

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

**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

<b>4a</b>	(Code )	(Expenses \$ 656,987	including grants of \$ 584,895 )	(Revenue \$ 409,351 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b>	656,987
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**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)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	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? If "Yes," complete Schedule C, Part II	<b>4</b>	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? If "Yes," complete Schedule C, Part III	<b>5</b>	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? If "Yes," complete Schedule D, Part I	<b>6</b>	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? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	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? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	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? If "Yes," complete Schedule D, Part VI	<b>11a</b>	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? If "Yes," complete Schedule D, Part VII	<b>11b</b>	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? If "Yes," complete Schedule D, Part VIII	<b>11c</b> Yes	
<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? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> 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)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	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? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	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? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	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? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<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? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<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? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	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> . . . . .	23	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> . . . . .	24a	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b	
<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? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d	
<b>25a</b>	<b>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> . . . . .	25a	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> . . . . .	25b	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> . . . . .	26	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> . . . . .	27	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> . . . . .	28a	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> . . . . .	28b	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> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29	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> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	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> . . . . .	32	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> . . . . .	33	Yes
<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> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<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> . . . . .	35b	No
<b>36</b>	<b>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> . . . . .	36	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> . . . . .	37	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 . . . . .	38	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 ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				<b>4a</b>	No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .				<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .				<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .				<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .					
				<b>8</b>	
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .				<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .				<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>	No

**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 ☒

### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	5	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	0	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b> Did the organization have members or stockholders?	6	No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	8a	Yes
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: CA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 THE ORGANIZATION 600 CALIFORNIA STREET NO 900 SAN FRANCISCO, CA 94108 (415) 989-1111

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

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

☐

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								0	2,163,735	527,339

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

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

**Section B. Independent Contractors**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		



Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a			
	b Membership dues . . . . .	1b			
	c Fundraising events . . . . .	1c			
	d Related organizations	1d	3,036,999		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f . . . . .		3,036,999		
Program Service Revenue	2a INCENTIVE MGMT FEE	Business Code			
	b ASSET MANAGEMENT FEE	531390	214,552	214,552	
	c PARTNERSHIP LOSS	531390	195,888	195,888	
	d _____	900099	-1,089	-1,089	
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a-2f . . . . .		409,351		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .			
4 Income from investment of tax-exempt bond proceeds					
5 Royalties . . . . .					
6a Gross rents		(i) Real (ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . .					
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) . . . . .					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a			
b Less direct expenses . . . . .		b			
c Net income or (loss) from fundraising events . . . . .					
9a Gross income from gaming activities See Part IV, line 19 . . . . .		a			
b Less direct expenses . . . . .		b			
c Net income or (loss) from gaming activities . . . . .					
10a Gross sales of inventory, less returns and allowances . . . . .		a			
b Less cost of goods sold . . . . .	b				
c Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . .					
12 Total revenue. See Instructions . . . . .		3,446,350	409,351	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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	584,895	584,895		
<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.				
<b>b</b> Legal.	10,236	10,236		
<b>c</b> Accounting.	8,800		8,800	
<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).	-1,000	-1,000		
<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.	54,000	54,000		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.				
<b>23</b> Insurance.	38	38		
<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> TAXES & LICENSES	8,818	8,818		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	665,787	656,987	8,800	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	12,705	<b>1</b>	17,725
	<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 . . . . .	3,293,868	<b>4</b>	5,832,604
	<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 . . . . .	16,715,913	<b>7</b>	18,501,931
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	191	<b>9</b>	211
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 0		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	949,777	<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 . . . . .	9,582,219	<b>13</b>	13,486,154
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	30,554,673	<b>16</b>	37,838,625	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	17,281	<b>17</b>	17,281
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,610,767	<b>19</b>	2,396,785
	<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>	1,000,000
	<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	5,629,249	<b>25</b>	8,346,620
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	7,257,297	<b>26</b>	11,760,686
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	23,297,376	<b>27</b>	26,077,939
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</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</b> <b>Total net assets or fund balances</b> . . . . .	23,297,376	<b>33</b>	26,077,939	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	30,554,673	<b>34</b>	37,838,625	

