

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

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Roberts Avenue Inc  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 California Street No 900  City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA 94108	<b>D</b> Employer identification number  94-3375010  <b>E</b> Telephone number  (415) 989-1111  <b>G</b> Gross receipts \$ 30,620
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Name and address of principal officer CYNTHIA PARKER 600 California Street No 900 San Francisco, CA 94108	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ N/A	<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 2000 <b>M</b> State of legal domicile CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 MISSION This organization supports Bridge Housing Corporation (BRIDGE) BRIDGE strengthens communities by developing, owning and managing high-quality, affordable homes for working families and seniors VISION \* BRIDGE strengthens communities and creates opportunities for working families and seniors, beginning but not ending with housing \* BRIDGE is a leader and innovator in the mission-driven business of effective production, operation and ownership of affordable and mixed-income housing \* BRIDGE earns the highest degree of customer satisfaction from all stakeholders, including residents, neighbors, investors, taxpayers, private- and public-sector partners, and employees \* BRIDGE is the go-to developer and owner for public officials, investors and communities seeking an array of housing solutions, and it delivers results

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

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	0	3,050
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	26,898	27,570
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,908	30,620
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0	0
<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)	0	0
<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) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	516,739	535,940
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	516,739	535,940
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-489,831	-505,320

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16) . . . . .	41,056	59,321
<b>21</b> Total liabilities (Part X, line 26) . . . . .	508,445	1,032,030
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	-467,389	-972,709

**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

***** Signature of officer	2017-11-10 Date
D Valentine VP & CFO Type or print name and title	

Print/Type preparer's name LISA M CUMMINGS CPA	Preparer's signature LISA M CUMMINGS CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00043433
Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099	
Firm's address ▶ 400 CAPITOL MALL SUITE 1200 SACRAMENTO, CA 95814			Phone no (916) 442-9100	

**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

**MISSION** This organization supports Bridge Housing Corporation (BRIDGE) BRIDGE strengthens communities by developing, owning and managing high-quality, affordable homes for working families and seniors **VISION** \* BRIDGE strengthens communities and creates opportunities for working families and seniors, beginning but not ending with housing \* BRIDGE is a leader and innovator in the mission-driven business of effective production, operation and ownership of affordable and mixed-income housing \* BRIDGE earns the highest degree of customer satisfaction from all stakeholders, including residents, neighbors, investors, taxpayers, private- and public-sector partners, and employees \* BRIDGE is the go-to developer and owner for public officials, investors and communities seeking an array of housing solutions, and it delivers results

**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 \$ 534,440 including grants of \$ ) (Revenue \$ 27,570 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶ 534,440

**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)? . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

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 (6), 1b (0), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (Yes), 16b (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (D Valentine BRIDGE HOUSING CORPORATION).





**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>	3,050				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		3,050				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> ASSET MANAGEMENT FEE		531390	27,570	27,570		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .		27,570					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .						
	<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 . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<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 . . . . .			30,620	27,570	0	0	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<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.				
<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.				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	27,570	27,570		
<b>b</b> Legal				
<b>c</b> Accounting	1,500		1,500	
<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)				
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.				
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.				
<b>17</b> Travel.				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.				
<b>23</b> Insurance.				
<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> LOSS FROM PARTNERSHIP	506,845	506,845		
<b>b</b> TAXES & LICENSES	25	25		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	535,940	534,440	1,500	0
<b>26 Joint costs.</b> 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 . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	41,056	<b>4</b>	59,321
	<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 . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less accumulated depreciation	<b>10b</b>		<b>10c</b>
	<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 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	41,056	<b>16</b>	59,321	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<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 . . . . .		<b>23</b>	
	<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	508,445	<b>25</b>	1,032,030
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	508,445	<b>26</b>	1,032,030
<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	-467,389	<b>27</b>	-972,709
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<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>	-467,389	<b>33</b>	-972,709
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	41,056	<b>34</b>	59,321

**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>	30,620
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	535,940
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-505,320
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-467,389
<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>	-972,709

**Part XII Financial Statements and Reporting**

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

	Yes	No
<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  <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  <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>	No
<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>	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-3375010

**Name:** Roberts Avenue Inc

Form 990 (2016)

