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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)

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **SEP 1, 2008** and ending **AUG 31, 2009**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization THE RHF BUNKER HILL CORPORATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 911 NORTH STUDEBAKER ROAD City or town, state or country, and ZIP + 4 LONG BEACH, CA 90815 F Name and address of principal officer: DEBORAH STOUFF 911 N. STUDEBAKER RD., LONG BEACH, CA 98015	D Employer identification number 95-3295618 E Telephone number (562)257-5100 G Gross receipts \$ 142,193,670. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ N/A	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORTIVE RESIDENCE FOR LOW INCOME SENIORS 2 Check this box <input type="checkbox"/> 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) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of employees (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.											
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>12,670,376.</td> <td>6,000,324.</td> </tr> <tr> <td>940,763.</td> <td>52,835,452.</td> </tr> <tr> <td>348,355.</td> <td>91,648.</td> </tr> <tr> <td>13,959,494.</td> <td>58,927,424.</td> </tr> </tbody> </table>	Prior Year	Current Year	12,670,376.	6,000,324.	940,763.	52,835,452.	348,355.	91,648.	13,959,494.	58,927,424.
Prior Year	Current Year											
12,670,376.	6,000,324.											
940,763.	52,835,452.											
348,355.	91,648.											
13,959,494.	58,927,424.											
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>1,341,576.</td> <td>207,868.</td> </tr> <tr> <td>9,481,391.</td> <td>15,474,231.</td> </tr> <tr> <td>10,822,967.</td> <td>15,682,099.</td> </tr> <tr> <td>3,136,527.</td> <td>43,245,325.</td> </tr> </tbody> </table>	1,341,576.	207,868.	9,481,391.	15,474,231.	10,822,967.	15,682,099.	3,136,527.	43,245,325.		
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9,481,391.	15,474,231.											
10,822,967.	15,682,099.											
3,136,527.	43,245,325.											
Net Assets & Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>83,448,225.</td> <td>104,864,602.</td> </tr> <tr> <td>21,832,248.</td> <td>3,300.</td> </tr> <tr> <td>61,615,977.</td> <td>104,861,302.</td> </tr> </tbody> </table>	Beginning of Year	End of Year	83,448,225.	104,864,602.	21,832,248.	3,300.	61,615,977.	104,861,302.		
Beginning of Year	End of Year											
83,448,225.	104,864,602.											
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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: <i>Deborah Stouff</i> DEBORAH STOUFF, CORPORATE SECRETARY Type or print name and title	Date: 6/1/10
Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i> Firm's name (or yours if self-employed), address, and ZIP + 4: NOVOGRADAC & COMPANY LLP 101 ARCH STREET, SUITE 1000 BOSTON, MA 02110	Date: 5/28/10 Check if self-employed: <input type="checkbox"/> Preparer's identifying number (see instructions): EIN: 95-3295618 Phone no.: (617) 330-1920

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

SCANNED AUG 02 2010
 RECEIVED
 JUN 28 2010
 OGDEN, UT
 IRS-OEC

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO PROVIDE 1093 UNITS OF AFFORDABLE HOUSING FOR LOW-INCOME SENIORS, BASED ON NEED, IN AN ENVIRONMENT ENHANCING THE QUALITY OF LIFE AS IT RELATES TO THEIR PHYSICAL, MENTAL AND SPIRITUAL WELL-BEING.

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 [X] No

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

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 \$ 1,411,298. including grants of \$) (Revenue \$ 58927424.) TO OPERATE 1093 UNITS OF SUPPORTIVE LIVING FOR LOW INCOME SENIORS.

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 \$ 1,411,298. (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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

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		
1b	Enter the number of voting members that are independent		
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
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	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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	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?		X
16b	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?		

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: **FRANK ROSSELLO, JR. - (562)257-5100**
911 N. STUDEBAKER ROAD, LONG BEACH, CA 90815

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.

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			
DONALD W. KING VICE PRESIDENT	0.30	X		X				0.	0.	0.
TOM S. MASUDA TREASURER	0.30	X		X				0.	0.	0.
JEAN G. DREMSTEDT DIRECTOR	0.30	X						0.	0.	0.
RAYMOND E. EAST DIRECTOR	0.30	X						0.	0.	0.
CHRISTINA E. POTTER DIRECTOR	0.30	X						0.	0.	0.
STEWART M. SIMINGTON DIRECTOR	0.30	X						0.	0.	0.
JOHN E. TRNKA DIRECTOR	0.30	X						0.	0.	0.
LAVERNE R. JOSEPH PRESIDENT	1.00			X				0.	302,662.	93,338.
DEBORAH STOUFF CORPORATE SECRETARY	1.00			X				0.	112,846.	13,611.
ROBERT R. AMBERG SR. VP GENERAL COUNSEL	0.30				X			0.	246,846.	34,922.
STUART J. HARTMAN VP HOUSING OPERATIONS	0.30				X			0.	185,246.	33,451.
VINCENT B. MAGNONE VP TREASURY	0.30				X			0.	143,085.	18,251.
RICHARD T. WASHINGTON VP PROJECT DEVELOPMENT	0.30				X			0.	147,583.	17,905.
PETER OSCAR PEABODY VP HEALTH CARE	0.30				X			0.	164,785.	15,007.
FRANK ROSSELLO JR. CFO & VP FINANCE	0.30				X			0.	166,400.	9,882.
NADA BATTAGLIA HUMAN RESOURCES VP	0.30					X		0.	134,808.	22,251.
CHERYL J. HOWELL ASS'T CORP. SECRETARY	0.30					X		0.	109,046.	8,345.

