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# Return of Organization Exempt From Income Tax

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

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

**A** For the **2010** calendar year, or tax year beginning **SEP 1, 2010** and ending **AUG 31, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE RHF BUNKER HILL CORPORATION</b>		<b>D</b> Employer identification number <b>95-3295618</b>
	Doing Business As		<b>E</b> Telephone number <b>(562) 257-5100</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>4,889,890.</b>
	<b>911 NORTH STUDEBAKER ROAD</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
City or town, state or country, and ZIP + 4 <b>LONG BEACH, CA 90815</b>		<b>F</b> Name and address of principal officer: <b>DEBORAH STOUFF</b> <b>911 N. STUDEBAKER RD., LONG BEACH, CA 98015</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>N/A</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1978</b> <b>M</b> State of legal domicile: <b>CA</b>

### Part I Summary

- 1** Briefly describe the organization's mission or most significant activities: **SUPPORTIVE RESIDENCE FOR LOW INCOME SENIORS**
- 2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.
- |  |           |           |
|--|-----------|-----------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | <b>7</b>  |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | <b>7</b>  |
| <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | <b>5</b>  | <b>0</b>  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | <b>0</b>  |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | <b>0.</b> |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                | <b>7b</b> | <b>0.</b> |

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0.	0.
<b>9</b> Program service revenue (Part VIII, line 2g)	5,280,266.	4,817,065.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6a, 8c, 9c, 10c, and 11e)	31,808.	72,825.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,312,074.	4,889,890.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,850,153.	1,463,217.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,850,153.	1,463,217.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<2,538,079.>	3,426,673.
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 111,774,216.	End of Year 115,207,520.
<b>21</b> Total liabilities (Part X, line 26)	2,000.	8,631.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	111,772,216.	115,198,889.

### 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.

<b>Sign Here</b>	Signature of officer <i>Deborah Stouff</i>	Date <b>07/12/2012</b>			
	DEBORAH STOUFF, CORPORATE SECRETARY Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES MCGOWAN</b>	Preparer's signature <i>James McGowan CPA</i>	Date <b>7/11/12</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <b>NOVOGRADAC &amp; COMPANY LLP</b>	Firm's EIN		Phone no. <b>(617) 330-1920</b>	
Firm's address <b>101 ARCH STREET, SUITE 1000 BOSTON, MA 02110</b>					

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

SCANNED AUG 01 2012 Activities & Governance Revenue

RECEIVED  
JUL 25 2012

18 616

Part III Statement of Program Service Accomplishments

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

Input box for Schedule O response

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Yes No

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

4a (Code: ) (Expenses \$ 62,691. including grants of \$ ) (Revenue \$ 4,889,890.) TO OPERATE 1093 UNITS OF SUPPORTIVE LIVING FOR LOW INCOME SENIORS.

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

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

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

4e Total program service expenses 62,691.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>		X
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> 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
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	X	
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entry within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, response box, Yes, and No. Contains questions 1a through 14b regarding IRS filings and tax compliance.

**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**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **FRANK ROSSELLO, JR. - (562) 257-5100**  
**911 N. STUDEBAKER ROAD, LONG BEACH, CA 90815**

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

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			
TOM S. MASUDA TREASURER	0.30	X		X				0.	0.	0.
DONALD W. KING VICE PRESIDENT	0.20	X		X				0.	0.	0.
JEAN G. DREMSTEDT DIRECTOR	0.20	X						0.	0.	0.
CHRISTINA E. POTTER DIRECTOR	0.20	X						0.	0.	0.
RAYMOND E. EAST DIRECTOR	0.20	X						0.	0.	0.
STEWART M. SIMINGTON DIRECTOR	0.20	X						0.	0.	0.
JOHN E. TRNKA DIRECTOR	0.20	X						0.	0.	0.
DEBORAH J. STOUFF CORPORATE SECRETARY	0.20			X				0.	122,610.	19,013.
LAVERNE R. JOSEPH PRESIDENT, CEO	0.20			X				0.	318,358.	80,316.
ROBERT R. AMBERG SR. VP GENERAL COUNSEL	0.20				X			0.	263,833.	30,205.
STUART J. HARTMAN VP HOUSING OPERATIONS	0.20				X			0.	198,224.	37,978.
PETER OSCAR PEABODY VP HEALTH CARE OPERATIONS	0.20				X			0.	177,264.	20,491.
FRANK ROSSELLO JR. CFO & VP FINANCE	0.20				X			0.	178,922.	12,267.
RICHARD T. WASHINGTON VP PROJECT DEVELOPMENT	0.20				X			0.	161,613.	20,777.
MARGARITA GUZMAN DIR. OF IT, ISO	0.20				X			0.	153,874.	11,067.
VINCENT B. MAGNONE VP TREASURY	0.20					X		0.	146,161.	26,114.
NADA BATTAGLIA HUMAN RESOURCES VP	0.20					X		0.	145,277.	27,688.

