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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2010 calendar year or tax year beginning 2010 and ending 2010; B Check if applicable; C Name of organization HELPFUL HOUSING; D Employer identification number 27 3296964; E Telephone number 818 625 2853; F Name and address of principal officer RODNEY ROSENSTEIN; G Gross receipts \$ 212130; H(a) Is this a group return for affiliates? No; H(b) Are all affiliates included? No; I Tax-exempt status 501(c)(3); J Website NOT APPLICABLE; K Form of organization Corporation; L Year of formation 2010; M State of legal domicile CA

Summary table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission...; 2 Check this box if the organization discontinued its operations...; 3-7 Number of voting members, independent voting members, employees, volunteers, and business revenue; 8-12 Revenue (Contributions, program service, investment, other, total); 13-19 Expenses (Grants, benefits, salaries, fundraising, other, total, revenue less expenses); 20-22 Net assets or fund balances (Total assets, total liabilities, net assets)

Part III 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 section: Signature of officer Rod Rosenstein, President and Executive Director; Date; Type or print name and title

Paid Preparer Use Only section: Preparer's name, signature, date, PTIN, firm's name, address, EIN, phone no

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

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

- 1 Briefly describe the organization's mission  
To provide affordable housing opportunity to low and moderate income persons To buy own sell assign mortgage or lease any interest in real properties and to construct, maintain operate improvement thereon necessary or incident to the accomplishment of the charitable purposes within the meaning of Section 501(c)(3)
- 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 \$ 14680 including grants of \$ ) (Revenue \$ )  
 Housing Services In 2010 Helpful Housing provided high quality management services to residents in the 42 units managed in partnership with Ocean Structure LP Workshops were held in our residents buildings, primarily on information and issues meeting the needs of our low or moderate income housing residents

4b (Code ) (Expenses \$ 136401 including grants of \$ ) (Revenue \$ )  
 Housing Development Specific accomplishments in 2010 include to buy maintain and operate improvement on 5 multi family housing apartment buildings acquired during 2010 for a total of 42 housing units for low and moderate income persons and their families in the Redevelopment Agency activity of the City of Long Beach

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 151081

**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	✓	
2 Is the organization required to complete Schedule B Schedule of Contributors? (see instructions)	✓	
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		✓
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes complete Schedule C Part II		✓
5 Is the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization that receives membership dues assessments or similar amounts as defined in Revenue Procedure 98 19? If Yes complete Schedule C Part III		✓
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		✓
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		✓
8 Did the organization maintain collections of works of art historical treasures or other similar assets? If Yes complete Schedule D Part III		✓
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		✓
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		✓
11 If the organization's answer to any of the following questions is Yes then complete Schedule D Parts VI VII VIII IX or X as applicable		
a Did the organization report an amount for land buildings and equipment in Part X line 10? If Yes complete Schedule D Part VI		✓
b Did the organization report an amount for investments—other securities in Part X line 12 that is 5% or more of its total assets reported in Part X line 16? If Yes complete Schedule D Part VII		✓
c 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		✓
d 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	✓	
e Did the organization report an amount for other liabilities in Part X line 25? If Yes, complete Schedule D Part X		✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes complete Schedule D Part X		✓
12 a Did the organization obtain separate independent audited financial statements for the tax year? If Yes complete Schedule D Parts XI XII and XIII		✓
b Was the organization included in consolidated independent audited financial statements for the tax year? If Yes and if the organization answered No to line 12a, then completing Schedule D Parts XI XII and XIII is optional		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E		✓
14 a Did the organization maintain an office employees or agents outside of the United States?		✓
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 Parts I and IV		✓
15 Did the organization report on Part IX column (A) line 3 more than \$5 000 of grants or assistance to any organization or entity located outside the United States? If Yes, complete Schedule F Parts II and IV		✓
16 Did the organization report on Part IX column (A) line 3 more than \$5 000 of aggregate grants or assistance to individuals located outside the United States? If Yes complete Schedule F Parts III and IV		✓
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 (see instructions)		✓
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		✓
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		✓
20 a Did the organization operate one or more hospitals? If Yes complete Schedule H		✓
b If Yes to line 20a did the organization attach its audited financial statements to this return? Note Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