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			
JOHN CLOW DIR. OF RISK MANAGEMENT	0.30					X		0.	103,685.	7,160.
CLAUDIA FLORES CONTROLLER	0.30					X		0.	105,531.	6,774.
CHRISTOPHER MULLEN BUS. APPLICATION MANAGER	0.30					X		0.	103,730.	11,074.
ROBERT NATHAN DIR. OF CONST./DEV.	0.30						X	0.	146,787.	2,498.
1b Total								0.	2,173,040.	294,469.

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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. **NONE**

(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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	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					
Program Service Revenue	2 a INTEREST INCOME	Business Code 531110	4286040.	4286040.		
	b RENTAL SUBSIDY	531110	1152087.	1152087.		
	c RENTAL INCOME	531110	562,197.	562,197.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		6000324.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		101,698.	101,698.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	136,000,000.			
		b Less: cost or other basis and sales expenses		83,266,246.		
		c Gain or (loss)		52,733,754.		
	d Net gain or (loss)		52,733,754.	52,733,754.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	531110	67,686.	67,686.			
b SERVICE COORDINATOR	531110	19,514.	19,514.			
c LAUNDRY	531110	4,107.	4,107.			
d All other revenue	531110	341.	341.			
e Total. Add lines 11a-11d		91,648.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		58,927,424.	58,927,424.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) 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				
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	151,419.	151,419.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	41,300.	41,300.		
10 Payroll taxes	15,149.	15,149.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,403.		14,403.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	12,964.	12,964.		
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	190,780.	190,780.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	432,588.	432,588.		
23 Insurance	52,292.		52,292.	
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 CONTRIBUTION EXPENSE	13,945,666.		13,945,666.	
b LOSS ON RESIDUAL RECEIPT	229,923.		229,923.	
c MANAGEMENT FEES	99,641.	99,641.		
d MISC OPERATING AND MAINTENANCE	97,686.	97,686.		
e ELECTRICITY	69,513.	69,513.		
f All other expenses	328,775.	300,258.	28,517.	
25 Total functional expenses. Add lines 1 through 24f	15,682,099.	1,411,298.	14,270,801.	0.
26 Joint Costs. Check here <input type="checkbox"/> 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	929,696.	1	81,389.
	2	Savings and temporary cash investments	999,040.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	563,156.	4	104,727,096.
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	238,642.	9	
	10a	Land, buildings, and equipment: cost basis		10a	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D		10b	
			55,393,504.	10c	
	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	25,324,187.	15	56,117.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	83,448,225.	16	104,864,602.	
Liabilities	17	Accounts payable and accrued expenses	712,607.	17	3,300.
	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	20,725,000.	23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	394,641.	25	0.
	26	Total liabilities. Add lines 17 through 25	21,832,248.	26	3,300.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	61,553,326.	27	104,861,302.
	28	Temporarily restricted net assets	62,651.	28	0.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	61,615,977.	33	104,861,302.	
34	Total liabilities and net assets/fund balances	83,448,225.	34	104,864,602.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		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?		
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?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE RHF BUNKER HILL CORPORATION** Employer identification number **95-3295618**

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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.")	9,068,396.	9,010,727.	8,957,236.	8,831,970.	1,152,087.	37,020,416.
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	9,068,396.	9,010,727.	8,957,236.	8,831,970.	1,152,087.	37,020,416.
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						37,020,416.

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	9,068,396.	9,010,727.	8,957,236.	8,831,970.	1,152,087.	37,020,416.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	443,108.	833,030.	1,040,785.	940,763.	101,698.	3,359,384.
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.)	454,371.	346,737.	415,682.	348,355.	91,648.	1,656,793.
11 Total support. Add lines 7 through 10						42,036,593.
12 Gross receipts from related activities, etc. (see instructions)					12	19,057,817.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	88.07 %
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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 <input type="checkbox"/>						

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

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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 |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c Beginning balance
 - d Additions during the year
 - e Distributions during the year
 - f Ending balance
- 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 |
|-------------------------------|-----|----|
| 3a(i) unrelated organizations | | |
| 3a(ii) related organizations | | |
| 3b | | |
- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 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				
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).)				0.

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	58,927,424.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,682,099.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	43,245,325.
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	43,245,325.

