low-inc hsng	GA	N/A	RELATED				No			No	
(6) MHSE Reynoldstown Senior LP  1999 Broadway Suite 1000 Denver, CO 80202 46-3054017	low-inc hsng	GA	N/A	RELATED				No			No	
(7) MSHE Wilson Senior Residence LP  1999 Broadway Suite 1000 Denver, CO 80202 46-4907701	low-inc hsng	GA	N/A	RELATED				No			No	
(8) Monroe Villa  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(9) Monsignor Lyne LP  1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	N/A	RELATED				No			No	
(10) Mortgage Resolution Fund LLC  120 LaSalle Suite 1850 Chicago, IL 60603 45-3801619	management	IL	N/A	RELATED				No			No	
(11) Moses Lake Estates  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(12) MPI Highland Place Apartments LP  1999 Broadway Suite 1000 Denver, CO 80202 58-2461689	low-inc hsng	GA	N/A	RELATED				No			No	
(13) Near North Partnership  1999 Broadway Suite 1000 Denver, CO 80202 32-0143113	low-inc hsng	IL	N/A	RELATED				No			No	
(14) Neary Lagoon Partners  1999 Broadway Suite 1000 Denver, CO 80202 77-0256317	low-inc hsng	CA	N/A	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(226) New Dana Strand IV-A LP 1999 Broadway Suite 1000 Denver, CO 80202 47-3082758	low-inc hsng	CA	N/A	RELATED				No			No	
(1) New Dana Strand Partners I LP 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022	low-inc hsng	CA	N/A	RELATED				No			No	
(2) New Dana Strand Townhomes 1999 Broadway Suite 1000 Denver, CO 80202 51-0524022	low-inc hsng	CA	N/A	RELATED				No			No	
(3) New Sterling Park LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-2523530	low-inc hsng	IL	N/A	RELATED				No			No	
(4) New Sterling Park MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-2523309	low-inc hsng	IL	N/A	RELATED				No			No	
(5) New Tacoma Phase I Owner LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4569316	low-inc hsng	WA	N/A	RELATED				No			No	
(6) New Tacoma Phase II Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 45-2478067	low-inc hsng	WA	N/A	RELATED				No			No	
(7) New Tacoma Senior Housing Phase I 1999 Broadway Suite 1000 Denver, CO 80202 26-4569316	low-inc hsng	WA	N/A	RELATED				No			No	
(8) Northglen LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4578510	low-inc hsng	NE	N/A	RELATED				No			No	
(9) Oak Harbor 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(10) Olympic 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(11) Park Terrace Apts (Park Terrace Apts) 1999 Broadway Suite 1000 Denver, CO 80202 94-3332881	low-inc hsng	CA	N/A	RELATED				No			No	
(12) Parkside Terrace LP 1999 Broadway Suite 1000 Denver, CO 80202 36-3914505	low-inc hsng	IL	N/A	RELATED				No			No	
(13) Pilchuck 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(14) Pine Road Village 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(241) Pinewood Court Apartments  1999 Broadway Suite 1000 Denver, CO 80202 68-0435836	low-inc hsng	CA	N/A	RELATED				No			No	
(1) Plaza Maria LP  1999 Broadway Suite 1000 Denver, CO 80202 47-5513121	low-inc hsng	CA	N/A	RELATED				No			No	
(2) Rainer Vista Block 43 Owner LP  1999 Broadway Suite 1000 Denver, CO 80202 27-3221112	low-inc hsng	WA	N/A	RELATED				No			No	
(3) Red Door Limited Partnership  1999 Broadway Suite 1000 Denver, CO 80202 36-3915050	low-inc hsng	IL	N/A	RELATED				No			No	
(4) Rock Creek Terrace  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(5) Roseland Limited Partnerhsip  1999 Broadway Suite 1000 Denver, CO 80202 36-4304416	low-inc hsng	IL	N/A	RELATED				No			No	
(6) Roseland Place LP  1999 Broadway Suite 1000 Denver, CO 80202 80-0195044	low-inc hsng	IL	N/A	RELATED				No			No	
(7) San Felipe Homes (San Felipe Homes)  1999 Broadway Suite 1000 Denver, CO 80202 95-4384732	low-inc hsng	CA	N/A	RELATED				No			No	
(8) Sandstone  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(9) Saxony Manor LLC  1999 Broadway Suite 1000 Denver, CO 80202 35-2521928	low-inc hsng	WI	N/A	RELATED				No			No	
(10) SC Residence LLC  1999 Broadway Suite 1000 Denver, CO 80202 26-0675562	low-inc hsng	WI	N/A	RELATED				No			No	
