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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BRIDGE HOUSING VENTURES, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
345 SPEAR STREET 700

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94105

D Employer identification number
94-3147882

E Telephone number
(415)989-1111

G Gross receipts $ 684,944.

F Name and address of principal officer: LYDIA TAN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1991 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SUCCESSFULLY PROVIDED AFFORDABLE HOUSING BY PROVIDING ASSET MANAGEMENT SERVICES AND SERVING AS THE	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of employees (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	43,870.	86,514.
	9 Program service revenue (Part VIII, line 2g)	109,811.	561,055.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,799.	37,375.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<102,883.>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,597.	684,944.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	109,811.	112,848.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	20,645.	143,128.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	130,456.	255,976.
	19 Revenue less expenses. Subtract line 18 from line 12	<42,859.>	428,968.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,694,515.	3,821,615.
	21 Total liabilities (Part X, line 26)	3,251,421.	3,036,067.
	22 Net assets or fund balances. Subtract line 21 from line 20	443,094.	785,548.

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Part II Signature Block

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

Sign Here

Signature of officer — Date 11/16/2009

D. KEMP VALENTINE, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Mer Wong CPA	Date 11/16/2009	Check if self-employed ▶ ☐
Preparer's identifying number (see instructions)			
Firm's name (or yours if self-employed), address, and ZIP + 4	LINDQUIST, VON HUSEN & JOYCE LLP 90 NEW MONTGOMERY STREET, 11TH FLOOR SAN FRANCISCO, CA 94105	EIN ▶	
		Phone no. ▶ (415) 957-9999	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

915-17

22

SCANNED DEC 28 2009

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.
TO PROVIDE LOW INCOME HOUSING BY ACTING AS GENERAL PARTNER OR LIMITED PARTNER.

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 254,751. including grants of $ 112,848.) (Revenue $ 561,055.)
THE ORGANIZATION IS THE GENERAL PARTNER OR LIMITED PARTNER OF SEVERAL PARTNERSHIPS THAT PROVIDES LOW INCOME HOUSING AND LAND OWNER.

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

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ $ 254,751. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	1a 4		
b	Enter the number of voting members that are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE ORGANIZATION - (415) 989-1111
345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

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

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CAROL GALANTE PRESIDENT	2.00	X		X				0.	281,376.	44,280.
SUSAN JOHNSON VP/SECRETARY	2.00	X		X				0.	200,500.	43,976.
LYDIA TAN VP	2.00	X		X				0.	262,644.	50,820.
D. KEMP VALENTINE VP/CFO	2.00	X		X				0.	190,000.	47,772.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								0.	934,520.	186,848.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d 86,514.				
	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 ▶	86,514.			
Program Service Revenue		Business Code			
	2a INC FROM PARTNERSHIPS	531390	448,209.	448,209.	
	b MANAGEMENT FEES	531390	112,846.	112,846.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶	561,055.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	37,375.			37,375.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	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. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	684,944.	561,055.	0.	37,375.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	112,848.	112,848.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,225.		1,225.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	141,880.	141,880.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TAXES & LICENSES	23.	23.		
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	255,976.	254,751.	1,225.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	363,914.	1	412,023.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	478,513.	7	478,513.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a 1,933,899.			
	b	Less: accumulated depreciation Complete Part VI of Schedule D 10b	1,933,899.	10c	1,933,899.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	918,189.	15	997,180.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,694,515.	16	3,821,615.
Liabilities	17	Accounts payable and accrued expenses	44,080.	17	3,163.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	3,207,341.	25	3,032,904.
	26	**Total liabilities.** Add lines 17 through 25	3,251,421.	26	3,036,067.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	443,094.	27	785,548.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	443,094.	33	785,548.
	34	Total liabilities and net assets/fund balances	3,694,515.	34	3,821,615.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
BRIDGE HOUSING VENTURES, INC.	94-3147882

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: (Please check only **one** organization.)

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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

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

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
BRIDGE HOUSING CORP	94-2827909	11A	X				X		254,751.
Total									254,751.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BRIDGE HOUSING VENTURES, INC.