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

THE ORGANIZATION IS A GENERAL PARTNER IN A PARTNERSHIP THAT OWNS AND OPERATES AN AFFORDABLE HOUSING PROJECT FOR LOW-INCOME PERSONS

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

**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  
Roberts Avenue Inc

Employer identification number

94-3375010

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BRIDGE HOUSING CORPORATION	942827909	7	Yes		0	0
<b>Total</b>	1				0	0

**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 <span style="float: right;">▶ <input type="checkbox"/></span>		
<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 <span style="float: right;">▶ <input type="checkbox"/></span>		
<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 <span style="float: right;">▶ <input type="checkbox"/></span>		
<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 <span style="float: right;">▶ <input type="checkbox"/></span>		
<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 <span style="float: right;">▶ <input type="checkbox"/></span>		

**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.")						
<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						
<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</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6 )						

**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						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14</b>	<b>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> <span style="float: right;">► <input type="checkbox"/></span>						

**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>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**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>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**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>		Yes	
<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).		No
<b>2</b>			No
<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.		No
<b>3a</b>			No
<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.		No
<b>4a</b>			No
<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).		No
<b>5a</b>			No
<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> .		No
<b>6</b>			No
<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).		No
<b>7</b>			No
<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).		No
<b>8</b>			No
<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> .		No
<b>9a</b>			No
<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> .		No
<b>9b</b>			No
<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> .		No
<b>9c</b>			No
<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.		No
<b>10a</b>			No
<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>		
		<b>11a</b>	No
		<b>11b</b>	No
		<b>11c</b>	No

**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>		
		<b>1</b>	Yes
		<b>2</b>	No

**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>		
		<b>1</b>	

**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>		
		<b>1</b>	
		<b>2</b>	
		<b>3</b>	

**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>		
		<b>2a</b>	
		<b>2b</b>	
		<b>3a</b>	
		<b>3b</b>	

**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)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Roberts Avenue Inc

Employer identification number 94-3375010

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.

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply) [Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure], 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 [2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register], 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.

Table with 2 columns: Description, Amount. Rows include: 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, 1b 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
- |  |               |     |    |
|--|---------------|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | Yes | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |     |    |
- 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 . . . . .				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				0

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO RELATED PARTY	59,321
INVESTMENT IN PARTNERSHIP	972,709
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,032,030

**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:** 94-3375010

**Name:** Roberts Avenue Inc

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	BRIDGE IS A NOT-FOR-PROFIT CORPORATION PURSUANT TO THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND RELATED CALIFORNIA CODE SECTIONS AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED BUSINESS INCOME BID, BPI, PHC, BCDI SUBSIDIARY CDE III, LLC AND BCDI SUBSIDIARY CDE IV, LLC ARE THE ONLY AFFILIATES WHICH ARE NOT TAX-EXEMPT DEFERRED INCOME TAXES DO NOT ARISE FROM THE OPERATIONS OF THESE ENTITIES IN A MATERIAL AMOUNT THE INCOME OR LOSS FROM THE PARTNERSHIPS IS REPORTED BY THE PARTNERS ON THEIR INCOME TAX RETURNS NO INCOME TAX PROVISION HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE SINGLE MEMBER LLCs WHICH ARE GENERALLY CONSIDERED DISREGARDED ENTITIES THE INCOME AND LOSS OF THE LLCs IS INCLUDED IN THE TAX RETURNS OF THEIR RESPECTIVE SOLE MEMBERS ONLY THE ANNUAL CALIFORNIA LIMITED LIABILITY COMPANY MINIMUM TAX AND THE ANNUAL FEE APPEAR AS EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS BRIDGE AND AFFILIATES BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS BRIDGE AND AFFILIATES' FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2012 THROUGH 2015 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS AFTER 2012 REMAIN OPEN

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

Department of the Treasury  
Internal Revenue Service

**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.**

**2015**  
**Open to Public Inspection**

**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization Roberts Avenue Inc	Employer identification number 94-3375010
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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 <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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 <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	No
<b>6</b> 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		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> 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	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<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				
<b>1</b> CYNTHIA PARKER PRESIDENT/ceo	(i)	0	0	0	0	0	0	0
	(ii)	371,256	135,000	160,517	57,900	18,445	743,118	0
<b>2</b> D VALENTINE VICE PRESIDENT/CFO	(i)	0	0	0	0	0	0	0
	(ii)	233,956	70,400	2,686	53,657	43,634	404,333	0
<b>3</b> KIMBERLY MCKAY VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	238,939	75,000	1,548	56,799	42,171	414,457	0
<b>4</b> REBECCA HLEBASKO VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	230,483	74,300	4,116	56,731	39,173	404,803	0
<b>5</b> SUSAN JOHNSON VICE PRESIDENT/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	241,241	66,125	3,288	29,763	25,831	366,248	0
<b>6</b> ANN SILVERBERG VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	221,733	62,500	2,280	29,450	12,692	328,655	0

