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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
MP PRESERVATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
303 VINTAGE PARK DRIVE No 250

City or town, state or country, and ZIP + 4
FOSTER CITY, CA 94404

D Employer identification number
94-3319924

E Telephone number
(650) 356-2900

G Gross receipts $ 69,259

F Name and address of principal officer
MATTHEW O FRANKLIN
303 VINTAGE PARK DRIVE No 250
FOSTER CITY, CA 94404

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

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

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1999 | **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION IS A GENERAL PARTNER OF FIVE LIMITED PARTNERSHIPS ORGANIZED TO PROVIDE HOUSING FOR LOW INCOME PERSONS, WHERE NO ADEQUATE HOUSING EXISTS FOR SUCH GROUPS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
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, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)	202,345	69,259
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,345	69,259
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,505	300,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	183,499	115,544
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	194,004	415,544
	19 Revenue less expenses Subtract line 18 from line 12	8,341	-346,285

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	2,921,792	2,682,285
	21 Total liabilities (Part X, line 26)	242,590	114,728
	22 Net assets or fund balances Subtract line 21 from line 20	2,679,202	2,567,557

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

****** | 2010-08-13
Signature of officer | Date

MATTHEW O FRANKLIN president
Type or print name and title

Paid Preparer's Use Only

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The organization's mission is to provide safe, affordable shelter of high quality to those in need, to help establish stability and opportunity in the lives of its residents, and to foster communities that allow people from all ethnic, social and economic backgrounds to live in dignity, harmony and mutual respect

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 415,544 including grants of $ 0) (Revenue $ 69,259)

TO SERVE AS A GENERAL PARTNER IN LIMITED PARTNERSHIPS WHICH OWN AND OPERATE LOW INCOME HOUSING AND TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME PERSONS

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** ▶ $ 415,544

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that are independent . .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 See Additional Data Table

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

THE ORGANIZATION
303 VINTAGE PARK DRIVE 250
FOSTER CITY, CA 94404
(650) 356-2900

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 Report compensation for the calendar year ending with or within the organization's tax year 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☑ Check this box if the organization did not compensate any current or former 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			
MARK BATTEY CHAIRPERSON	1 00	X		X				0	0	0
BETH BARTLETT VICE CHAIRPERSON	1 00	X		X				0	0	0
RICHARD W SLATON dIRECTOR	1 00	X						0	0	0
THERESE FREEMAN DIRECTOR	1 00	X						0	0	0
DIANE M DOWNEND DIRECTOR	1 00	X						0	0	0
GARY C COOK TreASURER	1 00	X		X				0	0	0
MARI TUSTIN DIRECTOR	1 00	X						0	0	0
PAUL STALEY DIRECTOR	1 00	X						0	0	0
PAUL ROSENSTIEL DIRECTOR	1 00	X						0	0	0
Dan Seubert SECRETARY	1 00	X		X				0	0	0
Michele Hemeryck dIRECTOR	1 00	X						0	0	0
Monique Moyer dIRECTOR	1 00	X						0	0	0
Caryn Kali dIRECTOR	1 00	X						0	0	0
SUE PERKINS CFO	2 00			X				0	197,924	0
MATTHEW FRANKLIN PRESIDENT	2 00			X				0	257,974	5,516
Fran Wagstaff Former officer	0 00						X	0	68,953	0

1b Total . . . . . ▶	0	455,898	5,516

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	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 . . . . . ▶				
		Business Code				
Program Service Revenue	2a	Partnership Fee Income 531,390	56,759	56,759		
	b	P'SHIP MANAGEMENT FEES 531,390	12,500	12,500		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	69,259			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶				
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	69,259	69,259	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	300,000	300,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,800	1,800		
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a INCENTIVE FEE	113,391	113,391		
b Other Expenses	149	149		
c INVESTMENT LOSS	144	144		
d FILING FEE	60	60		
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	415,544	415,544	0	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	2,797	1	21,675
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	271,163	4	312,921
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	300,000	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		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	2,347,832	13	2,347,689
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,921,792	16	2,682,285
Liabilities	17	Accounts payable and accrued expenses	242,590	17	114,728
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	242,590	26	114,728
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,679,202	27	2,567,557
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,679,202	33	2,567,557
	34	Total liabilities and net assets/fund balances	2,921,792	34	2,682,285