Employer identification number

94-3147882

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

	Yes	No
(i) unrelated organizations — 3a(i)		
(ii) related organizations — 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,933,899.		1,933,899.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,933,899.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
ASSET MANAGEMENT FEE RECEIVABLE	112,846.
INTEREST RECEIVABLE - AFFILIATES	162,695.
CONSTRUCTION IN PROCESS	676,781.
AFFILIATE CONTRIBUTION RECEIVABLE	44,858.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	997,180.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
INTERCOMPANY-BHC	20,000.
ACCRUED AFFILIATE CONTRIBUTIONS	112,846.
INTEREST PAYABLE	147,273.
NOTES PAYABLE	2,602,124.
EQUITY INVESTMENTS	150,661.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,032,904.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BRIDGE HOUSING VENTURES, INC.

Employer identification number

94-3147882

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? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (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 non-cash assistance	(h) Purpose of grant or assistance
BRIDGE HOUSING CORPORATION 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	94-2827909	501(C)(3)	112,848.	0.			AFFILIATE CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations ▶ 1.

3 Enter total number of other organizations ▶ 0.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALL GRANTS ARE UNRESTRICTED.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BRIDGE HOUSING VENTURES, INC.

Employer identification number

94-3147882

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)	0.	0.	0.	0.	0.	0.	0.
CAROL GALANTE	(ii)	268,376.	13,000.	0.	31,320.	12,960.	325,656.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
SUSAN JOHNSON	(ii)	200,500.	0.	0.	31,040.	12,936.	244,476.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
LYDIA TAN	(ii)	245,644.	17,000.	0.	29,840.	20,980.	313,464.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
D. KEMP VALENTINE	(ii)	180,000.	10,000.	0.	29,400.	18,372.	237,772.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BRIDGE HOUSING VENTURES, INC.

Employer identification number

94-3147882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GENERAL PARTNER. CONTINUED TO SUPPLY SUPPORT TO BRIDGE HOUSING CORPORATION, A NONPROFIT PUBLIC BENEFIT CORPORATION THAT IS ORGANIZED TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME PERSONS.

FORM 990, PART VI, SECTION A, LINE 10: CORPORATE CONTROLLER AND CFO CONDUCT A DETAIL REVIEW OF THE RETURN BEFORE IT IS FILED. DETAIL REVIEW INCLUDES AGREEING NUMBERS TO AUDIT REPORT, REASONABLENESS TESTS ON DATA, AND REVIEWING SALARY INFORMATION. EACH MEMBER OF THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS, UPON REQUEST, CAN REVIEW THE FORM 990 AND SUBMIT COMMENTS BEFORE IT IS FILED.

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. THE PERSON THAT HAS THE CONFLICT IS RESPONSIBLE FOR RECUSING HIMSELF FROM THE DISCUSSION AND VOTE. THE BOARD 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.

FORM 990, PART VI, SECTION B, LINE 15: PROPOSED COMPENSATION IS PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF BRIDGE HOUSING CORPORATION. THE PROPOSAL INCLUDES COMPARABLE DATA FROM INDEPENDENT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

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Name of the organization

BRIDGE HOUSING VENTURES, INC.

Employer identification number

94-3147882

SOURCES. THE COMMITTEE THEN APPROVES OR DISCUSSES ALTERNATIVES TO THE PROPOSAL.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART V, LINE 1C

DURING THE TAX YEAR, THE ORGANIZATION DID NOT ENCOUNTER ANY SITUATIONS THAT WOULD REQUIRE BACKUP WITHHOLDING.

FORM 990, PART V, LINE 7G

DURING THE TAX YEAR, THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY. THEREFORE, IT WAS NOT NECESSARY FOR THE ORGANIZATION TO FILE A FORM 8899.

FORM 990, PART V, LINE 7H

DURING THE TAX YEAR, THE ORGANIZATION DID NOT RECEIVE ANY VEHICLE CONTRIBUTIONS AND THEREFORE, IT WAS NOT NECESSARY FOR THE ORGANIZATION TO FILE A FORM 1098-C.

FORM 990, PART IV, LINE 12 AND PART XI, LINE 2B

AUDITED FINANCIAL STATEMENTS

THE ORGANIZATION AND AFFILIATED ENTITIES WERE INCLUDED IN A COMBINED FINANCIAL STATEMENT IN ACCORDANCE WITH STATEMENT OF POSITION 94-3. THE COMBINED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION DID NOT RECEIVE A SEPARATE AUDITED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BRIDGE HOUSING VENTURES, INC.