**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>	3,446,350
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	665,787
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,780,563
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	23,297,376
<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>	26,077,939

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input 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		
<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	No	
<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	Yes	
<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	Yes	
<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?	Yes	
<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	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-3227594

**Name:** MCB FAMILY HOUSING INC

Form 990 (2018)

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

THE ORGANIZATION IS A GENERAL PARTNER IN SEVERAL PARTNERSHIPS THAT OWN AND OPERATE AFFORDABLE HOUSING PROJECTS FOR LOW-INCOME PERSONS

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MCB FAMILY HOUSING INC

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

94-3227594

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☒

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

☒

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations

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		584,895	0
Total	1				584,895	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<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> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</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>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</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>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</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>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</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>▶ <input type="checkbox"/></span>	
18	<b>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>▶ <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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 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 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** 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 **stop here** ► ☐

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<b>1</b>	<b>Yes</b>
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>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).</i>	<b>2</b>	<b>No</b>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	<b>No</b>
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<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? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	<b>No</b>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<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)? <i>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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<b>5a</b>	<b>No</b>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	<b>No</b>
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	<b>No</b>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	<b>No</b>
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	<b>No</b>
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	<b>No</b>
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	<b>No</b>
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	<b>No</b>
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<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>1</b>	Yes	
<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>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>1</b>		
<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>2</b>		
<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>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 line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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>2a</b>		
<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>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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>3a</b>		
<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>3b</b>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 94-3227594  
Name: MCB FAMILY HOUSING INC

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

Facts And Circumstances Test

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
MCB FAMILY HOUSING INC

Employer identification number  
94-3227594

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

	(a) Donor advised funds	(b) Funds and other accounts
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.

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the 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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

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
1a	Land . . . . .			
b	Buildings . . . . .			
c	Leasehold improvements			
d	Equipment . . . . .			
e	Other . . . . .			
Total.	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)		
Total. (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) INVESTMENT IN PARTNERSHIP(S)	13,486,154	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	13,486,154	

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)	
Total. (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO RELATED PARTY	7,789,620
ACCRUED AFFILIATED CONTRIBUTIONS	557,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	8,346,620

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	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 94-3227594  
**Name:** MCB FAMILY HOUSING 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. BRIDGE PROPERTIES, INC. ("BPI"), BID, PHC, BCD, I 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 2014 THROUGH 2017 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 2014 REMAIN OPEN. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MCB FAMILY HOUSING INC

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
94-3227594

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRIDGE HOUSING CORPORATION 600 CALIFORNIA STREET STE 900 SAN FRANCISCO, CA 94108	94-2827909	501(C)(3)	584,895				TO SUPPORT THE AFFILIATE IN PROVIDING AFFORDABLE HOUSING

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

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION MONITORS GRANTS TO AFFILIATED ORGANIZATIONS TO ENSURE THE GRANTS ARE USED FOR THEIR EXEMPT PURPOSE(S)

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
			2018
			Open to Public Inspection
Name of the organization MCB FAMILY HOUSING INC		Employer identification number 94-3227594	

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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<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"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<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?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<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?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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>	

**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

Schedule J (Form 990) 2018

**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.



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

Department of the Treasury

Name of the organization  
MCB FAMILY HOUSING INC

**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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

94-3227594

**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**

Return Reference	Explanation
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**

Return Reference	Explanation
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)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MCB FAMILY HOUSING INC

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
MCB FAMILY HOUSING INC

Employer identification number  
94-3227594

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

1 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?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

Yes

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

Yes

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

No

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

s Other transfer of cash or property from related organization(s) . . . . .