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MP PRESERVATION INC

Employer identification number
94-3319924

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
MP HOUSING COALITION	237089977	9	Yes				Yes		415,544
Total									415,544

Part II **Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MP PRESERVATION INC

Employer identification number
94-3319924

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated 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 VII Investments—Other Securities. See Form 990, Part X, line 12.

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN MP HOMESTEAD PARK ASSOCIATES	173,163	C
INVESTMENT IN MP TYRELLA ASSOCIATES	22,506	C
INVESTMENT IN MP RUNNYMEDE ASSOCIATES	10,552	C
INVESTMENT IN MP TICE OAKS ASSOCIATES	2,093,789	C
INVESTMENT IN bridgeway east lp	47,679	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	2,347,689	

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MP PRESERVATION INC

Employer identification number
94-3319924

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mid Peninsula Housing Coalition303 VINTAGE PARK DRIVE 250 FOSTER CITY, CA 94404	237089977	501(c)(3)	300,000				TO SUPPORT PROJECT DEVELOPMENTS OF THE AFFILIATED ORGANIZATION

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

3 Enter total number of other organizations . . . . . ▶

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

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

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

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MP PRESERVATION INC

Employer identification number
94-3319924

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) Retirement and other 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 reportable compensation				
SUE PERKINS	(i)	0	0	0	0	0	0	0
	(ii)	173,377	24,256	291	0	0	197,924	0
MATTHEW FRANKLIN	(i)	0	0	0	0	0	0	0
	(ii)	240,230	17,544	200	0	5,516	263,490	0

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MP PRESERVATION INC

Employer identification number
94-3319924

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		CORPORATE CONTROLLER AND CFO CONDUCT A DETAIL REVIEW OF THE RETURN BEFORE IT IS FILED
Form 990, Part VI, Section B, line 12c		The organization routinely considers if board members and key employees should recuse themselves based upon potential conflict and when in doubt the organization errs on the conservative side and members recuse themselves By renewing our Conflicts statement annually, board members and key employees are routinely reminded to examine their roles in the various avenues of their lives so that they remain keenly aware of possible conflicts
Form 990, Part VI, Section B, line 15		No written process available Board members and compensation committee review using comparable data from compensation study, form 990 of other organizations and then approve
Form 990, Part VI, Section C, line 19		THE DOCUMENTS ARE AVAILABLE FOR PUBLIC UPON REQUEST
form 990,part XI, line 2c		THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTING THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED
form 990, Part I, Line 22		AN ADJUSTMENT OF $234,640 DUE TO RECLASS OF CAPITAL ACCOUNTS WAS MADE TO PRIOR YEAR NET ASSETS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MP PRESERVATION INC

Employer identification number
94-3319924

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MP Land Holdings LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	To provide affordable housing for low income individuals and families	CA			Mid-Peninsula Housing Coalition
Vineyard Place LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	To provide affordable housing for low income individuals and families	CA			MC Homes Inc
MP Milpitas Affordable Housing LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	To provide affordable housing for low income individuals and families	CA			MP Scotts Valley Inc
MP Manteca Affordable Housing LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	To provide affordable housing for low income individuals and families	CA			MP Scotts Valley Inc