**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.

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part II, Cynthia Parker	Column (B)(iii) "Other reportable compensation" includes \$144,028 paid to Ms. Parker to allow her to repay a portion of a relocation loan that was given to her as part of an incentive to bring her highly specialized talent to BRIDGE Housing.

**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).

**2016****Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Roberts Avenue Inc

Employer identification number

94-3375010

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Audit Committee and all Board members are provided notice via e-mail that the draft Form 990 has been posted to the organization's portal and is available for their review

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 12c	Any director or officer that has a financial interest, directly or indirectly, must disclose it before a consideration or vote of the transaction is made by the Board of Directors (BOD) The person that has the conflict is responsible for recusing themselves from the discussion and vote The BOD minutes reflect such discussions Each year the directors and officers sign a statement to denote if conflicts existed during the year If such a conflict existed, the director or officer discloses the nature of the conflict The organization also does periodic reviews to ensure compensation is reasonable and goods and services received are arms-length and conform with internal policies

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section C, line 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

# 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).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Roberts Avenue Inc

Employer identification number

94-3375010

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

See Additional Data Table

(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

### 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</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	Yes
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of 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)

**Return Reference****Explanation**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 94-3375010  
**Name:** Roberts Avenue Inc

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(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
(1) 16TH STREET STATION LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-3864910	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
(1) 474 NATOMA LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 68-0657579	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
(2) 735 Davis Senior Bridge LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-5154255	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(3) 88 Broadway Family Bridge LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-5083184	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(4) ABIGAIL MANAGER LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-1418043	LOW-INCOME HOUSING	CA			WINFIELD HILL INC
(5) ALAMEDA HOUSING LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3227594	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(6) ALAMEDA PARKING LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 38-3945107	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
(7) ALAMEDA SENIOR LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 38-3944656	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(8) ARMSTRONG TOWNHOMES LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 75-3236154	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
(9) ASH STREET DEVELOPMENT LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-4989760	LOW-INCOME HOUSING	CA			NORTHPOINT HOUSING INC
(10) AVEVISTA ASSOCIATES LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3227594	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(11) BERRY STREET LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 87-0812903	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
(12) BHC COLLEGE PARK II LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-3812972	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(13) BRIDGE 500 Folsom LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3977848	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(14) BRIDGE NORCAL LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-3249497	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(15) BRIDGE Partners I GP LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 99-9999999	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORPORATION
(16) BRIDGE SC LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-3714598	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(17) BRIDGE TOWER LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 37-1513008	LOW-INCOME HOUSING	CA			NORTHPOINT HOUSING INC
(18) BRIDGE TRIANGLE LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3122110	LOW-INCOME HOUSING	CA			BRIDGE NORCAL DEVELOPMENT INC
(19) BRIDGE-POTRERO COMMUNITY ASSOCIATES LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-4277086	LOW-INCOME HOUSING	CA			BRIDGE REGIONAL PARTNERS INC