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 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 **THE RHF BUNKER HILL CORPORATION** Employer identification number **95-3295618**

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 <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
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? If "Yes," to line 5a or 5b, describe in Part III.	5b	X
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? If "Yes" to line 6a or 6b, describe in Part III.	6b	X
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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

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.
LAVERNE R. JOSEPH	(ii)	296,062.	0.	25,500.	67,838.	396,000.	0.
	(i)	0.	0.	0.	0.	0.	0.
ROBERT R. AMBERG	(ii)	241,846.	0.	21,766.	13,156.	281,768.	0.
	(i)	0.	0.	0.	0.	0.	0.
STUART J. HARTMAN	(ii)	179,846.	0.	19,276.	14,175.	218,697.	0.
	(i)	0.	0.	0.	0.	0.	0.
VINCENT B. MAGNONE	(ii)	143,085.	0.	4,076.	14,175.	161,336.	0.
	(i)	0.	0.	0.	0.	0.	0.
RICHARD T. WASHINGTON	(ii)	142,183.	0.	12,795.	5,110.	165,488.	0.
	(i)	0.	0.	0.	0.	0.	0.
PETER OSCAR PEABODY	(ii)	159,385.	0.	4,781.	10,226.	179,792.	0.
	(i)	0.	0.	0.	0.	0.	0.
FRANK ROSSELLO JR.	(ii)	166,400.	0.	4,772.	5,110.	176,282.	0.
	(i)	0.	0.	0.	0.	0.	0.
NADA BATTAGLIA	(ii)	133,608.	0.	12,025.	10,226.	157,059.	0.
	(i)	0.	0.	0.	0.	0.	0.
ROBERT NATHAN	(ii)	142,787.	0.	1,559.	939.	149,285.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART II: DIRECTORS AND OFFICERS ARE MEMBERS OF RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES APPROXIMATELY 166 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization **THE RHF BUNKER HILL CORPORATION** Employer identification number **95-3295618**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
OLIVE RHF HOUSING		X	40138346.	24165514.		X	X		X	
HILL RHF HOUSING		X	82916330.	80561582.		X	X		X	
Total				▶ \$	104,727,096.					

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAVERNE R. JOSEPH	SEE SCHEDULE O	0.			X
DONALD W. KING	SEE SCHEDULE O	0.			X
TOM S. MASUDA	SEE SCHEDULE O	0.			X
DEBORAH J. STOFF	SEE SCHEDULE O	0.			X
JEAN G. DREMSTEDT	SEE SCHEDULE O	0.			X
RAYMOND E. EAST	SEE SCHEDULE O	0.			X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?
- b (If "Yes," provide the date of the letter. ▶ _____)
- 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b If "Yes," did the organization provide such notice?
- 6 Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a Did the organization have any tax-exempt bonds outstanding during the year?
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

	Yes	No
3		
4a		
5a		
5b		
6		
7a		
7b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	ANGELES PLAZA - PHASE I	10/20/08	39,252,567	BOOK VALUE	26-2045140	HILL RHF HOUSING PARTNERS, L.P. 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815	PARTNERSHIP
	ANGELES PLAZA - ANGELES PLAZA-NORTH	10/20/08	13,481,185	BOOK VALUE	26-2045031	OLIVE RHF HOUSING PARTNERS, L. 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815	PARTNERSHIP

- 2 Did or will any officer, director, trustee, or key employee of the organization:
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a		X
2b	X	
2c		X
2d		X

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

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

RHF BUNKER HILL CORPORATION SOLD ANGELUS PLAZA, WHICH INCLUDES ANGELUS PLAZA PHASE I AND ANGELUS PLAZA-NORTH, ON OCTOBER 20, 2008. ANGELES PLAZA PHASE I INCLUDING THE AGAPE CENTER WAS SOLD TO HILL RHF HOUSING PARTNERS LP AND ANGELUS PLAZA-NORTH WAS SOLD TO OLIVE RHF HOUSING PARTNERS LP.

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP IN THIS CORPORATION SHALL AT TIMES BE LIMITED TO INDIVIDUALS WHO ARE DIRECTORS OF RETIREMENT HOUSING FOUNDATION OR PERSONS WHO HAVE BEEN APPROVED FOR MEMBERSHIP BY THE BOARD OF DIRECTORS OF RETIREMENT HOUSING FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE DIRECTORS OF THE ORGANIZATION WILL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: THE BYLAWS MAY BE AMENDED, REPEALED OR ADDED TO, OR NEW BYLAWS ADOPTED, BY THE VOTE OR WRITTEN ASSENT OF A MAJORITY OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: THE MANAGEMENT COMPANY THOROUGHLY REVIEWS THE FORM 990 BEFORE PROVIDING A COPY TO THE GOVERNING BODY AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON JOINING THE COMPANY AND ANNUALLY THEREAFTER, ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CERTIFICATION ACKNOWLEDGING

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

Open to Public
Inspection

Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

THEIR UNDERSTANDING AND AGREEMENT TO COMPLY WITH THE COMPANY'S CONFLICT OF INTEREST POLICY, INCLUDING DISCLOSING ANY ACTIVITIES THAT MAY APPEAR OR MAY BE DEEMED VIOLATIONS OF THE POLICY. BOARD MEMBERS AND COMPANY OFFICERS HAVE AN ADDITIONAL AND MORE COMPREHENSIVE CONFLICT OF INTEREST POLICY AND CERTIFICATION REQUIREMENT.