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

(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

See Additional Data Table

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MP Willow Gardens Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3303619	To provide affordable housing	CA	N/A	C			
Mid-Peninsula Oroysom Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3287957	To provide affordable housing	CA	N/A	C			
Mid-Peninsula Shoreline Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3287959	To provide affordable housing	CA	N/A	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 94-3319924
Name: MP PRESERVATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Crescent Terrace Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-2910860	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Cupertino Community Housing for the Disabled Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-2791688	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Homeport Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0164512	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Italian Gardens Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3297850	To support developing & operating affordable housing for low inc persons	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
MC Homes Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0151312	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Menlo Gateway Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0132850	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula Baker Park Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0316333	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Carroll Street Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0325449	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula Century Village Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3188698	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Coalition Aster Park Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 23-7349437	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Coalition Belle Haven Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0047939	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Mid-Peninsula Coalition Monte Vista Terrace Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-2556973	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Mid-Peninsula Coastside Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3239542	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Colma Ridge Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3198805	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Mid-Peninsula Country Hills Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0262053	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula Fairfield Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3188806	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Ginzton Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0292344	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Greenridge Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3292584	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Half Moon Bay Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3346915	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11b	Mid-Peninsula Housing Coalition
Mid-Peninsula Hermanas Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3197473	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula Holy Family Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0295718	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Horizons Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0283619	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Mid-Peninsula Housing Coalition 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 23-7089977	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula Housing Management Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-1738105	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula Housing Services Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-2090479	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Murphy's Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3234468	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Oroysom Senior Housing Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0469649	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Mid-Peninsula Page Mill Court Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0430914	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Mid-Peninsula Palms II Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0313112	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Pickering Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3197474	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Mid-Peninsula San Carlos Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0323473	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula San Pedro Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3346280	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11b	Mid-Peninsula Housing Coalition
Mid-Peninsula San Ramon Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0185730	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Scotts Valley Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3253425	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11b	Mid-Peninsula Housing Coalition
Mid-Peninsula Seven Trees Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0222294	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula Sharmon Palms Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0232941	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Mid-Peninsula The Farm Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0283355	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
Mid-Peninsula Tyrella Corporation Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0234676	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	9	Mid-Peninsula Housing Coalition
Mid-Peninsula Woodlands Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0199866	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11b	Mid-Peninsula Housing Coalition
Milagro Independent Living Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0280070	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
MP Mezes Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3234317	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
MP Palo Alto Gardens Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3228212	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
MP CAN DO INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3225882	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
MP Santa Clara Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3382075	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
MP St Matthew Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3253673	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
MV Central Park Apartments Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0283354	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	11a	Mid-Peninsula Housing Coalition
San Veron Corporation 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-1747752	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Saratoga Court Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0058052	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
St Matthew San Mateo Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3291257	To provide affordable housing for low income indviduals and families	CA	501(c)(2)	N/A	Mid-Peninsula Housing Coalition
Vivente 1 Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0066443	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition
Vivente 2 Inc 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0066498	To provide affordable housing for low income indviduals and families	CA	501(c)(3)	7	Mid-Peninsula Housing Coalition