Employer identification number

94-3147882

FINANCIAL STATEMENT.

FORM 990 PART I LINE 22 AND FORM 990 PART X LINE 27

OTHER ADJUSTMENTS TO UNRESTRICTED NET ASSETS IS DUE TO PRIOR YEAR

RECORDED BOOK/TAX DIFFERENCE OF $(86,514)

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
BRIDGE HOUSING VENTURES, INC.

Employer identification number
94-3147882

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
BRIDGE NORCAL LLC - 26-3249497 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	0.	0.	MCB FAMILY HOUSING INC.
BRIDGE TOWER LLC - 37-1513008 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	0.	0.	NORTH POINT HOUSING INC.
BRIDGE SC LLC - 26-3714598 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	0.	0.	BRIDGE HOUSING CORP. - SOUTHERN CALIFORNIA
1275 ECR LLC - 26-2302292 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CALIFORNIA	0.	0.	BRIDGE HOMES INC

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
ALTO STATION, INC. - 94-3152631 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BAY AREA SENIOR SERVICES INC - 94-3008774 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OPERATOR OF SENIOR ASSISTED LIVING FACILITY	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BLP PARTNERSHIP, INC. - 31-1811761 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OWNER & OPERATOR OF SENIOR ASSISTED LIVING FACILITY	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BOMH, INC. - 94-3282930 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
14TH ST ASSOCIATES - 56-2569711, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
AREA F-1 HSG ASSOCIATES LP - 90-0150206, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
ARMSTRONG PLACE ASSOCIATES - 68-0653328, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
BRIDGE GRAYSON CREEK ASSOCIATES - 94-3389039, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	

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
BRIDGE INFILL DEVELOPMENT, INC. - 94-3390449 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	BRIDGE HOUSING CORPORATION	C CORP	0.	0.	.00%
BRIDGE PROPERTIES INC. - 94-2986189 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	PROPERTY MANGEMENT PROVIDER	CA	BRIDGE HOUSING CORPORATION	C CORP	0.	0.	.00%
PACIFIC HOME CONNECTION - 26-2704465 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	PROVIDER OF HOME OWNERSHIP SERVICES AND MORTGAGE	CA	HOMEBRICKS INC	C CORP	0.	0.	.00%

Part V Transactions With Related Organizations

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV				
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 **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g	X	
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r	X	

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

SCHEDULE R-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)
▶ Attach to Form 990 to list additional information for Schedule R, Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

OMB No 1545-0047
2008
Open to Public Inspection

Name of filing organization
BRIDGE HOUSING VENTURES, INC.

Employer identification number
94-3147882

Part I Continuation of Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
474 NATOMA, LLC - 68-0657579 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CALIFORNIA	0.	0.	BRIDGE HOMES INC
ARMSTRONG TOWNHOMES, LLC - 75-3236154 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CALIFORNIA	0.	0.	BRIDGE HOMES INC
BERRY STREET, LLC - 87-0812903 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CALIFORNIA	0.	0.	BRIDGE HOMES INC
HILLTOP SUMMIT LLC - 26-2240786 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CALIFORNIA	0.	0.	BRIDGE HOUSING ACQUISITIONS INC
MANDELA GATEWAY COMMERCIAL LLC - 68-0533499 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CALIFORNIA	0.	0.	BRIDGE ECONOMIC DEVELOPMENT CORPORATION
MANDELA GATEWAY TOWNHOMES LLC - 94-3227592 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CALIFORNIA	0.	0.	BRIDGE HOMES INC
BUILD WEST OAKLAND LLC - 48-1288883 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CALIFORNIA	0.	0.	BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (SAN ANTONIO ROAD) LLC - 57-1230341, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CALIFORNIA	0.	0.	BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS MACARTHUR TRANSIT COMMUNITY LLC, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CALIFORNIA	0.	0.	BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (TRI-CITY) LLC - 55-0904611, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CALIFORNIA	0.	0.	BRIDGE URBAN INFILL LAND DEVELOPMENT LLC

SCHEDULE R-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)
▶ Attach to Form 990 to list additional information for Schedule R, Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

OMB No 1545-0047
2008
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Name of filing organization
BRIDGE HOUSING VENTURES, INC.