**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 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			
CHERYL J. HOWELL ASS'T CORP. SECRETARY	0.20					X		0.	119,071.	10,857.
JOHN CLOW DIR. OF RISK MANAGEMENT	0.20					X		0.	114,084.	8,894.
ANDERS PLETT VP ACQUISITIONS & PROJECT DEVELOP.	0.20					X		0.	166,576.	21,729.
SEE SCHEDULE J/O SALARY DISCLOSURE - PGS 26 & 35	0.20			X	X			0.	0.	0.
<b>1b Sub-total</b>								0.	2,265,867.	327,396.
<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.	2,265,867.	327,396.

**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
<b>3</b> 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		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

**2** Total number of independent contractors (including 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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total.</b> Add lines 1a-1f						
Program Service Revenue	2 a	<b>INTEREST INCOME</b>	Business Code 531110	4817065.	4817065.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		4817065.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	<b>OTHER REVENUE</b>	531110	72,825.	72,825.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		72,825.					
12	<b>Total revenue.</b> See instructions.		4889890.	4889890.	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	2,000.		2,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
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 <b>CONTRIBUTION EXPENSE</b>	1,398,526.		1,398,526.	
b <b>RESIDENT SERVICE EXPENS</b>	43,061.	43,061.		
c <b>MANAGEMENT CONSULTANTS</b>	16,831.	16,831.		
d <b>MISC ADMINISTRATIVE EXP</b>	1,414.	1,414.		
e <b>ADVERTISING</b>	1,225.	1,225.		
f All other expenses	160.	160.		
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>1,463,217.</b>	<b>62,691.</b>	<b>1,400,526.</b>	<b>0.</b>
<b>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</b>				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	468,942.	<b>1</b>	470,810.
	<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	111,276,877.	<b>7</b>	114,693,242.
	<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	28,397.	<b>15</b>	43,468.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	111,774,216.	<b>16</b>	115,207,520.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	2,000.	<b>17</b>	8,631.
	<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 Total liabilities.</b> Add lines 17 through 25	2,000.	<b>26</b>	8,631.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	111,772,216.	<b>27</b>	115,198,889.
	<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</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	111,772,216.	<b>33</b>	115,198,889.	
<b>34</b> Total liabilities and net assets/fund balances	111,774,216.	<b>34</b>	115,207,520.	

**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	4,889,890.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,463,217.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,426,673.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,772,216.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	115,198,889.

**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?
- b 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
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2010)

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

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

The organization is not a private foundation because it is: (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)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete 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?
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 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 type="checkbox"/>						

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	15	%
<b>16a 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"/>		
<b>17a 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"/>		
<b>18 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"/>		

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

(Complete only if you checked the box on line 9 of Part I 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,957,236.	8,831,970.	1,152,087.			18,941,293.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,600,181.	3,838,406.	4,830,225.	5,280,266.	4,817,065.	22,366,143.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	12,557,417.	12,670,376.	5,982,312.	5,280,266.	4,817,065.	41,307,436.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						41,307,436.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	12,557,417.	12,670,376.	5,982,312.	5,280,266.	4,817,065.	41,307,436.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,040,785.	940,763.	101,698.			2,083,246.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,040,785.	940,763.	101,698.			2,083,246.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	415,682.	348,355.	91,648.	31,808.	72,825.	960,318.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	14,013,884.	13,959,494.	6,175,658.	5,312,074.	4,889,890.	44,351,000.

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	93.14	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	4.70	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>		%

**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 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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**THE RHF BUNKER HILL CORPORATION**