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
Arbor Park Community LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0546772	Affordable Housing	CA	N/A								
Aster Park Limited Partnership 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0288393	Affordable Housing	CA	N/A								
Baker Park Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0323314	Affordable Housing	CA	N/A								
Bridgeway East LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 86-1096849	Affordable Housing	CA	N/A	RELATED	9,989	80,411		No		Yes	
Carroll Street Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0325450	Affordable Housing	CA	N/A								
Coastside Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3254614	Affordable Housing	CA	N/A								
EPA Woodlands Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0199078	Affordable Housing	CA	N/A								
Ginzton Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0292945	Affordable Housing	CA	N/A								
Gloria Way Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3225883	Affordable Housing	CA	N/A								
Hermanas Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3231236	Affordable Housing	CA	N/A								
Hermanas II Associates LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3363820	Affordable Housing	CA	N/A								
Holy Family Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0294887	Affordable Housing	CA	N/A								
Laureola Oaks Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0323472	Affordable Housing	CA	N/A								
Mezes Court Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3234778	Affordable Housing	CA	N/A								
Mid-Peninsula Castroville Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 71-0990643	Affordable Housing	CA	N/A								
Mid-Peninsula Century Village Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3213101	Affordable Housing	CA	N/A								
Mid-Peninsula Murphy's Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3234472	Affordable Housing	CA	N/A								
Mid-Peninsula San Pedro Associates LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3346317	Affordable Housing	CA	N/A								
Mid-Peninsula Sharmon Palms Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0251433	Affordable Housing	CA	N/A								
Moonridge Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3346919	Affordable Housing	CA	N/A								
MP Central Park Associates LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3301170	Affordable Housing	CA	N/A								
MP Fair Oaks I LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3457125	Affordable Housing	CA	N/A								
MP Union City TOD I LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3457129	Affordable Housing	CA	N/A								
MP Greenridge Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3292585	Affordable Housing	CA	N/A								
MP Hillsdale Townhouses LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 26-3474067	Affordable Housing	CA	N/A								
MP Homestead Park Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3366881	Affordable Housing	CA	N/A	RELATED	-282	2,656,633		No		Yes	
MP Italian Gardens Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3297661	Affordable Housing	CA	N/A								
MP Latham Associates LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3228467	Affordable Housing	CA	N/A								
MP Manteca Affordable Housing Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 55-0916775	Affordable Housing	CA	N/A								
MP Manzanita Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 36-4608203	Affordable Housing	CA	N/A								

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MP Milpitas Affordable Housing Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 65-1249653	Affordable Housing	CA	N/A								
MP Minto Associates LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 71-1030335	Affordable Housing	CA	N/A								
MP Mission Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 56-2299898	Affordable Housing	CA	N/A								
MP Monte Vista Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 73-1731576	Affordable Housing	CA	N/A								
MP Morse Court Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 74-3071458	Affordable Housing	CA	N/A								
MP New Communities Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3361618	Affordable Housing	CA	N/A								
MP Oroysom LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3287958	Affordable Housing	CA	N/A								
MP Palo Alto Gardens Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3324853	Affordable Housing	CA	N/A								
MP Parkhurst Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 87-0750877	Affordable Housing	CA	N/A								
MP Redwood Court Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3366885	Affordable Housing	CA	N/A								
MP Runnymede Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3366887	Affordable Housing	CA	N/A	RELATED	-248	1,303,289		No		Yes	
MP San Andreas Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3329955	Affordable Housing	CA	N/A								
MP San Mateo Transit Associates LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 84-1719102	Affordable Housing	CA	N/A								
MP Scotts Valley Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3253429	Affordable Housing	CA	N/A								
MP Shoreline Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3275464	Affordable Housing	CA	N/A								
MP South City LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 26-3339253	Affordable Housing	CA	N/A								
MP Tice Oaks Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3366888	Affordable Housing	CA	N/A	RELATED	49	2,178,631		No		Yes	
MP Timberwood Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 56-2515745	Affordable Housing	CA	N/A								
MP Transit Center Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 56-2329976	Affordable Housing	CA	N/A								
MP Tyrella Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3366889	Affordable Housing	CA	N/A	RELATED	-29	2,557,186		No		Yes	
MP Vineyard Crossing LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 20-3868901	Affordable Housing	CA	N/A								
New Homestead Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3385703	Affordable Housing	CA	N/A								
Open Doors Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0292950	Affordable Housing	CA	N/A								
Pickering Associates LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3213104	Affordable Housing	CA	N/A								
Riverwood Grove Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3382077	Affordable Housing	CA	N/A								
Riverwood Place Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3382078	Affordable Housing	CA	N/A								
St Matthew Associates LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3253674	Affordable Housing	CA	N/A								
Sunset Creek Partners 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3191465	Affordable Housing	CA	N/A								
The Farm Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3146236	Affordable Housing	CA	N/A								
Willow Gardens Housing Associates 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3303620	Affordable Housing	CA	N/A								