	Yes	No
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		✓
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		✓
23 Did the organization answer Yes to Part VII Section A line 3 4 or 5 about compensation of the organization's current and former officers directors trustees key employees and highest compensated employees? If "Yes" complete Schedule J		✓
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 lines 24b through 24d and complete Schedule K If No go to line 25		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d Did the organization act as an issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes" complete Schedule L, Part I		✓
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		✓
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		✓
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		✓
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		✓
b A family member of a current or former officer director trustee or key employee? If "Yes" complete Schedule L, Part IV		✓
c An entity of which a current or former officer director trustee or key employee (or a family member thereof) was an officer director trustee, or direct or indirect owner? If "Yes" complete Schedule L, Part IV		✓
29 Did the organization receive more than \$25 000 in non-cash contributions? If "Yes" complete Schedule M		✓
30 Did the organization receive contributions of art historical treasures or other similar assets or qualified conservation contributions? If "Yes" complete Schedule M		✓
31 Did the organization liquidate terminate or dissolve and cease operations? If Yes complete Schedule N Part I		✓
32 Did the organization sell exchange dispose of or transfer more than 25% of its net assets? If "Yes" complete Schedule N Part II		✓
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		✓
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	✓	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" complete Schedule R Part V line 2 <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>		
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		✓
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		✓
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	✓	



**Part VI Governance Management, and Disclosure** For each Yes response to lines 2 through 7b below and for a No response to line 8a 8b or 10b below describe the circumstances processes or changes in Schedule O See instructions  
 Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a	3	3												
1b														
2														
3														
4														
5														
6														
7a														
7b														
8														
a														
b														
9														

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a														
b														
11a														
b														
12a														
b														
c														
13														
14														
15														
a														
b														
16a														
b														

**Section C Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CALIFORNIA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990 and 990 T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so how) the organization makes its governing documents conflict of interest policy and financial statements available to the public
- 20 State the name physical address and telephone number of the person who possesses the books and records of the organization **HELPFUL HOUSING**  
**9919 CANOGA AVENUE CHATSWORTH CA 91311 (818) 625 2853**

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

Check if Schedule O contains a response to any question in this Part VII

**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

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

List all of the organization's current key employees if any See instructions for definition of key employee

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) RODNEY ROSENSTEIN President & Executive Director	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(2) KAREN RADKE Treasurer & Director	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(3) BRUCE GRIDLEY Secretary & Director	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(4) --										
(5) --										
(6) --										
(7)										
(8) --										
(9) --										
(10)										
(11)										
(12) --										
(13) --										
(14) --										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations on Schedule O)	(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			
(17)	--									
(18)	--									
(19)										
(20)										
(21)	--									
(22)	--									
(23)	--									
(24)										
(25)	--									
(26)	--									
(27)	--									
(28)	--									
<b>1b Sub total</b>							0	0	0	
<b>c Total from continuation sheets to Part VII Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	0	0	

**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**

- 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
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		✓
<b>4</b>		✓
<b>5</b>		✓

**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
<b>Contributions gifts grants and other similar amounts</b>	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events				
	1d	Related organizations				
	1e	Government grants (contributions)				
	1f	All other contributions gifts, grants and similar amounts not included above	152081			
	g	Noncash contributions included in lines 1a-1f \$				
	h	<b>Total Add lines 1a-1f</b>		152081		
	<b>Program Service Revenue</b>	2a	Low-Inc Housing Dev and Mgmt	Business Code 531390	60049	60049
b						
c						
d						
e						
f		All other program service revenue				
g		<b>Total Add lines 2a-2f</b>		60049		
3		Investment income (including dividends interest and other similar amounts)				
4		Income from investment of tax-exempt bond proceeds				
5	Royalties					
<b>Other Revenue</b>	6a	Gross Rents	(i) Real (j) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV line 18	a			
	b	Less direct expenses	b			
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities See Part IV line 19	a				
b	Less direct expenses	b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
11a						
b						
c						
d	All other revenue					
e	<b>Total Add lines 11a-11d</b>					
12	<b>Total revenue</b> See instructions		212130	60049	0	0