DESIGNATED MANAGEMENT PERSONNEL ARE RESPONSIBLE FOR TRACKING THE DISTRIBUTION AND RETURN OF ALL CERTIFICATIONS AND FOR ACCOUNTING AND REPORTING ANY DISCLOSURES TO THE COMPANY'S COMPLIANCE OFFICER. IF FURTHER REVIEW OF ANY DISCLOSURE IS MERITED, THE COMPLIANCE OFFICER FORWARDS THE CERTIFICATION TO THE COMPANY'S GENERAL COUNSEL, CEO AND/OR BOARD FOR FINAL DISPOSITION. INDIVIDUALS WHO HAVE MADE DISCLOSURES ARE ADVISED OF FINAL DISPOSITIONS.

AN EMPLOYEE'S FAILURE TO SUBMIT TIMELY CERTIFICATIONS, DISCLOSURES AND/OR TO TAKE THE NECESSARY REQUIRED ACTIONS TO AVOID CONFLICTS MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION. IF THE INDIVIDUAL IS A BOARD MEMBER, HE OR SHE MAY BE SUBJECT TO REMOVAL FROM HIS OR HER POSITION.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS AND OTHER OFFICERS OR KEY EMPLOYEES INCLUDED AN EXTENSIVE REVIEW AND APPROVAL BY INDEPENDENT PERSONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

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Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

Open to Public
Inspection

Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

AVAILABLE TO THE PUBLIC UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LAVERNE R. JOSEPH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONALD W. KING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER & DIRECTOR OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TOM S. MASUDA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER & DIRECTOR OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTINA E. POTTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

Open to Public
Inspection

Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

(A) NAME OF PERSON: STEWART M. SIMINGTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN E. TRNKA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DEBORAH J. STOUFF

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JEAN G. DREMSTEDT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RAYMOND E. EAST

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Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number
95-3295618

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE FILING ENTITY

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: NADA BATTAGLIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STUART J. HARTMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHERYL J. HOWELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: VINCENT B. MAGNONE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

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Schedule O (Form 990) 2008

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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

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RICHARD T. WASHINGTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: FRANK ROSSELLO JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROBERT R. AMBERG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PETER OSCAR PEABODY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

(A) NAME OF PERSON: JOHN CLOW

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CLAUDIA FLORES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER MULLEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROBERT NATHAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF RHF, WHICH IS AN ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 0.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

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Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

FORM 990 PART IX, LINE 24F: SCHEDULE OF ALL OTHER EXPENSES

	PROGRAM SERVICE EXPENSES	MANAGEMENT & GENERAL EXPENSES
AUDIT EXPENSE		28,517
MISC. ADMIN EXPENSE	40,993	
MAINTENANCE CONTRACTS	40,906	
SUPPLIES	22,242	
GARBAGE & TRASH REMOVAL	6,878	
SECURITY	42,604	
GAS	8,371	
WATER	40,006	
SEWER	39,327	
HEATING/COOLING REPAIRS & MAINT.	935	
VEHICLE AND MAINT. EQUIPMENT REPAIRS	1,126	
MISC OPERATING AND MAINT. EXPENSES	19,414	
MORTGAGE INSURANCE PREMIUM	8,146	
PROPERTY TAXES	22,734	
WORKER'S COMPENSATION INSURANCE	2,829	
MISC TAXES, LISC, PERMITS & INSURANCE	3,745	
TOTAL (990 PART IX, LN 24F):	300,256	28,517

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
BALDWIN RHF HOUSING, INC. - 33-0657540 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
ANAHEIM MEMORIAL MANOR, INC. - 95-3618525 275 EAST CENTER STREET ANAHEIM, CA 92805	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
NORTHWEST HOUSING CORP. - 74-2282021 227 NORTH UTE AVENUE MONTROSE, CO 81401	LOW AND VERY LOW INCOME HOUSING	COLORADO	501(C)3	9	
KING JAMES COURT RHF HOUSING, INC. - 76-0713633, 383 E. RIVER STREET, ORANGE, MA 01364	AFFORDABLE HOUSING TO LOW-INCOME SENIORS, FAMILIES AND THE	MASSACHUSETTS	501(C)3	7	
BENNETT ELDERLY HOUSING, INC. - 33-0274917 7245 BENNETT STREET PITTSBURGH, PA 15208	LOW AND VERY LOW INCOME HOUSING	PENNSYLVANIA	501(C)3	9	
BINNALL HOUSE RHF HOUSING, INC. - 76-0713632 126 CONNORS STREET GARDNER, MA 01440	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MASSACHUSETTS	501(C)3	7	
HOLLY HILL RHF HOUSING, INC. - 59-2742497 900 LGPA BLVD. HOLLY HILL, FL 32117	RETIREMENT HOME FOR SENIOR CITIZENS	FLORIDA	501(C)3	9	
BIXBY KNOLLS TOWERS, INC. - 95-2963856 3747 ATLANTIC AVENUE LONG BEACH, CA 90807	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	CALIFORNIA	501(C)3	9	
COUNCIL BLOFFS RHF HSG. INC. - 33-0217504 1105 S. THIRD STREET COUNCIL BLOFFS, IA 51503	LOW AND VERY LOW INCOME HOUSING	IOWA	501(C)3	9	
HOOSIER VALLEY HOUSING CORP. - 31-1135803 785 REGINA LANE CORYDON, IN 47112	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)3	9	
FLORENCE RHF HOUSING INC. - 57-0845047 718 SOUTH DARGAN STREET FLORENCE, SC 29506	RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS	SOUTH CAROLINA	501(C)3	9	
PRESCOTT RHF HOUSING, INC. - 33-0224099 117 CORY AVENUE PRESCOTT, AZ 86303-3571	LOW AND VERY LOW INCOME HOUSING	ARIZONA	501(C)3	9	