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(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
(21) BROADWAY UPPER TOWER LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-1399060	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(1) BUILD WEST OAKLAND LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 48-1288883	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
(2) Coronado Housing Associates LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 32-0490756	LOW-INCOME HOUSING	CA			BRIDGE NORTHWEST DEVELOPMENT INC
(3) CRESPI DRIVE LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-2517814	LOW-INCOME HOUSING	CA			WINFIELD HILL INC
(4) FOOTHILL FARMS SENIOR LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-5013296	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(5) HARBOUR WAY LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-0620147	LOW-INCOME HOUSING	CA			WINFIELD HILL INC
(6) HERITAGE SQUARE LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3233154	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(7) HOMEBRICKS NSP LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-1714466	PURCHASES FORECLOSED HOMES IN DISTRESSED AREAS TO REHABILITATE AND SELL	CA			HOMEBRICKS INC
(8) JD Housing 1A LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3516607	LOW-INCOME HOUSING	CA			JORDAN DOWNS 1A LP
(9) MACARTHUR TRANSIT COMMUNITY PARTNERS LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-0403220	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
(10) MANDELA GATEWAY COMMERCIAL LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 68-0533499	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
(11) MANDELA GATEWAY TOWNHOMES LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3227592	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
(12) PICKLEWEED HOUSING ASSOCIATES LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-3830830	LOW-INCOME HOUSING	CA			ALTO STATION INC
(13) Potrero Housing Associates I LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 99-9999999	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(14) POTTERY COURT LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-4981227	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(15) SUMMERHOUSE HOUSING LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-3714598	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(16) SUSANNE B WILSON LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-4234564	LOW-INCOME HOUSING	CA			BRIDGE HOUSING VENTURES INC
(17) TOBRIA TERRACE LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-0637092	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(18) TRESSA CM LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-4861446	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(19) WINFIELD HILL LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-1164754	LOW-INCOME HOUSING	CA			WINFIELD HILL INC

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(41) WOODLAND HILLSBORO LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-4946587	LOW-INCOME HOUSING	CA			WINFIELD HILL INC
(1) Woodland Park Associates Manger LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1135993	LOW-INCOME HOUSING	CA			BRIDGE NORTHWEST DEVELOPMENT INC

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) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3152631	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(1) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-3606812	INTENDED GP OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(2) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3008774	OPERATOR OF SENIOR ASSISTED LIVING FACILITY	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(3) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3243618	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(c)(3)	Line 7	BRIDGE HOUSING CORPORATION		No	
(4) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3047544	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 10	BRIDGE HOUSING CORPORATION		No	
(5) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 31-1811761	OWNER & OPERATOR OF SENIOR ASSISTED LIVING FACILITY	CA	501(c)(3)	Line 10	BRIDGE HOUSING CORPORATION		No	
(6) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3282930	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(7) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3149477	GP OF AFFORDABLE HOUSING PTRSHIP (CURRENTLY NO PTRSHIP)	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(8) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-4175818	SUPPORT CORPORATION TO BRIDGE HOUSING CORPORATION	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(9) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3149476	DEVELOPER, GENERAL PARTNER, AND COMMERCIAL PROPERTY OWNER & OPERATOR	CA	501(c)(4)				No	
(10) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3227592	DEVELOPER OF AFFORDABLE OWNERSHIP PROJECTS	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(11) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3175634	OWNER OF MIXED USE AND AFFORDABLE HOUSING COMPLEXES	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(12) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3233154	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(13) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-2827909	SUPPORT CORPORATION TO BRIDGE HOUSING CORPORATION	CA	501(c)(3)	Line 7	BRIDGE HOUSING CORPORATION		No	
(14) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3147882	CONTROLLING GP & LP OF AFFORDABLE PARTNERSHIPS AND LAND OWNER	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(15) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 59-3795727	PRVDR OF HOME OWNERSHIP SRVCS AND MORTG ASSISTANCE PROGS FOR LOW INC FAMILIE	CA	501(c)(3)	Line 12b, II	BRIDGE HOUSING CORPORATION		No	
(16) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3122110	GP OF AFFORDABLE HOUSING PTRSHIP (CURRENTLY NO PTRSHIP)	CA	501(c)(3)	Line 10	BRIDGE HOUSING CORPORATION		No	
(17) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-2490091	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 10	BRIDGE HOUSING CORPORATION		No	
(18) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3063990	PROPERTY MANAGEMENT PROVIDER OF AFFORDABLE HOUSING	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(19) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3187094	OWNER OF LAND AND OPERATOR OF PROPERTY	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		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	
(21) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-1501314	SUPPORT CORPORATION TO BRIDGE HOUSING CORPORATION	CA	501(c)(3)	Line 12b, II	BRIDGE HOUSING CORPORATION		No	
(1) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3211275	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(2) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3130270	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 10	BRIDGE HOUSING CORPORATION		No	
(3) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3261561	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(4) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3323102	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(5) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3130269	FORMER GENERAL PARTNER OF HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(6) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3167786	GP & LP OF AFFORDABLE HOUSING PARTNERSHIPS	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(7) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3095407	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 7	BRIDGE HOUSING CORPORATION		No	
(8) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-1990359	SUPPORT CORPORATION TO BRIDGE HOUSING CORPORATION	CA	501(c)(3)	Line 12c, III-FI	BRIDGE HOUSING CORPORATION		No	
(9) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3360307	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(c)(3)	Line 10	BRIDGE HOUSING CORPORATION		No	
(10) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3349372	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(11) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3294187	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(12) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 91-2148404	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(13) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3107670	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(c)(3)	Line 7	BRIDGE HOUSING CORPORATION		No	
(14) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3153378	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(15) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3262543	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(16) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3119469	GP & LP OF AFFORDABLE HOUSING PARTNERSHIPS	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(17) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3227594	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(18) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3213337	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No	
(19) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3253389	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		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) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3331051	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(1) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-0563916	GP OF AFFORDABLE HOUSING PTRSHIP (CURRENTLY NO PTRSHIP)	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(2) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3287293	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(3) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3315757	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(4) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3232360	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(5) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3190749	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(c)(3)	Line 7	BRIDGE HOUSING CORPORATION		No
(6) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3375010	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(7) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3244788	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(8) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3265633	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(9) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3376086	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12b, II	BRIDGE HOUSING CORPORATION		No
(10) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3132902	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(11) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3229530	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(12) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3154096	GP OF AFFORDABLE HOUSING PTRSHIP (CURRENTLY NO PTRSHIP)	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		No
(13) 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3152859	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(c)(3)	Line 12a, I	BRIDGE HOUSING CORPORATION		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) 14TH STREET ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 56-2569711	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(1) 1950 Mission Housing Associates LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3743764	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	N/A				No			No	
(2) 1950 Mission Housing Associates LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3753908	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(3) 25 SANCHEZ HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4149612	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) 25 SANCHEZ LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4170536	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(5) 255 WOODSIDE HOUSING ASSOCIATES LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4196322	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(6) 255 WOODSIDE HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4159540	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(7) 3850 18th Street Housing Associates LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1465781	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(8) 3850 18th Street LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-2228982	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) 462 DUBOCE HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4128784	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(10) 462 DUBOCE HOUSING LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4186175	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(11) 500 Folsom LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-4040273	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(12) ABIGAIL HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-1418187	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(13) ALAMEDA HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-4289796	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(14) Alemany Housing Associates LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1442410	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	