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b 7b 8b 9b and 10b of Part VIII		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV line 21				
2	Grants and other assistance to individuals in the U S See Part IV line 22				
3	Grants and other assistance to governments organizations and individuals outside the U S See Part IV lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers directors trustees and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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				
d	Lobbying				
e	Professional fundraising services See Part IV line 17				
f	Investment management fees				
g	Other	6946	6946		
12	Advertising and promotion				
13	Office expenses	19786	19786		
14	Information technology				
15	Royalties				
16	Occupancy	45435	45435		
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 (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25 column (A) amount list line 24f expenses on Schedule O )				
a	Low Income Real Estate Develop	16132	16132		
b	Low Income Tenant Services	14680	14680		
c	Repairs and maintenance	27946	27946		
d	Architectural supplies	13549	13549		
e					
f	All other expenses	6607	6607		
25	Total functional expenses. Add lines 1 through 24f	151081	151081	0	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98 2 (ASC 958 720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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**Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>1</b> Cash—non interest bearing		<b>1000</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>
	<b>3</b> Pledges and grants receivable net		<b>3</b>
	<b>4</b> Accounts receivable net		<b>4</b>
	<b>5</b> Receivables from current and former officers directors trustees key employees and highest compensated employees Complete Part II of Schedule L		<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B) and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions)		<b>6</b>
	<b>7</b> Notes and loans receivable net		<b>7</b>
	<b>8</b> Inventories for sale or use		<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>
	<b>10a</b> Land buildings and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	
	<b>b</b> Less accumulated depreciation	<b>10b</b>	<b>10c</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>
	<b>12</b> Investments—other securities See Part IV line 11		<b>12</b>
	<b>13</b> Investments—program related See Part IV line 11		<b>13</b>
	<b>14</b> Intangible assets		<b>14</b>
	<b>15</b> Other assets See Part IV line 11		<b>60049</b>
<b>16</b> Total assets Add lines 1 through 15 (must equal line 34)		<b>61049</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>
	<b>18</b> Grants payable		<b>18</b>
	<b>19</b> Deferred revenue		<b>19</b>
	<b>20</b> Tax exempt bond liabilities		<b>20</b>
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>
	<b>22</b> Payables to current and former officers directors trustees key employees highest compensated employees and disqualified persons. Complete Part II of Schedule L		<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>
	<b>25</b> Other liabilities Complete Part X of Schedule D		<b>25</b>
	<b>26</b> Total liabilities Add lines 17 through 25		<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34</b>		
	<b>27</b> Unrestricted net assets		<b>61049</b>
	<b>28</b> Temporarily restricted net assets		<b>28</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>
	<b>Organizations that do not follow SFAS 117 check here <input type="checkbox"/> and complete lines 30 through 34</b>		
	<b>30</b> Capital stock or trust principal or current funds		<b>30</b>
	<b>31</b> Paid in or capital surplus or land building or equipment fund		<b>31</b>
	<b>32</b> Retained earnings endowment accumulated income or other funds		<b>32</b>
<b>33</b> Total net assets or fund balances		<b>61049</b>	
<b>34</b> Total liabilities and net assets/fund balances		<b>61049</b>	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII column (A) line 12)	1	212130
2	Total expenses (must equal Part IX column (A) line 25)	2	151081
3	Revenue less expenses Subtract line 2 from line 1	3	61049
4	Net assets or fund balances at beginning of year (must equal Part X line 33 column (A))	4	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3 4 and 5 (must equal Part X line 33 column (B))	6	61049

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 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?
- 2b Were the organization's financial statements audited by an independent accountant?
- c If Yes to line 2a or 2b does the organization have a committee that assumes responsibility for oversight of the audit review or compilation of its financial statements and selection of an independent accountant?   
If the organization changed either its oversight process or selection process during the tax year explain in Schedule O
- 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 separate basis consolidated basis or both  
 Separate basis  Consolidated basis  Both consolidated and separate 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?
- b If Yes did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		✓
2b		✓
2c		✓
3a		✓
3b		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
**HELPFUL HOUSING**

Employer identification number  
**27 3296964**

**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 described in section 170(b)(1)(A)(i)
- 2  A school described in section 170(b)(1)(A)(ii) (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)
- 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)(vii) (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Complete 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?