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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

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

[illegible]



**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: 94-3227594  
Name: MCB FAMILY HOUSING 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) 735 DAVIS SENIOR BRIDGE LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-5154255	LOW-INCOME HOUSING	CA	0	0	MCB FAMILY HOUSING INC
(1) 88 BROADWAY FAMILY BRIDGE LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-5083184	LOW-INCOME HOUSING	CA	0	0	MCB FAMILY HOUSING INC
(2) ALAMEDA HOUSING LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3227594	LOW-INCOME HOUSING	CA	27,350	3,228,169	MCB FAMILY HOUSING INC
(3) ALAMEDA SENIOR LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 38-3944656	LOW-INCOME HOUSING	CA	0	0	MCB FAMILY HOUSING INC
(4) AVEVISTA ASSOCIATES LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3227594	LOW-INCOME HOUSING	CA	102,786	103,840	MCB FAMILY HOUSING INC
(5) BRIDGE 500 FOLSOM LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3977848	LOW-INCOME HOUSING	CA	10,347	100	MCB FAMILY HOUSING INC
(6) BRIDGE NORCAL LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-3249497	LOW-INCOME HOUSING	CA	123,806	2,751,270	MCB FAMILY HOUSING INC
(7) FOOTHILL FARMS SENIOR LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-5013296	LOW-INCOME HOUSING	CA	37,419	35,818	MCB FAMILY HOUSING INC
(8) HERMANN STREET ASSOCIATES LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-1393746	LOW-INCOME HOUSING	CA	1,516,450	3,614,527	MCB FAMILY HOUSING INC
(9) JD HOUSING 1A LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3516607	LOW-INCOME HOUSING	CA	1,620	3,949,992	MCB FAMILY HOUSING INC
(10) POTRERO HOUSING I LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-3618515	LOW-INCOME HOUSING	CA	1,741	95	MCB FAMILY HOUSING INC
(11) PORTRERO HOUSING II LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 32-0556753	LOW-INCOME HOUSING	CA	94	0	MCB FAMILY HOUSING INC
(12) TRESSA CM LLC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-4861446	LOW-INCOME HOUSING	CA	78,981	102,846	MCB FAMILY HOUSING 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
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
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
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
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
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
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
600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3149477	INTENDED GP OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 12A, I	BRIDGE HOUSING CORPORATION		No
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
600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3149476	DEVELOPER, GENERAL PARTNER, AND COMMERCIAL PROPERTY OWNER & OPERATOR	CA	501(C)(4)		BRIDGE HOUSING CORPORATION		No
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
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
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
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
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
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
600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3122110	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 10	BRIDGE HOUSING CORPORATION		No
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
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
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
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

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?
						YesNo
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-0563916	LIMITED 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?
						YesNo
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
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
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
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
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
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
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
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
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
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
600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3154096	INTENDED GP OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 12A, I	BRIDGE HOUSING CORPORATION	No
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	NORTHPOINT HOUSING INC	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	RELATED		1,234,999		No			No	60 000 %
(2) 1950 MISSION HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3753908	LOW-INCOME HOUSING	CA	1950 MISSION HOUSING ASSOCIATES LLC	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	25 SANCHEZ LLC	N/A				No			No	
(4) 25 SANCHEZ LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4170536	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(5) 255 WOODSIDE LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4196322	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	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	255 WOODSIDE HOUSING ASSOCIATES LLC	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	3850 18TH STREET LLC	N/A				No			No	
(8) 3850 18TH STREET LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-2228982	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	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	462 DUBOCE LLC	N/A				No			No	
(10) 462 DUBOCE LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4186175	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(11) 4840 MISSION HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-1292473	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(12) 490 SVN HOUSING ASSOCIATES LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-1014702	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED				No		Yes		60 000 %
(13) 490 SVN HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-1189032	LOW-INCOME HOUSING	CA	490 SVN HOUSING ASSOCIATES LLC	N/A				No			No	
(14) 500 FOLSOM LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-4040273	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED		2,605,198		No		Yes		0 010 %