(11) Silvercrest  1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(12) Skagit Village  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(13) Somerset Senior Hsg  1999 Broadway Suite 1000 Denver, CO 80202 74-2765568	low-inc hsng	TX	N/A	RELATED				No			No	
(14) South Loop Apartments  1999 Broadway Suite 1000 Denver, CO 80202 36-4027476	low-inc hsng	IL	N/A	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(256) St Andrew Community LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308080	low-inc hsng	CA	N/A	RELATED				No			No	
(1) St Mary Tower LLC 1999 Broadway Suite 1000 Denver, CO 80202 47-5627488	low-inc hsng	CA	N/A	RELATED				No			No	
(2) Sunnydale Development Co LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-3566543	low-inc hsng	CA	N/A	RELATED				No			No	
(3) Sycamore Street Commons LLC 1999 Broadway Suite 1000 Denver, CO 80202 77-0117473	low-inc hsng	CA	N/A	RELATED				No			No	
(4) Tahoe Valley Townhomes Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3298324	low-inc hsng	CA	N/A	RELATED				No			No	
(5) The Keating Building Little Village LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-4584321	low-inc hsng	IL	N/A	RELATED				No			No	
(6) Third and LeCante LP 1999 Broadway Suite 1000 Denver, CO 80202 26-4176495	low-inc hsng	CA	N/A	RELATED				No			No	
(7) Villa Columba Mercy Riverside LP 1999 Broadway Suite 1000 Denver, CO 80202 65-1308076	low-inc hsng	CA	N/A	RELATED				No			No	
(8) Villa Kathleen Redevelopment 1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(9) Village Park Housing Associates 1999 Broadway Suite 1000 Denver, CO 80202 68-0254566	low-inc hsng	CA	N/A	RELATED				No			No	
(10) Visitation Valley Fam Hsg Assoc 1999 Broadway Suite 1000 Denver, CO 80202 94-3275566	low-inc hsng	CA	N/A	RELATED				No			No	
(11) Wapato Gardens 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(12) Washington Square 1999 Broadway Suite 1000 Denver, CO 80202 20-1031378	low-inc hsng	WA	N/A	RELATED				No			No	
(13) Wentworth Commons 1999 Broadway Suite 1000 Denver, CO 80202 30-0082553	low-inc hsng	IL	N/A	RELATED				No			No	
(14) West 28th Street 1999 Broadway Suite 1000 Denver, CO 80202 95-4550003	low-inc hsng	CA	N/A	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(271) Western Manor LP  1999 Broadway Suite 1000 Denver, CO 80202 26-4578652	low-inc hsng	NE	N/A	RELATED				No			No	
(1) Woodlake Manor  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	
(2) Woodlake Manor II  1999 Broadway Suite 1000 Denver, CO 80202 77-0601463	low-inc hsng	WA	N/A	RELATED				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) 104th street mm llc 1999 Broadway Suite 1000 Denver, CO 80202 27-2754418	low-inc hsng	IL	N/A	C					No
(1) 111th & Wentworth Apartments Corp 1999 Broadway Suite 1000 Denver, CO 80202 38-3648994	low-inc hsng	IL	N/A	C					No
(2) Affordable Housing Corp 1999 Broadway Suite 1000 Denver, CO 80202 84-1173690	low-inc hsng	CA	N/A	C					No
(3) Affordable Housing Initiative (AHI) 1999 Broadway Suite 1000 Denver, CO 80202 94-3096988	low-inc hsng	CA	N/A	C					No
(4) Antioch II LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-3209358	low-inc hsng	GA	N/A	C					No
(5) Aurora Senior Apartments GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-2564297	low-inc hsng	IL	N/A	C					No
(6) Belray Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027474	low-inc hsng	IL	N/A	C					No
(7) Belvidere Place Corp I NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-3800299	low-inc hsng	KY	N/A	C					No
(8) Countryside Seniors LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-1483851	low-inc hsng	IL	N/A	C					No
(9) Danville Veterans Housing MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-4728761	low-inc hsng	IL	N/A	C					No
(10) Englewood Apartments NFP 1999 Broadway Suite 1000 Denver, CO 80202 26-1233523	low-inc hsng	IL	N/A	C					No
(11) Esperanza Crossing II LLC 1999 Broadway Suite 1000 Denver, CO 80202 81-3887973	low-inc hsng	CA	N/A	C					No
(12) Greenwich Park Apartments MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 61-1750718	low-inc hsng	WI	N/A	C					No
(13) Harold Washington Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3556291	low-inc hsng	IL	N/A	C					No