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							Yes	No		Yes	No	
(16) Alemany Housing LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-2217584	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(1) AREA F-1 HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 90-0150206	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(2) ARMSTRONG PLACE ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 68-0653328	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(3) AVEVISTA ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-3850099	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) BCDI SUBSIDIARY CDE I LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-1063540	PROVIDE COMMUNITY LENDING FOR AFFDBLE HSG	CA	N/A	N/A				No			No	
(5) BCDI SUBSIDIARY CDE II LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-1063836	PROVIDE COMMUNITY LENDING FOR AFFDBLE HSG	CA	N/A	N/A				No			No	
(6) BCDI SUBSIDIARY CDE III LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-1064050	PROVIDE COMMUNITY LENDING FOR AFFDBLE HSG	CA	N/A	N/A				No			No	
(7) BCDI SUBSIDIARY CDE IV LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-1064267	PROVIDE COMMUNITY LENDING FOR AFFDBLE HSG	CA	N/A	N/A				No			No	
(8) BERNAL SENIOR HOUSING PARTNERS LTD  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3068355	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) BHC COLLEGE PARK II LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-3356083	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(10) BHC SAGE PARK LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-1527957	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(11) BRIDGE GRAYSON CREEK ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3389039	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(12) BRIDGE Social Impact Fund I LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3266719	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(13) BRIDGE TRIANGLE ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 80-0874681	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(14) BRIDGE URBAN INFILL LAND DEVELOPMENT LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3391691	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	N/A	N/A				No			No	