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							Yes	No		Yes	No	
(16) 735 DAVIS SENIOR LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-5003787	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED		339,623		No		Yes		0 010 %
(1) 88 BROADWAY FAMILY LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-5012405	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED		843,418		No		Yes		0 010 %
(2) ABIGAIL HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-1418187	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(3) ALAMEDA HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-4289796	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	-1,766,549	3,562,268		No		Yes		0 010 %
(4) ALEMANY HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1442410	LOW-INCOME HOUSING	CA	ALEMANY HOUSING LLC	N/A				No			No	
(5) ALEMANY HOUSING LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-2217584	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(6) AREA F-1 HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 90-0150206	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(7) ARMSTRONG PLACE ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 68-0653328	LOW-INCOME HOUSING	CA	SITE K INC	N/A				No			No	
(8) AVEVISTA ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-3850099	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	-67	307,226		No		Yes		0 010 %
(9) BAY MEADOWS AFFORDABLE ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-5281491	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(10) BCDI SUBSIDIARY CDE I LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-1063540	PROVIDE COMMUNITY LENDING FOR AFFDBLE HSG	CA	BRIDGE COMMUNITY DEVELOPMENT INC	N/A				No			No	
(11) BCDI SUBSIDIARY CDE II LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-1063836	PROVIDE COMMUNITY LENDING FOR AFFDBLE HSG	CA	BRIDGE COMMUNITY DEVELOPMENT INC	N/A				No			No	
(12) BCDI SUBSIDIARY CDE III LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-1064050	PROVIDE COMMUNITY LENDING FOR AFFDBLE HSG	CA	BRIDGE COMMUNITY DEVELOPMENT INC	N/A				No			No	
(13) BCDI SUBSIDIARY CDE IV LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-1064267	PROVIDE COMMUNITY LENDING FOR AFFDBLE HSG	CA	BRIDGE COMMUNITY DEVELOPMENT INC	N/A				No			No	
(14) BERNAL SENIOR HOUSING PARTNERS LTD  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3068355	LOW-INCOME HOUSING	CA	BERNAL SENIOR HOUSING CORPORATION	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
(31) BFHP HOPE CENTER LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-3457468	LOW-INCOME HOUSING	CA	HOPE CENTER HOUSING LLC	N/A				No			No	
(1) BHC COLLEGE PARK II LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-3356083	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(2) BHC SAGE PARK LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-1527957	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(3) BLOCK 14 LIMITED PARTNERSHIP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 20-0133614	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(4) BRIDGE AGGREGATE SOLAR COMPANY LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-1331625	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(5) BRIDGE BERKELEY WAY LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-3496730	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(6) BRIDGE GRAYSON CREEK ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3389039	LOW-INCOME HOUSING	CA	CHURCH STREET HOUSING INC	N/A				No			No	
(7) BRIDGE SOCIAL IMPACT FUND I LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3266719	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(8) BRIDGE TRIANGLE ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 80-0874681	LOW-INCOME HOUSING	CA	BRIDGE NORCAL DEVELOPMENT INC	N/A				No			No	
(9) BRIDGE URBAN INFILL LAND DEVELOPMENT LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3391691	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	BRIDGE INFILL DEVELOPMENT INC	N/A				No			No	
(10) BROADWAY TOWER ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-0772994	LOW-INCOME HOUSING	CA	BROADWAY TOWER INC	N/A				No			No	
(11) BROADWAY UPPER TOWER ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-5626742	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(12) CALISTOGA BRANNAN HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3167785	LOW-INCOME HOUSING	CA	CALISTOGA BRANNAN HOUSING INC	N/A				No			No	
(13) CANAL HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3375830	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(14) CARMEL VALLEY HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3390105	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	