Employer identification number

**95-3295618**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations 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?  
**b** Any related organization?  
 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?  
**b** Any related organization?  
 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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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				
1 LAVERNE R. JOSEPH	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 311,758.	0.	6,600.	9,353.	70,963.	398,674.	0.
2 ROBERT R. AMBERG	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 257,583.	0.	6,250.	23,079.	7,126.	294,038.	0.
3 STUART J. HARTMAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 192,824.	0.	5,400.	16,249.	21,729.	236,202.	0.
4 PETER OSCAR PEABODY	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 171,864.	0.	5,400.	5,156.	15,335.	197,755.	0.
5 FRANK ROSSELLO JR.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 176,797.	0.	2,125.	5,219.	7,048.	191,189.	0.
6 RICHARD T. WASHINGTON	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 155,988.	0.	5,625.	13,441.	7,336.	182,390.	0.
7 MARGARITA GUZMAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 153,874.	0.	0.	3,731.	7,336.	164,941.	0.
8 VINCENT B. MAGNONE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 146,161.	0.	0.	4,385.	21,729.	172,275.	0.
9 NADA BATTAGLIA	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 144,077.	0.	1,200.	12,961.	14,727.	172,965.	0.
10 ANDERS PLETT	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 161,776.	0.	4,800.	0.	21,729.	188,305.	0.
11	(i) 0.	0.	0.	0.	0.	0.	0.
12	(i) 0.	0.	0.	0.	0.	0.	0.
13	(i) 0.	0.	0.	0.	0.	0.	0.
14	(i) 0.	0.	0.	0.	0.	0.	0.
15	(i) 0.	0.	0.	0.	0.	0.	0.
16	(i) 0.	0.	0.	0.	0.	0.	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.

PART II: DIRECTORS AND OFFICERS ARE MEMBERS OF  
 RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS  
 AND MANAGES APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS  
 THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND  
 ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS  
 WITH DISABILITIES THROUGHOUT THE UNITED STATES.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open To Public Inspection**

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
OLIVE RHF HOUSING		X	48100000.	21893466.		X	X		X	
HILL RHF HOUSING		X	87900000.	82953234.		X	X		X	
<b>Total</b>				▶ \$	104,846,700.					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAVERNE R. JOSEPH	SEE PART V BELOW	0.			X
DONALD W. KING	SEE PART V BELOW	0.			X
TOM S. MASUDA	SEE PART V BELOW	0.			X
DEBORAH J. STOUFF	SEE PART V BELOW	0.			X
JEAN G. DREMSTEDT	SEE PART V BELOW	0.			X
RAYMOND E. EAST	SEE PART V BELOW	0.			X
CHRISTINA E. POTTER	SEE PART V BELOW	0.			X
STEWART M. SIMINGTON	SEE PART V BELOW	0.			X
JOHN E. TRNKA	SEE PART V BELOW	0.			X
NADA BATTAGLIA	SEE PART V BELOW	0.			X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: LAVERNE R. JOSEPH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONALD W. KING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TOM S. MASUDA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DEBORAH J. STOUFF

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: JEAN G. DREMSTEDT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RAYMOND E. EAST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTINA E. POTTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEWART M. SIMINGTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN E. TRNKA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: NADA BATTAGLIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

032461  
09-23-10

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STUART J. HARTMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHERYL J. HOWELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: VINCENT B. MAGNONE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RICHARD T. WASHINGTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: FRANK ROSSELLO JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: ROBERT R. AMBERG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PETER OSCAR PEABODY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN CLOW

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARGARITA GUZMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ANDERS PLETT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE PART V BELOW

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

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

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

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

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS THOROUGHLY REVIEWS THE FORM 990 BEFORE PROVIDING A COPY TO THE GOVERNING BODY AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C:  
UPON JOINING THE COMPANY AND ANNUALLY THEREAFTER, ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CERTIFICATION ACKNOWLEDGING THEIR UNDERSTANDING AND AGREEMENT TO COMPLY WITH THE COMPANY'S CONFLICT OF INTEREST POLICY, INCLUDING DISCLOSING ANY ACTIVITIES THAT MAY APPEAR OR MAY BE DEEMED VIOLATIONS OF THE POLICY. BOARD MEMBERS AND COMPANY OFFICERS HAVE AN ADDITIONAL AND MORE COMPREHENSIVE CONFLICT OF INTEREST POLICY AND CERTIFICATION REQUIREMENT.

DESIGNATED MANAGEMENT PERSONNEL ARE RESPONSIBLE FOR TRACKING THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

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

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

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

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, SCHEDULE R, PART V, LINE 1D  
TRANSACTIONS WITH RELATED ORGANIZATIONS  
FOR THE PURPOSES OF SCHEDULE R, PART V, THE FOLLOWING APPLIES:

THE COMPANY HAS PROVIDED SOFT LOANS TO FACILITIES THAT PROVIDE AFFORDABLE HOUSING. THIS ALLOWS THE FACILITY TO PROVIDE AFFORDABLE HOUSING TO SENIORS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES.