Employer identification number
94-3147882

Part I **Continuation of Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
BUILD EQUITY INVESTMENTS (KIRKER) LLC - 27-0128784, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CALIFORNIA	0.	0.	BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (LEWIS ROAD) LLC 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CALIFORNIA	0.	0.	BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (TRI-CITY II) LLC - 51-0580894, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CALIFORNIA	0.	0.	BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (SOUTH BERNARDO) LLC - 26-2417808, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94106	DEVELOPS URBAN INFILL DEVELOPMENTS	CALIFORNIA	0.	0.	BRIDGE URBAN INFILL LAND DEVELOPMENT LLC

Part II Continuation of 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
BRIDGE BISSELL CORP - 94-3149477 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BRIDGE ECONOMIC DEVELOPMENT CORPORATION - 94-3149476, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	DEVELOPER, GENERAL PARTNER, AND COMMERCIAL PROPERTY OWNER AND OPERATOR	CALIFORNIA	501(C)(4)		BRIDGE HOUSING CORP.
BRIDGE HOMES, INC - 94-3227592 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	DEVELOPER OF AFFORDABLE OWNERSHIP HOUSING PROJECTS	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BRIDGE HOUSING ACQUISITIONS INC - 94-3175634 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OWNER OF MIXED USE AND AFFORDABLE HOUSING COMPLEXES	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA - 94-3233154, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BRIDGE HOUSING CORPORATION - 94-2827909 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	DEVELOPER OF AFFORDABLE HSG, G.P. & CO-GENERAL PARTNER OF AFFORDABLE HSG	CALIFORNIA	501(C)(3)	7	N/A
HOMEBRICKS INC - 59-3795727 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	PROVIDER OF HOME OWNERSHIP & MORTGAGE ASSISTANCE PROG. FOR LOW INC. FAMILIES	CALIFORNIA	501(C)(3)	11B	BRIDGE HOUSING CORP.
BRIDGE PROPERTY MANAGEMENT COMPANY - 94-3063990, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	PROPERTY MANAGEMENT PROVIDER OF AFFORDABLE HOUSING.	CALIFORNIA	501(C)(3)	9	BRIDGE HOUSING CORP.
BRIDGE REGIONAL PARTNERS, INC. - 94-3187094 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OWNER OF LAND AND OPERATOR OF PROPERTY	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BRIDGE SUPPORT CORPORATION - 26-1501314 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	SUPPORT CORPORATION TO BRIDGE HOUSING CORPORATION	CALIFORNIA	501(C)(3)	11B	BRIDGE HOUSING CORP.
BRIDGE TERRAZA INC - 94-3211275 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BRIDGE THIRD STREET INC - 94-3130270 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	9	BRIDGE HOUSING CORP.

Part II Continuation of 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
BRIDGE WEST OAKLAND HOUSING, INC. - 94-3261561, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
BRISBANE SENIOR HOUSING INC - 94-3323102 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
CALISTOGA BRANNAN HOUSING INC - 94-3167786 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER AND LIMITED PARTNER OF AFFORDABLE HOUSING PARTNERSHIPS	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
CHESTNUT CREEK INC. - 94-3360307 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CALIFORNIA	501(C)(3)	9	BRIDGE HOUSING CORP.
CHURCH STREET HOUSING INC - 94-3349372 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
COGGINS SQUARE INC - 94-3294187 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
DANVILLE SENIOR HOUSING INC - 91-2148404 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
EMERY BRIDGE INC - 94-3130269 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	FORMER GENERAL PARTNER OF HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
EMERYVILLE SENIOR HOUSING INC - 94-3107670 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CALIFORNIA	501(C)(3)	9	BRIDGE HOUSING CORP.
FELL STREET HOUSING INC - 94-3153378 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
HERCULES SENIOR HOUSING INC - 94-3262543 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
HOTEL DON INC - 94-3122110 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	9	BRIDGE HOUSING CORP.