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							Yes	No		Yes	No	
(46) CARQUINEZ ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-3334622	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(1) CENTERTOWN ASSOCIATES LTD  2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 94-3108427	LOW-INCOME HOUSING	CA	CENTERTOWN INC	N/A				No			No	
(2) CHELSEA GARDENS ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3314552	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(3) CHESTNUT LINDEN ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3411722	LOW-INCOME HOUSING	CA	BRIDGE HOUSING VENTURES INC	N/A				No			No	
(4) CHURCH STREET HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3361620	LOW-INCOME HOUSING	CA	CHURCH STREET HOUSING INC	N/A				No			No	
(5) COGGINS SQUARE ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3294186	LOW-INCOME HOUSING	CA	COGGINS SQUARE INC	N/A				No			No	
(6) COMM 22 FAMILY HOUSING LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-3719866	LOW-INCOME HOUSING	CA	COMM 22 HOUSING GP LLC	N/A				No			No	
(7) 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	
(8) 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	
(9) 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	
(10) COMM 22 SENIOR HOUSING LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-3719955	LOW-INCOME HOUSING	CA	COMM 22 SENIOR GP LLC	N/A				No			No	
(11) COPPER CREEK 4 HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 35-2166973	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(12) COPPER CREEK 9 HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-0369696	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(13) CORONADO SPRINGS COTTAGES LLLP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-2335881	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(14) COTTONWOOD CREEK HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 59-3837978	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	

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							Yes	No		Yes	No	
(61) DANVILLE SENIOR HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3405442	LOW-INCOME HOUSING	CA	DANVILLE SENIOR HOUSING INC	N/A				No			No	
(1) DRAKE MARIN ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3230387	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(2) FABIAN WAY ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 68-0653330	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(3) FOOTHILL FARM ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-3790939	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	-59	110,804		No		Yes		0 010 %
(4) FRUITVALE PHASE IIB LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-2482005	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(5) GEARY HOUSING PARTNERS LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-0481231	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(6) GOUGH STREET HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-0686186	LOW-INCOME HOUSING	CA	GOUGH STREET HOUSING LLC	N/A				No			No	
(7) 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	
(8) GRAND OAK ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 71-0987940	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(9) HERCULES SR HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3262539	LOW-INCOME HOUSING	CA	HERCULES SENIOR HOUSING INC	N/A				No			No	
(10) HERITAGE SQUARE HOUSING PARTNERS LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 37-1751927	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(11) HERMANN STREET ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-3100442	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	-178,225	9,718,644		No		Yes		0 010 %
(12) HOLLY COURTS HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-4122215	LOW-INCOME HOUSING	CA	HOLLY COURTS HOUSING LLC	N/A				No			No	
(13) HOLLY COURTS HOUSING LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-3912492	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(14) HOPE CENTER HOUSING LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-3442637	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	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) Dispropportionate 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) HUNT AVENUE ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3163833	LOW-INCOME HOUSING	CA	HUNT AVENUE INC	N/A				No			No	
(1) IRVINGTON DEV GROUP LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 61-1492960	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(2) IVY AT COLLEGE PARK LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-1275132	LOW-INCOME HOUSING	CA	FELL STREET HOUSING INC	N/A				No			No	
(3) JENNINGS AVE ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 71-0987938	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(4) JOHN STREET HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-0903447	LOW-INCOME HOUSING	CA	JOHN STREET HOUSING LLC	N/A				No			No	
(5) 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	
(6) JORDAN DOWNS 1A LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-3586588	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	N/A				No			No	
(7) JORDAN DOWNS 2B LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-0877922	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(8) JORDAN DOWNS COMMUNITY PARTNERS LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-3375235	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(9) JORDAN DOWNS REMEDIATION MANAGER LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-3825573	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(10) KENTFIELD ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 11-3794630	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(11) LAGUNA CANYON HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 56-2281684	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(12) LELAND HOUSING PARTNERS LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-2979055	INTENDED FOR LOW- INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(13) LINDEN 143 LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 20-8630911	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	N/A				No			No	
(14) MACARTHUR TELEGRAPH ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-2560832	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	-111	5,255,190		No		Yes		0 010 %