- (i) A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5 7 or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

**Section A Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts grants contributions and membership fees received (Do not include any unusual grants )					152081	152081
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3					152081	152081
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						152081

**Section B Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4					152081	152081
8 Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources						
9 Net income from unrelated business activities whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						152081
12 Gross receipts from related activities etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first second third fourth or fifth tax year as a section 501(c)(3) organization check this box and stop here <input checked="" type="checkbox"/>						

**Section C Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	%
15 Public support percentage from 2009 Schedule A Part II line 14	15	%
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a and line 15 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% facts and circumstances test—2010.</b> If the organization did not check a box on line 13 16a or 16b and line 14 is 10% or more and if the organization meets the facts and circumstances test check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% facts and circumstances test—2009.</b> If the organization did not check a box on line 13 16a 16b or 17a and line 15 is 10% or more and if the organization meets the "facts and circumstances" test check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13 16a 16b 17a, or 17b check this box and see instructions <input type="checkbox"/>		



**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

**Section A Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3% check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b check this box and see instructions. ▶



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

HELPFUL HOUSING

27 3296964

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**2** Provide the estimated percentage of the 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If Yes to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total** Add lines 1a through 1e. (Column (d) must equal Form 990 Part X column (B) line 10(c).)

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
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990 Part X, col (B) line 13) ▶	60049	

Part IX Other Assets See Form 990 Part X line 15

(a) Description	(b) Book value
(1) Investments in Low-Income Partnerships	60049
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990 Part X col (B) line 15) ▶	60049

Part X Other Liabilities See Form 990 Part X line 25

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990 Part X col (B) line 25) ▶	

2. FIN 48 (ASC 740) 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 (ASC 740)





**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545 0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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

Name of the organization  
**HELPFUL HOUSING**

Employer identification number  
**27 3296964**

**Part I Identification of Disregarded Entities (Complete if the organization answered Yes to 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
(1) -- -- -- -- --					
(2) -- -- -- -- --					
(3) -- -- -- -- --					
(4) -- -- -- -- --					
(5) -- -- -- -- --					
(6) -- -- -- -- --					

**Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered Yes to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -- -- -- -- --							
(2) -- -- -- -- --							
(3) -- -- -- -- --							
(4) -- -- -- -- --							
(5) -- -- -- -- --							
(6) -- -- -- -- --							
(7) -- -- -- -- --							

For Paperwork Reduction Act Notice see the Instructions for Form 990

Cal No 50135Y

Schedule R (Form 990) 2010

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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered Yes to 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?		(i) Code V—UBI amount in box 20 of Schedule K 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) OCEAN STRUCTURE LP 45 1659605  9919 Canoga Ave Chatsworth, CA 91311	RENTAL	CA	N/A		60049	60049		✓	0	✓		100
(2) -- --												
(3) -- --												
(4) -- --												
(5) -- --												
(6) -- --												
(7) -- --												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered Yes to 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
(1) -- --							
(2) -- --							
(3) -- --							
(4) -- --							
(5) -- --							
(6) -- --							
(7) -- --							

**Part V** Transactions With Related Organizations (Complete if the organization answered Yes to Form 990 Part IV line 34 35 35a, or 36)

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift grant or capital contribution to other organization(s)
- c Gift grant or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
  
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities equipment or other assets to other organization(s)
  
- j Lease of facilities equipment or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities equipment mailing lists or other assets
- n Sharing of paid employees
  
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
  
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		✓
1b	✓	
1c		✓
1d		✓
1e		✓
1f		✓
1g		✓
1h		✓
1i		✓
1j		✓
1k		✓
1l		✓
1m	✓	
1n		✓
1o		✓
1p		✓
1q		✓
1r		✓

**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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered Yes to 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?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) ..										
(2) ..										
(3) ..										
(4) ..										
(5)										
(6) ..										
(7) ..										
(8) ..										
(9) ..										
(10) ..										
(11) ..										
(12) ..										
(13) ..										
(14) ..										
(15) ..										
(16) ..										



SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
HELPFUL HOUSING

Employer identification number  
27-3296964

Form 990, Part VI Line 11b Form 990 Review Process

The tax return is provided to the Board for review prior to signing and filing

Form 990, Part VI Line 19 Other Organization Documents Publicly Available

The governing documents are made available for inspection upon request