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
SHELBYVILLE, INC. - 95-3952505 102 EAST FRANKLIN STREET SHELBYVILLE, IN 46176	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)3	7	
KEARNY RHF HOUSING, INC. - 33-0236348 1011 6TH AVENUE KEARNY, NE 68845-7315	LOW AND VERY LOW INCOME HOUSING	NEBRASKA	501(C)3	9	
OLYMPIC RHF HOUSING, INC. - 33-0736426 2627 E. OLYMPIC BOULEVARD LOS ANGELES, CA 90023	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
BLUEGRASS RHF HOUSING, INC. - 61-1116280 6900 HOPEFUL ROAD FLORENCE, KY 41042	NURSING AND HOUSING FOR SENIOR CITIZENS	KENTUCKY	501(C)3	9	
PASADENA RHF HOUSING, INC. - 95-3915619 275 E. CORDOVA STREET PASADENA, CA 91101	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	7	
CORNERSTONE RHF HOUSING, INC. - 31-1660727 14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	9	
MERRITT ISLAND RHF HOUSING, INC. - 59-2721378, 1100 SOUTH COURTENAY PARKWAY, MERRITT ISLAND, FL 32952	HOUSING AND NURSING FOR SENIOR CITIZENS	FLORIDA	501(C)3	9	
HOUSTON RHF HOUSING INC. - 31-1531662 8106 CREEKBEND DRIVE HOUSTON, TX 77071	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	9	
DALLAS RHF HOUSING, INC. - 33-0236316 1409 RANGE DRIVE MESQUITE, TX 75149	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	7	
DESMET RHF HOUSING, INC. - 31-1710670 1425 N. FLORISSANT ROAD FLORISSANT, MO 63033-2154	SENIOR HOUSING	MISSOURI	501(C)3	PF	
DOGWOOD RETIREMENT HOUSING, INC. - 95-3917927, 101 S. COLUMBIA STREET, MILLEDGEVILLE, GA 31061	LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING	GEORGIA	501(C)3	PF	
ESPERANZA RHF HOUSING - 91-2004295 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW AND VERY LOW INCOME HOUSING	WASHINGTON	501(C)3	9	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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FAJARDO RHF HOUSING, INC. - 66-0431743 CALLE 5, EDIF. ADM., MONTE VISTA FAJARDO, PR 00738	LOW INCOME HOUSING	PUERTO RICO	501(C)3	PF	
COLUMBUS RHF HOUSING, INC. - 20-2852210 419 FARR ROAD COLUMBUS, GA 31907-6250	ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS	GEORGIA	501(C)3	9	
CONVERSE-KOKOMO OIC HOUSING SERVICES, INC. - 33-0221566, 111 S. 3RD STREET, CONVERSE, IN 46919	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)3	9	
POWAY RHF HOUSING, INC. - 33-0299770 12751 GATEWAY PARK RD. POWAY, CA 92064-2072	SENIOR CITIZEN HOUSING	CALIFORNIA	501(C)3	9	
GOLD COUNTRY HEALTH CTR., INC. - 95-3864203 4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667	NURSING AND HOUSING FOR THE ELDERLY	CALIFORNIA	501(C)3	9	
LIBERTY PARK RHF HOUSING, INC. - 33-0293189 2735 CORPREW AVENUE NORFOLK, VA 23504	LOW AND VERY LOW INCOME HOUSING	VIRGINIA	501(C)3	9	
GRANADA GARDENS RHF HOUSING, INC. - 33-0713531, 167000 CHATSWORTH STREET, GRANADA HILLS, CA 91344	GENERAL WELFARE AND ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS	CALIFORNIA	501(C)3	9	
GREAT PLAINS HSG. ADVOCACY, INC. - 35-3252619, 930 S. TAFT DRIVE, NORTH PLATTE, NE 69101	LOW INCOME HOUSING FOR THE CHRONICALLY METNALLY ILL	NEBRASKA	501(C)3	PF	
DEL NORTE RHF SENIOR HOUSING, INC. - 33-0219411, 1799 WEST 32ND AVENUE, DENVER, CO 80211	LOW AND VERY LOW INCOME HOUSING	COLORADO	501(C)3	9	
RHF 202-II HOUSING (HAWAII), INC. - 99-0270013, 1605 PHILIP STREET, HONOLULU, HI 96826	LOW AND VERY LOW INCOME HOUSING	HAWAII	501(C)3	7	
LOVELAND RHF HOUSING, INC. - 20-2853552 4895 LUCERNE AVENUE LOVELAND, CO 80538	LOW AND VERY LOW INCOME HOUSING	COLORADO	501(C)3	PF	
HAVENWOOD RHF HOUSING, INC. - 33-0913528 1330 S. BURLINGTON ST. LOS ANGELES, CA 90006	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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RHF HOUSING, INC. - 95-3555022	LOW AND VERY LOW INCOME HOUSING	ILLINOIS	501(C)3	9	
607 NORTH HIGHTOWER PEORIA, IL 61605					
HOLLYVIEW RHF HOUSING, INC. - 31-1708080	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)3	PF	
5411 HOLLYWOOD BLVD HOLLYWOOD, CA 90027					
HOLLYWOOD RHF HOUSING, INC. - 31-1576132	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	PF	
911 N. STUDEBAKER ROAD LONG BEACH, CA 90815					
INDEPENDENCE SQUARE RHF HSG., INC. - 30-0105351, 201 W. DELAWARE, EVANSVILLE, IN 47710-0358	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)3	7	
MACON RHF HOUSING, INC. - 30-0265098 478 MONROE HILL MACON, GA 31204	LOW INCOME HOUSING	GEORGIA	501(C)3	9	
CHESAPEAKE RHF HOUSING, INC. - 94-3090349 2139 BROADMOOR AVENUE CHESAPEAKE, VA 23323	LOW AND VERY LOW INCOME HOUSING	VIRGINIA	501(C)3	9	
LA MIRADA RHF HOUSING, INC. - 33-0235269 14129 ADOREE STREET LA MIRADA, CA 90638	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
TALLAHASSEE RHF HOUSING, INC. - 59-2314057 1433 NORTH ADAMS STREET TALLAHASSEE, FL 32303	LOW AND VERY LOW INCOME HOUSING	FLORIDA	501(C)3	9	
STORM LAKE RHF HOUSING, INC. - 33-0217490 904 E. MILWAUKEE AVENUE STORM LAKE, IA 50588	LOW AND VERY LOW INCOME HOUSING	IOWA	501(C)3	PF	
LOS ALAMITOS RHF HOUSING, INC. - 33-0336099 4121 KATELLA AVENUE LOS ALAMITOS, CA 90720	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	7	
OKLAHOMA RHF HOUSING, INC. - 33-0236323 1207 WEST CHEROKEE LINDSAY, OK 73052	LOW AND VERY LOW INCOME HOUSING	OKLAHOMA	501(C)3	7	
GLENWOOD RHF HOUSING, INC. - 33-0240089 711 NUCKOLLS STREET GLENWOOD, IA 51534	LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING	IOWA	501(C)3	PF	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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LOS ARCOS RHF HOUSING, INC. - 91-2129703 12740 GATEWAY PARK RD. POWAY, CA 92064-2072	GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME	CALIFORNIA	501(C)3	9	
MAYFLOWER RHF HOUSING, INC. - 95-2394671 6570 WEST AVENUE L-12 LANCASTER, CA 93536	RETIREMENT HOUSING FOR SENIOR CITIZENS	CALIFORNIA	501(C)3	9	
MAYFLOWER GARDENS HEALTH FAC., INC. - 95-3926600, 6705 WEST AVENUE M, LANCASTER, CA 93536	RETIREMENT HOUSING FOR SENIOR CITIZENS	CALIFORNIA	501(C)3	9	
MAYFLOWER GARDENS II - 95-3315308 6570 WEST AVENUE L-12 LANCASTER, CA 93536	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
MESQUITE RHF HOUSING, INC. - 75-2264833 1413 RANGE DRIVE MESQUITE, TX 75149	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	9	
EDNA RHF HOUSING, INC. - 33-0236319 1207 MIRACLE DRIVE EDNA, TX 77957-3309	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	7	
MISSION PALMS RETIREMENT HOUSING, INC. - 95-3915111, 900 LOS EBANOS ROAD, MISSION, TX 78572-3400	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	9	
ECUMENICAL RETIREMENT HSG., INC. - 95-3807642, 250 FEMRITE DRIVE, MONONA, WI 53716	LOW AND VERY LOW INCOME HOUSING	WISCONSIN	501(C)3	7	
AGAPE HOUSING CORPORATION, INC. - 33-0462745 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP	CALIFORNIA	501(C)3	11-TYPE 1	
CORNERSTONE VILLAGE, INC. - 81-0631096 14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014-1205	NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY	TEXAS	501(C)3	9	
SAN ANTONIO RHF HOUSING, INC. - 81-0631098 4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228-3488	LOW INCOME HOUSING	TEXAS	501(C)3	9	
PAUAAHI ELDERLY, INC. - 95-3883729 167 NORTH PAUAAHI STREET HONOLULU, HI 96817	LOW AND VERY LOW INCOME HOUSING	HAWAII	501(C)3	9	