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(91) MANDELA GATEWAY ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-0500876	LOW-INCOME HOUSING	CA	BRIDGE HOUSING VENTURES INC	N/A				No			No	
(1) MARINA ANNEX ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3396985	LOW-INCOME HOUSING	CA	BRIDGE HOUSING VENTURES INC	N/A				No			No	
(2) MARINA TOWERS ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 86-1140987	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(3) MILPITAS HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3253668	LOW-INCOME HOUSING	CA	MILPITAS HOUSING INC	N/A				No			No	
(4) MISSION BAY 9 LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-4342839	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	N/A				No			No	
(5) MISSION BAY 9 LLP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-4342999	LOW-INCOME HOUSING	CA	MISSION BAY 9 LLC	N/A				No			No	
(6) MISSION DOLORES GP LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-2189426	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	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	MISSION DOLORES GP LLC	N/A				No			No	
(8) NAIROBI HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3331004	LOW-INCOME HOUSING	CA	NAIROBI HOUSING INC	N/A				No			No	
(9) NATOMA FAMILY HOUSING LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 45-3533912	LOW-INCOME HOUSING	CA	BRIDGE HOMES INC	N/A				No			No	
(10) NORTH BEACH DEVELOPMENT ASSOCIATES LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3355013	NORTH BEACH DEVELOPER	CA	JOHN STEWART COMPANY	N/A				No			No	
(11) NORTH BEACH HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-0563921	LOW-INCOME HOUSING	CA	BRIDGE HOUSING VENTURES INC	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	JOHN STEWART COMPANY	N/A				No			No	
(13) NORTH WILLIAMS HOUSING ASSOCIATES LIMITED PARTNERSHIP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 83-2009674	LOW-INCOME HOUSING	CA	BRIDGE NORTHWEST DEVELOPMENT INC	N/A				No			No	
(14) NORTHPOINT HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3287332	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	

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							Yes	No		Yes	No	
(106) NORTHPOINT II HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3324167	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(1) NORTHSIDE HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3315758	LOW-INCOME HOUSING	CA	NORTHSIDE SENIOR HOUSING INC	N/A				No			No	
(2) NORTHWOOD HSG ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 57-1176155	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(3) NURTURE 247 LP  1616 NW 13TH AVENUE PORTLAND, OR 97209 26-3244316	LOW-INCOME HOUSING	OR	BRIDGE NORTHWEST DEVELOPMENT INC	N/A				No			No	
(4) OCEANVIEW HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 47-2055729	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(5) OHLONE HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3232359	LOW-INCOME HOUSING	CA	OHLONE HOUSING CORPORATION	N/A				No			No	
(6) PACIFIC OAKS ASSOCIATES  ONE HARBOR DR STE 105 SAUSALITO, CA 94965 94-3026354	LOW-INCOME HOUSING	CA	BRIDGE HOUSING VENTURES INC	N/A				No			No	
(7) POINSETTIA HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 33-0832030	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(8) POTRERO HOUSING ASSOCIATES I LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1468714	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED		58,484,818		No		Yes		0 010 %
(9) POTRERO HOUSING ASSOCIATES II LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-1402415	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED		193,709		No		Yes		99 000 %
(10) POTTERY COURT HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-0162400	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(11) RICHMOND HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-0612080	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(12) RIVERPLACE 3 HOUSING LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-4968822	LOW-INCOME HOUSING	CA	BRIDGE NORTHWEST DEVELOPMENT INC	N/A				No			No	
(13) RIVERPLACE PHASE 2 LIMITED PARTNERSHIP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 82-4358941	LOW-INCOME HOUSING	CA	BRIDGE NORTHWEST DEVELOPMENT INC	N/A				No			No	
(14) ROBERTS AVE SENIOR HSG LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3408441	LOW-INCOME HOUSING	CA	ROBERTS AVENUE INC	N/A				No			No	