Part II Continuation of 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
HUNT AVENUE INC - 94-3119469 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER AND LIMITED PARTNER OF AFFORDABLE HOUSING PARTNERSHIPS	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
MCB FAMILY HOUSING INC - 94-3227594 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
METRO SENIOR HOMES INC - 94-3213337 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
MILPITAS HOUSING INC - 94-3253389 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
NAIROBI HOUSING INC - 94-3331051 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
NORTH BEACH HOUSING, INC. - 82-0563916 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
NORTHPOINT HOUSING INC - 94-3287293 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
NORTHSIDE SENIOR HOUSING INC - 94-3315757 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
OHLONE HOUSING CORPORATION - 94-3232360 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
REDWOOD SHORES SENIOR HOUSING INC - 94-3190749, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CALIFORNIA	501(C)(3)	7	BRIDGE HOUSING CORP.
ROBERTS AVENUE INC. - 94-3375010 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
ROTARY VALLEY INC - 94-3244788 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.

Part II Continuation of 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
SAN MARCOS FAMILY HOUSING INC - 94-3265633 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
SILVERADO CREEK HOUSING INC. - 94-3376086 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
SITE K INC - 94-3132902 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
STROBRIDGE HOUSING INC - 94-3229530 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
WESTPARK HOUSING CORP - 94-3154096 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.
WINFIELD HILL INC - 94-3152859 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11A	BRIDGE HOUSING CORP.

Part III Continuation of 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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
CALISTOGA BRANNAN HOUSING ASSOCIATES - 94-3167785, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CANAL HOUSING ASSOCIATES - 94-3375830, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CARMEL VALLEY HSG ASSOCIATES - 94-3390105, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CARQUINEZ ASSOCIATES - 26-3334622, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHELSEA GARDENS ASSOCIATES - 94-3314552, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHESTNUT LINDEN ASSOCIATES - 94-3411722, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	RELATED	26,963.	242,351.		X	N/A	X	
CHURCH STREET HSG ASSOCIATES - 94-3361620, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CINNABAR COMMONS II - 20-5115511, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
COGGINS SQUARE ASSOCIATES - 94-3294186, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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COMM 22 LLC - 73-1728124 345 SPEAR STREET, SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
COPPER CREEK 4% HOUSING ASSOCIATES LP - 35-2166973, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
COPPER CREEK 9% HOUSING ASSOCIATES LP - 83-0369696, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
COTTONWOOD CREEK HOUSING ASSOCIATES - 59-3837978, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CPW ONE TRIBECA, LLC - 56-2592155, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DANVILLE SENIOR HSG ASSOCIATES - 94-3405442, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DRAKE MARIN ASSOCIATES - 94-3230387, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FABIAN WAY ASSOCIATES - 68-0653330, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FELL ST HSG ASSOCIATES - 94-3153973, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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GEARY HOUSING PARTNERS, LP - 83-0481231, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
GRAND OAK ASSOCIATES - 71-0987940, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
HERCULES SR HOUSING ASSOCIATES - 94-3262539, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
HUNT AVENUE ASSOCIATES - 94-3163833, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
IRVINGTON DEV GROUP LP - 61-1492960, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
IVY HOUSING ASSOCIATES, LP - 71-1039863, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
JENNINGS AVE ASSOCIATES - 71-0987938, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
KENTFIELD ASSOCIATES - 11-3794630, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
LA TERREZA ASSOCIATES - 94-3211279, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	

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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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
LAGUNA CANYON HOUSING ASSOCIATES - 56-2281684, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LELAND HOUSING PARTNERS LP - 26-2979055, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MANDELA GATEWAY ASSOCIATES LP - 46-0500876, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	RELATED	22,222.	261,640.		X	N/A	X	
MARINA ANNEX ASSOCIATES - 94-3396985, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	RELATED	23,882.	396,348.		X	N/A	X	
MARINA TOWERS ASSOCIATES - 86-1140987, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
METRO SENIOR ASSOCIATES - 94-3213475, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MILPITAS HSG ASSOCIATES - 94-3253668, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAIROBI HSG ASSOCIATES - 94-3331004, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NORTH BEACH HOUSING ASSOCIATES - 82-0563921, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	RELATED	38,682.	754,048.		X	N/A	X	