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							Yes	No		Yes	No	
(31) BROADWAY TOWER ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-0772994	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(1) BROADWAY UPPER TOWER ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-5626742	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(2) CALISTOGA BRANNAN HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3167785	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(3) CANAL HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3375830	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) CARMEL VALLEY HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3390105	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(5) CARQUINEZ ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-3334622	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(6) CENTERTOWN ASSOCIATES LTD  2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 94-3108427	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(7) CHELSEA GARDENS ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3314552	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(8) CHESTNUT LINDEN ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3411722	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) CHURCH STREET HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3361620	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(10) COGGINS SQUARE ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3294186	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(11) Comm 22 Commercial LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-5644688	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(12) COMM 22 FAMILY HOUSING LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-3719866	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(13) COMM 22 HOUSING GP LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-3767700	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(14) COMM 22 LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 73-1728124	LOW-INCOME HOUSING	CA	BRIDGE ECONOMIC DEVELOPMENT CORPORATION	N/A				No			No	

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							Yes	No		Yes	No	
(46) COMM 22 SENIOR GP LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-2578975	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(1) COMM 22 SENIOR HOUSING LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-3719955	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(2) COPPER CREEK 4 HOUSING ASSOCIATES LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 35-2166973	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(3) COPPER CREEK 9 HOUSING ASSOCIATES LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-0369696	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) COTTONWOOD CREEK HOUSING ASSOCIATES 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 59-3837978	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(5) DANVILLE SENIOR HSG ASSOCIATES 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3405442	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(6) DORETHA MITCHELL HOUSING ASSOCIATES LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-5611572	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(7) DORETHA MITCHELL HOUSING LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-1147966	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(8) DRAKE MARIN ASSOCIATES 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3230387	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) FABIAN WAY ASSOCIATES 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 68-0653330	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(10) FOOTHILL FARM ASSOCIATES LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-3790939	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(11) GEARY HOUSING PARTNERS LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-0481231	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(12) GOUGH STREET HOUSING ASSOCIATES LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-0686186	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(13) GOUGH STREET HOUSING LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-2961813	LOW-INCOME HOUSING	CA	FELL STREET HOUSING INC	N/A				No			No	
(14) GRAND OAK ASSOCIATES 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 71-0987940	LOW-INCOME HOUSING	CA	N/A	N/A				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	
(61) HERCULES SR HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3262539	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(1) HERITAGE SQUARE HOUSING PARTNERS LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 37-1751927	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(2) HOLLY COURTS HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4122215	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(3) HOLLY COURTS HOUSING LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-3912492	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) HUNT AVENUE ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3163833	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(5) IRVINGTON DEV GROUP LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 61-1492960	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(6) IVY AT COLLEGE PARK LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-1275132	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(7) JENNINGS AVE ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 71-0987938	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(8) JOHN STREET HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-0903447	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) JOHN STREET HOUSING LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-0962940	LOW-INCOME HOUSING	CA	HERCULES SENIOR HOUSING INC	N/A				No			No	
(10) Jordan Downs 1A LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3586588	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(11) JORDAN DOWNS COMMUNITY PARTNERS LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-3375235	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(12) KENTFIELD ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 11-3794630	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(13) LAGUNA CANYON HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 56-2281684	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(14) LELAND HOUSING PARTNERS LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-2979055	INTENDED FOR LOW-INCOME HOUSING	CA	N/A	N/A				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) LINDEN 143 LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 20-8630911	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(1) MACARTHUR TELEGRAPH ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-2560832	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(2) MANDELA GATEWAY ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-0500876	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(3) MARINA ANNEX ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3396985	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) MARINA TOWERS ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 86-1140987	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(5) MILPITAS HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3253668	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(6) Mission Dolores GP LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-2189426	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(7) Mission Dolores Housing Associates LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1424451	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(8) NAIROBI HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3331004	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) NATOMA FAMILY HOUSING LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-3533912	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(10) NORTH BEACH DEVELOPMENT LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3355013	NORTH BEACH DEVELOPER	CA	N/A	N/A				No			No	