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
BONHAM RHF HOUSING, INC. - 95-3972422 1600 PECAN STREET BONHAM, TX 75418-2741	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	9	
PILGRIM TOWER NORTH - 95-2874168 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
PINE CREST RHF HOUSING, INC. - 76-0713635 419 E. RIVER STREET ORANGE, MA 01364	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MASSACHUSETTS	501(C)3	9	
PINEHURST RETIREMENT HSG., INC. - 95-3915116 122 KICKAPOO STREET PALESTINE, TX 75803	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	7	
PINEWOOD MANOR BREMERTON - 95-3864201 280 SYLVAN WAY BREMERTON, WA 98310-6802	LOW AND VERY LOW INCOME HOUSING	WASHINGTON	501(C)3	7	
PLYMOUTH PLACE, INC. - 95-3835688 1320 N. MONROE STREET STOCKTON, CA 95203	TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS	CALIFORNIA	501(C)3	9	
REDDING PILGRIM HSG., INC. - 95-3961818 910 CANBY ROAD REDDING, CA 96003	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
ILS TRANSITION, INC. - 68-0203079 1626 COURT ST., SUITE 200 REDDING, CA 96001	ASSIST DEVELOPMENTALLY DISABLED PERSONS	CALIFORNIA	501(C)3	9	
REDDING RHF HOUSING, INC. - 95-3939010 C/O ILS TRANSITION, 1626 COURT ST., SUITE 20 REDDING, CA 96001	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
WAICO RHF HOUSING, INC. - 33-0230525 1919 NORTH 11TH STREET MILWAUKEE, WI 53205	LOW AND VERY LOW INCOME HOUSING	WISCONSIN	501(C)3	9	
ROUND HOUSE MANOR, INC. - 95-3856154 300 BICENTENNIAL COURT KAUKAUNA, WI 454130	LOW AND VERY LOW INCOME HOUSING	WISCONSIN	501(C)3	9	
ST. CATHERINE RHF HOUSING, INC. - 31-1710648 3350 ST. CATHERINE STREET FLORISSANT, MO 63033-3802	SENIOR HOUSING	MISSOURI	501(C)3	9	