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NORTHPOINT HOUSING ASSOCIATES - 94-3287332, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
NORTHPOINT II HSG ASSOCIATES - 94-3324167, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
NORTHSIDE HOUSING ASSOCIATES - 94-3315758, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
NORTHWOOD HSG ASSOCIATES LP - 57-1176155, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
OHLONE HOUSING ASSOCIATES - 94-3232359, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
PINOLE GROVE ASSOCIATES - 94-3223021, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
POINSETTIA HOUSING PARTNERS - 33-0832030, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
RICHMOND CITY CTR ASSOCIATES - 94-3146993, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
ROBERTS AVE SENIOR HSG LP - 94-3408441, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	

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ROTARY VALLEY ASSOCIATES - 94-3244786, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SANRAF ASSOCIATES - 94-3410682, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SANTA ALICIA FAMILY HSG ASSOCIATES - 94-3233778, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SILVERADO CREEK PARTNERS - 94-3329192, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SOUTH BEACH FAMILY ASSOCIATES - 94-3132899, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	SITE K, INC	RELATED	<90,907.>	6685819.		X	N/A		X
ST JOSEPHS SENIOR LP - 26-2893982, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
STROBRIDGE HOUSING ASSOCIATES - 94-3229531, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TERRA COTTA HSG ASSOCIATES - 94-3265635, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRESTLE GLEN ASSOCIATES - 11-3794633, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of 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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
WHITE DOVE CANYON HSG ASSOCIATES LP - 06-1638296, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WINFIELD HILL ASSOCIATES - 94-3153147, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WOODBURY PARTNERS LP - 68-0620325, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
YWCA VILLA NUEVA PARTNERS - 94-3143354, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NORTH BEACH DEVELOPMENT ASSOCIATE LLC - 94-3355013, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOTEL DON ASSOCIATES - 94-3104710, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	HOTEL DON INC.	RELATED	0.	1697960.		X	N/A		X
PACIFIC OAKS ASSOCIATES - 94-3026354, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	RELATED	17,556.	1596065.		X	N/A		X
SAN RAFAEL APARTMENTS LP - 33-0508119, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SOUTH SAN FRANCISCO MAGNOLIA PLAZA ASSOCIATES - 94-3026352, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA	LOW-INCOME HOUSING	CA	BRIDGE HOUSING CORPORATION	RELATED	49,392.	1577568.		X	N/A		X

Part III Continuation of 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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
BRIDGE URBAN INFILL LAND DEVELOPMENT LLC - 94-3391691, 345 SPEAR STREET, SUITE 700, SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRI-CITY GARDENS LLC - 20-2338326, 901 MARINERS ISLAND BLVD #700, SAN MATEO, CA 94404	CONSTRUCTION OF HOMES FOR SALE	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
KIRKER CREEK BBS LP - 20-2928244, 901 MARINERS ISLAND BLVD #700, SAN MATEO, CA 94404	REAL ESTATE RENTAL	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WALL/LEWIS SAN JOSE LLC - 20-5251118, 470 S. MARKET ST., SAN JOSE, CA 95113	CONSTRUCTION OF HOMES FOR SALE	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRI-CITY GARDENS II LLC - 20-4382157, 901 MARINERS ISLAND BLVD #700, SAN MATEO, CA 94404	CONSTRUCTION OF HOMES FOR SALE	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SOUTH BERNARDO ASSOCIATES LP - 26-2323955, 49 GEARY ST., STE. 500, SAN FRANCISCO, CA 94108	REAL ESTATE RENTAL	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Form **8868**
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
	BRIDGE HOUSING VENTURES, INC.	94-3147882
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 345 SPEAR STREET, NO. 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94105	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE ORGANIZATION 345 SPEAR STREET, SUITE 700 - SAN FRANCISCO, CA 94105
  Telephone No. ▶ (415) 989-1111 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2008 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	BRIDGE HOUSING VENTURES, INC.		94-3147882
	Number, street, and room or suite no. If a P.O. box, see instructions. 345 SPEAR STREET, NO. 700		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94105		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION 345 SPEAR STREET, SUITE 700 - SAN FRANCISCO, CA 94105
  Telephone No. ▶ (415) 989-1111 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2009.

5 For calendar year 2008, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ALL INFORMATION NECESSARY TO PREPARE A COMPLETE RETURN IS NOT AVAILABLE TAXPAYER IS REQUESTING AN ADDITIONAL EXTENSION OF TIME TO FILE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Ken Wong CPA Title ▶ CPA Date ▶ 8/12/2009