(14) HWA 850 EastWOOD GP 1999 Broadway Suite 1000 Denver, CO 80202 27-1257072	low-inc hsng	IL	N/A	C					No



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) Impact Family Village GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 36-4715432	low-inc hsng	WA	N/A	C					No
(1) Kankakee Station Street Senior Housing MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 32-0399823	low-inc hsng	IL	N/A	C					No
(2) Maiden Arms Corp II NFP 1999 Broadway Suite 1000 Denver, CO 80202 36-3815990	low-inc hsng	CA	N/A	C					No
(3) McDermott Place 1999 Broadway Suite 1000 Denver, CO 80202 47-0779682	low-inc hsng	IA	N/A	C					No
(4) MCHG Partners Inc (MCHG) 1999 Broadway Suite 1000 Denver, CO 80202 20-8824753	low-inc hsng	GA	N/A	C					No
(5) Mercy Affordable Housing Inc (MAHI) 1999 Broadway Suite 1000 Denver, CO 80202 82-0489878	low-inc hsng	ID	N/A	C					No
(6) Mercy Commercial California 1999 Broadway Suite 1000 Denver, CO 80202 94-3382154	low-inc hsng	CA	N/A	C					No
(7) Mercy Galewood SLF Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-5825081	low-inc hsng	IL	N/A	C					No
(8) Mercy Housing Georgia XI GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-3316657	low-inc hsng	GA	N/A	C					No
(9) Mercy Lithonia Park View Inc 1999 Broadway Suite 1000 Denver, CO 80202 20-8829364	low-inc hsng	GA	N/A	C					No
(10) Mercy Othello Plaza Condominium Association 1999 Broadway Suite 1000 Denver, CO 80202	low-inc hsng	WA	N/A	C					No
(11) Mercy Sterling NFP 1999 Broadway Suite 1000 Denver, CO 80202 27-4446431	low-inc hsng	IL	N/A	C					No
(12) MHMP CO GP Inc 1999 Broadway Suite 1000 Denver, CO 80202 61-1689475	low-inc hsng	CO	N/A	C					No
(13) MHSE Adamsville Green Senior Partners 1999 Broadway Suite 1000 Denver, CO 80202 27-1321251	low-inc hsng	GA	N/A	C					No
(14) MHSE Arbors LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-3284075	low-inc hsng	GA	N/A	C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) MHSE Mercy Park GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 47-3464689	low-inc hsng	GA	N/A	C					No
(1) MHSE Savannah Gardens Phase III LLC 1999 Broadway Suite 1000 Denver, CO 80202 58-2434289	low-inc hsng	GA	N/A	C					No
(2) MHSE Savannah Gardens Phase IV GP 1999 Broadway Suite 1000 Denver, CO 80202 45-4967129	low-inc hsng	GA	N/A	C					No
(3) MHSE Savannah Gardens Phase V GP LLC 1999 Broadway Suite 1000 Denver, CO 80202 46-2777338	low-inc hsng	GA	N/A	C					No
(4) MHL Keating MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-4584262	low-inc hsng	IL	N/A	C					No
(5) MPI Highland Place LLC 1999 Broadway Suite 1000 Denver, CO 80202 26-2380898	low-inc hsng	GA	N/A	C					No
(6) Near North Apartments Corp NF 1999 Broadway Suite 1000 Denver, CO 80202 36-4570431	low-inc hsng	IL	N/A	C					No
(7) New Sterling Park MM LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-2523309	low-inc hsng	IL	N/A	C					No
(8) New Tacoma Condominium Association 1999 Broadway Suite 1000 Denver, CO 80202 47-3225087	low-inc hsng	WA	N/A	C					No
(9) Roseland Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4304417	low-inc hsng	IL	N/A	C					No
(10) Savannah Rose of Sharon LLC 1999 Broadway Suite 1000 Denver, CO 80202 20-3591948	low-inc hsng	GA	N/A	C					No
(11) South Loop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-4027475	low-inc hsng	IL	N/A	C					No
(12) Stapleton II Mercy LLC 1999 Broadway Suite 1000 Denver, CO 80202 27-0954394	low-inc hsng	CO	N/A	C					No
(13) Winthrop Apartments Corporation 1999 Broadway Suite 1000 Denver, CO 80202 36-3855355	low-inc hsng	IL	N/A	C					No

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> mhi	B	121,282	cASH
<b>(1)</b> Reynoldstown HUD loan	D	2,937,949	cash
<b>(2)</b> Hills at Fairington LOC	D	209,367	CASH
<b>(3)</b> Heritage Place LOC	D	149,170	CASH
<b>(4)</b> heritage row LOC	D	56,631	cASH
<b>(5)</b> mercy park chamblee dev fee	L	282,960	cASH
<b>(6)</b> Atrium at College Town Resident Services Fees	L	178,500	CASH
<b>(7)</b> Adamsville Resident Services Fee	L	63,816	cash
<b>(8)</b> Reynoldstown Dev Fee	L	63,362	cash
<b>(9)</b> mercy housing inc	O	871,955	cash