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
PHOENIX RHF HOUSING, INC. - 86-0661151 13420 NORTH 21ST PLACE PHOENIX, AZ 85022	LOW AND VERY LOW INCOME HOUSING	ARIZONA	501(C)3	9	
SUN CITY RHF HOUSING, INC. - 95-3930268 28500 BRADLEY ROAD SUN CITY, CA 92586-3029	RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS	CALIFORNIA	501(C)3	9	
ST. CROIX HSG. FOR THE ELDERLY, INC. - 95-3976114, 4100 SUNNY ISLE CHRISTIANSTED, ST. CROIX U.S.V.I, VI 00820-4423	LOW AND VERY LOW INCOME HOUSING	VIRGIN ISLANDS	501(C)3	PF	
MCKINNEY RHF HOUSING, INC. - 95-3972613 506 S. GRAVES STREET MCKINNEY, TX 75069	TO PROVIDE LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)3	9	
MANITOWOC RHF HOUSING, INC. - 39-1674875 1485 NORTH 7TH STREET MANITOWOC, WI 54220	LOW AND VERY LOW INCOME HOUSING	WISCONSIN	501(C)3	9	
CAMP VERDE RHF HOUSING, INC. - 74-2528374 377 W. HIGHWAY 260 CAMP VERDE, AZ 86322	LOW AND VERY LOW INCOME HOUSING	ARIZONA	501(C)3	9	
DES MOINES RHF HOUSING, INC. - 33-0402391 2111 EAST VIRGINIA AVENUE DES MOINES, IA 50320	LOW AND VERY LOW INCOME HOUSING	IOWA	501(C)3	9	
VPH ADULT RETIREMENT CENTER - 95-3748359 15211 SHERMAN WAY VAN NUYS, CA 91405-2048	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	7	
YELLOWWOOD ACRES, INC. - 35-1590607 2210 GREENTREE N CLARKSVILLE, IN 47129	NURSING SERVICES AND SENIOR HOUSING	INDIANA	501(C)3	9	
SANTA MONICA RHF HOUSING, INC. - 33-0234678 1125 THIRD STREET SANTA MONICA, CA 90403-5005	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)3	9	
WINSLOW RHF HOUSING, INC. - 33-0236331 901 WEST DESMOND WINSLOW, AZ 86047	LOW AND VERY LOW INCOME HOUSING	ARIZONA	501(C)3	9	
VILLA GREENTREE, INC. - 31-1042917 2100 GREENTREE NORTH CLARKSVILLE, IN 47129-8963	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)3	9	