(11) NORTH BEACH HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-0563921	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(12) NORTH BEACH RETAIL ASSOCIATES LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 48-1285704	RETAIL COMMERCIAL SPACE	CA	N/A	N/A				No			No	
(13) NORTHPOINT HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3287332	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(14) NORTHPOINT II HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3324167	LOW-INCOME HOUSING	CA	N/A	N/A				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	
(91) NORTHSIDE HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3315758	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(1) NORTHWOOD HSG ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 57-1176155	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(2) OCEANVIEW HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-2055729	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(3) OHLONE HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3232359	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) PACIFIC OAKS ASSOCIATES  ONE HARBOR DR STE 105 SAUSALITO, CA 94965 94-3026354	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(5) POINSETTIA HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 33-0832030	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(6) Potrero Housing Associates I LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1468714	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(7) POTTERY COURT HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-0162400	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(8) Praxis Partners LLC  PO BOX 28356 PORTLAND, OR 97228 86-1077097	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) RICHMOND HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-0612080	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(10) ROBERTS AVE SENIOR HSG LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3408441	LOW-INCOME HOUSING	CA	N/A	related	-255,002			No		Yes		0 010 %
(11) ROTARY VALLEY ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3244786	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(12) San Leandro Senior Associates LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-2992050	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(13) SAN RAFAEL APARTMENTS LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 33-0508119	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(14) SANRAF ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3410682	LOW-INCOME HOUSING	CA	N/A	N/A				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) SANTA ALICIA FAMILY HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3233778	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(1) SIERRA VISTA HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-4858687	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(2) SIERRA VISTA HOUSING ASSOCIATES LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-4796447	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(3) SILVERADO CREEK PARTNERS  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3329192	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) SOUTH BEACH FAMILY ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3132899	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(5) SOUTH SAN FRANCISCO MAGNOLIA PLAZA ASSOCIATES  ONE HARBOR DR STE 105 SAUSALITO, CA 94965 94-3026352	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(6) SR FOUNTAINS LIMITED PARTNERSHIP  303 VINTAGE PARK DR STE 250 FOSTER CITY, CA 94404 83-0364083	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(7) ST JOSEPH'S FAMILY ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-0627778	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(8) ST JOSEPH'S SENIOR LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-2893982	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) STROBRIDGE HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3229531	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(10) SUMMERHOUSE HOUSING 3 LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-2919668	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(11) SUMMERHOUSE HOUSING ASSOCIATES (PHASE I AND PHASE II)  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-0901144	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(12) SUTTERVIEW HOUSING ASSOCIATES LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-3044863	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(13) SUTTERVIEW HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-3034606	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(14) TERRA COTTA HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3265635	LOW-INCOME HOUSING	CA	N/A	N/A				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	
(121) TRESSA INVESTMENT LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-5126605	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(1) TRESSA MANAGER LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-5113434	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(2) TRESTLE GLEN ASSOCIATES 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 11-3794633	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(3) Villages at Westview I LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 37-1830827	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(4) Villages at Westview I LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 61-1796704	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(5) WASHINGTON PLAZA HOUSING ASSOCIATES LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-3244226	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(6) WASHINGTON PLAZA HOUSING ASSOCIATES LP 801 12th ST 4TH FL SACRMENTO, CA 95814 46-3233282	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(7) WHITE DOVE HOUSING ASSOCIATES LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 06-1638296	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(8) WINFIELD HILL ASSOCIATES 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3153147	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(9) WOODBURY PARTNERS LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 68-0620325	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(10) Woodland Park Associates LP 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1115019	LOW-INCOME HOUSING	CA	N/A	N/A				No			No	
(11) YWCA VILLA NUEVA PARTNERS 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3143354	LOW-INCOME HOUSING	CA	N/A	N/A				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) 333 FELL HOMEOWNERS ASSOCIATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3220865	HOMEOWNERS ASSOCIATION	CA	N/A	C					No
(1) BRIDGE COMMUNITY DEVELOPMENT INC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-2410096	COMMUNITY DEVELOPMENT	CA	N/A	C					No
(2) BRIDGE INFILL DEVELOPMENT INC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3390449	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	N/A	C					No
(3) BRIDGE PROPERTIES INC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-2986189	PROPERTY MANAGEMENT PROVIDER	CA	N/A	C					No
(4) CHESTNUT LINDEN INC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 40-0002561	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	N/A	C					No
(5) MISSION COLERIDGE OWNERS ASSOCIATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3108886	HOMEOWNERS ASSOCIATION	CA	N/A	C					No
(6) PACIFIC HOME CONNECTION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-2704465	PROVIDER OF HOME OWNERSHIP SERVICES AND MORTGAGES	CA	N/A	C					No
(7) VILLA NUEVA OWNERS ASSOCIATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 77-0305698	HOMEOWNERS ASSOCIATION	CA	N/A	C					No