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							Yes	No		Yes	No	
(121) ROTARY VALLEY ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3244786	LOW-INCOME HOUSING	CA	ROTARY VALLEY INC	N/A				No			No	
(1) SAN LEANDRO SENIOR ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-2992050	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	N/A				No			No	
(2) SAN RAFAEL APARTMENTS LP  550 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660 33-0508119	LOW-INCOME HOUSING	CA	N/A	RELATED				No			No	
(3) SANRAF ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3410682	LOW-INCOME HOUSING	CA	DANVILLE SENIOR HOUSING INC	N/A				No			No	
(4) SANTA ALICIA FAMILY HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3233778	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(5) SILVERADO CREEK PARTNERS  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3329192	LOW-INCOME HOUSING	CA	SILVERADO CREEK HOUSING INC	N/A				No			No	
(6) SOUTH BEACH FAMILY ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3132899	LOW-INCOME HOUSING	CA	SITE K INC	N/A				No			No	
(7) SOUTH SAN FRANCISCO MAGNOLIA PLAZA ASSOCIATES  ONE HARBOR DR STE 105 SAUSALITO, CA 94965 94-3026352	LOW-INCOME HOUSING	CA	BRIDGE HOUSING VENTURES INC	N/A				No			No	
(8) ST JOSEPH'S FAMILY ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-0627778	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	-71	4,477,420		No		Yes		0 010 %
(9) ST JOSEPH'S SENIOR LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 26-2893982	LOW-INCOME HOUSING	CA	NORTHPOINT HOUSING INC	N/A				No			No	
(10) STROBRIDGE HOUSING ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3229531	LOW-INCOME HOUSING	CA	STROBRIDGE HOUSING INC	N/A				No			No	
(11) SUMMERHOUSE HOUSING 3 LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-2919668	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(12) SUMMERHOUSE HOUSING ASSOCIATES (PHASE I AND PHASE II)  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-0901144	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(13) TERRA COTTA HSG ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3265635	LOW-INCOME HOUSING	CA	SAN MARCOS FAMILY HOUSING INC	N/A				No			No	
(14) TRESSA INVESTMENT LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-5126605	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	32,927	392,948		No		Yes		10 000 %

**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) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(136) TRESSA MANAGER LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 46-5113434	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	-299	73,170		No		Yes		10 000 %
(1) TRESTLE GLEN ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 11-3794633	LOW-INCOME HOUSING	CA	MCB FAMILY HOUSING INC	RELATED	-43	387,055		No		Yes		0 010 %
(2) VILLAGES AT WESTVIEW I LLC  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 37-1830827	LOW-INCOME HOUSING	CA	HOMECOMINGS INC	RELATED		540		No			No	40 000 %
(3) VILLAGES AT WESTVIEW I LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 61-1796704	LOW-INCOME HOUSING	CA	VILLAGES AT WESTVIEW I LLC	N/A				No			No	
(4) WHITE DOVE HOUSING ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 06-1638296	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(5) WINFIELD HILL ASSOCIATES  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3153147	LOW-INCOME HOUSING	CA	WINFIELD HILL INC	N/A				No			No	
(6) WOODBURY PARTNERS LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 68-0620325	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORP - SOUTHERN CA	N/A				No			No	
(7) WOODLAND PARK ASSOCIATES LP  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-1115019	LOW-INCOME HOUSING	CA	BRIDGE NORTHWEST DEVELOPMENT INC	N/A				No			No	
(8) YWCA VILLA NUEVA PARTNERS  600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3143354	LOW-INCOME HOUSING	CA	BRIDGE THIRD STREET INC	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) ABIGAIL CONDOMINIUM ASSOCIATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 81-5299018	HOMEOWNERS ASSOCIATION	CA	N/A	C					No
(2) BRIDGE COMMUNITY DEVELOPMENT INC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 27-2410096	COMMUNITY DEVELOPMENT	CA	N/A	C					No
(3) BRIDGE INFILL DEVELOPMENT INC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3390449	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	N/A	C					No
(4) BRIDGE PROPERTIES INC 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-2986189	PROPERTY MANAGEMENT PROVIDER	CA	N/A	C					No
(5) 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
(6) MISSION COLERIDGE OWNERS ASSOCIATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 94-3108886	HOMEOWNERS ASSOCIATION	CA	N/A	C					No
(7) 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
(8) VILLA NUEVA OWNERS ASSOCIATION 600 CALIFORNIA ST STE 900 SAN FRANCISCO, CA 94108 77-0305698	HOMEOWNERS ASSOCIATION	CA	N/A	C					No