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?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner? Yes/No
							Yes	No		
OLIVE RHF HOUSING, LLC - 26-2044625, 255 SOUTH HILL STREET, LOS ANGELES, CA 90012	LOW INCOME HOUSING PROJECT	CA			0.	0.	X		N/A	X
THE CARLIN LTD. PRT. - 33-0595836, 4300 N. CARLIN SPRINGS ROAD, ARLINGTON, VA 22203-2006	LOW INCOME HOUSING PROJECT	VA			0.	0.	X		N/A	X
CLOISTERS RHF HOUSING, LLC - 91-2081880, 400 E. HOWRY AVENUE, DELAND, FL 32724 ESPERANZA APARTMENTS LTD. PRT. - 91-2058664, 6940 37TH AVENUE SOUTH, SEATTLE, WA 98118	LOW INCOME HOUSING PROJECT	FL			0.	0.	X		N/A	X
MESA RHF PARTNERS L.P. - 20-8737239, 340 SOUTH MESA, SAN PEDRO, CA 90731	LOW INCOME HOUSING PROJECT	CA			0.	0.	X		N/A	X
HOLLYVIEW LIMITED PARTNERSHIP - 80-0047322, 5411 HOLLYVIEW BLVD., HOLLYWOOD, CA 90027	LOW INCOME HOUSING PROJECT	CA			0.	0.	X		N/A	X
LOS ARCOS LIMITED PARTNERSHIP - 91-2129525, 12740 GATEWAY PARK RD., POWAY, CA 92064 GRAND VIEW RHF PARTNERS L.P. - 20-8737125, 450 GRAND VIEW STREET, LOS ANGELES, CA 90057	LOW INCOME HOUSING PROJECT	CA			0.	0.	X		N/A	X
MASON RHF LIMITED PARTNERSHIP - 41-2089820, 80 MASON STREET, BOSTON, MA 02111	LOW INCOME HOUSING PROJECT	MA			0.	0.	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?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?
							Yes	No		
HOUSING CORP. FUND ASSOC. - 33-0404058, 625 N. NEW HAMPSHIRE, LOS ANGELES, CA 90004	LOW INCOME HOUSING PROJECT	CA			0.	0.		X	N/A	X
MADISON RHF PARTNERS LIMITED PARTNERSHIP - 35-1601281, 440 NORTH MADISON AVE, PASADENA, CA 91101	LOW INCOME HOUSING PROJECT	CA			0.	0.		X	N/A	X
VILLA RHF PARTNERS, L.P. - 47-0942681, 560 EAST VILLA STREET, PASADENA, CA 91101-1158	LOW INCOME HOUSING PROJECT	CA			0.	0.		X	N/A	X
RIO VISTA VILLAGE LTD. PRT. - 95-4358490, 1310 RIO VISTA AVENUE, LOS ANGELES, CA 90023	LOW INCOME HOUSING PROJECT	CA			0.	0.		X	N/A	X
SAN JACINTO MANOR ASSOCIATES L.P. - 95-3973274, 1262 SANTA FE AVENUE, SAN JACINTO, CA 92583	LOW INCOME HOUSING PROJECT	CA			0.	0.		X	N/A	X
SANGNOK PARTNERS, A CA LTD. PRT. - 33-0383602, 732 SOUTH BONNIE BRAE, LOS ANGELES, CA 90057	LOW INCOME HOUSING PROJECT	CA			0.	0.		X	N/A	X
SEABURY RHF LIMITED PARTNERSHIP - 76-0713646, 240-244 BELMONT STREET, WORCHESTER, MA 01604	LOW INCOME HOUSING PROJECT	MA			0.	0.		X	N/A	X
SOUTHPOINTE VILLA LTD. PTR. - 33-1037938, 302 WEST MERRILL AVENUE, RIALTO, CA 92376	LOW INCOME HOUSING PROJECT	CA			0.	0.		X	N/A	X
10 TEMPLE PLACE LTD. PRT. - 91-2118880, 10 TEMPLE PLACE, BOSTON, MA 02111	LOW INCOME HOUSING PROJECT	MA			0.	0.		X	N/A	X

Part V Transactions With Related Organizations

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

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

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

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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)	RHF AND FPM ARE CALIFORNIA NOT-FOR-PROFIT CORPORATIONS THAT SPONSOR OR		0.
(2)	MANAGE APPROXIMATELY 166 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT		0.
(3)	PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED		0.
(4)	LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH		0.
(5)	DISABILITIES THROUGHOUT THE UNITED STATES.		0.
(6)	AN AFFILIATE OF THE COMPANY HAS EXECUTED A CONTRACT, WHICH HAS BEEN		0.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	APPROVED BY MASSACHUSETTS HOUSING FINANCE AGENCY (MHFA) TO PROVIDE PROPERTY		0.
(8)	MANAGEMENT SERVICES. THE FEE FOR THESE SERVICES IS EQUAL TO 4% OF TOTAL		0.
(9)	EFFECTIVE INCOME.	K	99,641.
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
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Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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 THE RHF BUNKER HILL CORPORATION	Employer identification number 95-3295618
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. 911 NORTH STUDEBAKER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LONG BEACH, CA 90815	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

FRANK ROSSELLO, JR.

- The books are in the care of ▶ **911 N. STUDEBAKER ROAD - LONG BEACH, CA 90815**
Telephone No. ▶ **(562)257-5100** 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 **APRIL 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**

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. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization THE RHF BUNKER HILL CORPORATION	Employer identification number 95-3295618
	Number, street, and room or suite no. If a P.O. box, see instructions 911 NORTH STUDEBAKER ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONG BEACH, CA 90815	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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.

FRANK ROSSELLO, JR.

- The books are in the care of **911 N. STUDEBAKER ROAD - LONG BEACH, CA 90815**
Telephone No. **(562)257-5100** 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 **JULY 15, 2010**.
- 5 For calendar year _____, or other tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**.
- 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
ADDITIONAL TIME NEEDED TO FILE COMPLETE RETURN.

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 **debra J. Stuff** Title **CORPORATE SECRETARY** Date **04/13/2010**