Name of the organization

THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ADAM & BRUCE HOUSING CORP. - 31-1135796	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	9			X
5910 HESSEN CASSEL ROAD FORT WAYNE, IN 46816							
AGAPE HOUSING CORPORATION, INC. - 33-0462745	CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP	CALIFORNIA	501(C)(3)	11			X
911 N. STUDEBAKER ROAD LONG BEACH, CA 90815							
ANAHEIM MEMORIAL MANOR, INC. - 95-3618525	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
275 EAST CENTER STREET ANAHEIM, CA 92805							
BAKERSFIELD SENIOR HOUSING, INC. -	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
30-0105347, 500 R STREET, BAKERSFIELD, CA 93304							
BALDWIN RHF HOUSING, INC. - 33-0657540	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	15			X
911 N. STUDEBAKER ROAD LONG BEACH, CA 90815							
BENNETT ELDERLY HOUSING, INC. - 33-0274917	LOW AND VERY LOW INCOME HOUSING	PENNSYLVANIA	501(C)(3)	9			X
7245 BENNETT STREET PITTSBURGH, PA 15208							
BEXAR RHF HOUSING, INC. - 20-5593693	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	15			X
131 DARSON MARIE DRIVE SAN ANTONIO, TX 78226							
BINNALL HOUSE RHF HOUSING, INC. - 76-0713632	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	MASSACHUSETTS	501(C)(3)	9			X
126 CONNORS STREET GARDNER, MA 01440							
BIXBY KNOLLS TOWERS, INC. - 95-2963856	AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED	CALIFORNIA	501(C)(3)	9			X
3747 ATLANTIC AVENUE LONG BEACH, CA 90807							
BLUEGRASS RHF HOUSING, INC. - 61-1116280	NURSING AND HOUSING FOR SENIOR CITIZENS	KENTUCKY	501(C)(3)	9			X
6900 HOPEFUL ROAD FLORENCE, KY 41042							
BOISE 1ST RHF HOUSING, INC. - 95-3981289	LOW AND VERY LOW INCOME HOUSING	IDAHO	501(C)(3)	9			X
661 SOUTH CURTIS ROAD BOISE, ID 83705							
BONHAM RHF HOUSING, INC. - 95-3972422	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	9			X
1600 PECAN STREET BONHAM, TX 75418							

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CAMP VERDE RHF HOUSING, INC. - 74-2528374 377 W. HIGHWAY 260 CAMP VERDE, AZ 86322	LOW AND VERY LOW INCOME HOUSING	ARIZONA	501(C)(3)	9			X
CATHEDRAL PIONEER CHURCH HOMES - 94-1630325 2701 CAPITAL AVENUE SACRAMENTO, CA 95816	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
CATHEDRAL PIONEER CHURCH HOMES II - 94-1629086, 415 P STREET, SACRAMENTO, CA 95814	SKILLED NURSING CARE	CALIFORNIA	501(C)(3)	9			X
CECIL AVENUE APARTMENTS, INC. - 95-3858285 1635 RANDOLPH STREET DELANO, CA 93215	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	7			X
CEDAR RAPIDS RHF HOUSING, INC. - 33-0240088 205 40TH STREET, S.E. CEDAR RAPIDS, IA 52403	LOW AND VERY LOW INCOME HOUSING	IOWA	501(C)(3)	15			X
CHESAPEAKE RHF HOUSING, INC. - 94-3090349 2139 BROADMOOR AVENUE CHESAPEAKE, VA 23323	LOW AND VERY LOW INCOME HOUSING	VIRGINIA	501(C)(3)	9			X
COLUMBUS RHF HOUSING, INC. - 20-2852210 419 FARR ROAD COLUMBUS, GA 31907	ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS	GEORGIA	501(C)(3)	9			X
CONGRGATIONAL CHURCH RETIREMENT COMMUNITY - 94-2645317, 750 AUBURN RAVINE ROAD, AUBURN, CA 95603	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
CONVERSE-KOKOMO OIC HOUSING SERVICES, INC. - 33-0221566, 111 S. 3RD STREET, CONVERSE, IN 46919	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	9			X
CORNERSTONE RHF HOUSING, INC. - 31-1660727 14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	9			X
CORNERSTONE VILLAGE, INC. - 81-0631096 14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014	NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY	TEXAS	501(C)(3)	9			X
COUNCIL BLUFFS RHF HSG. INC. - 33-0217504 1105 S. THIRD STREET COUNCIL BLUFFS, IA 51503	LOW AND VERY LOW INCOME HOUSING	IOWA	501(C)(3)	9			X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CULVER CITY ROTARY PLAZA, INC. - 95-3815447 5100 OVERLAND AVENUE	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
CULVER CITY, CA 90230							
DALLAS RHF HOUSING, INC. - 33-0236316 1409 RANGE DRIVE	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	7			X
MESQUITE, TX 75149							
DE SNET RHF HOUSING, INC. - 31-1710670 1425 N. FLORISSANT ROAD	SENIOR HOUSING	MISSOURI	501(C)(3)	15			X
FLORISSANT, MO 63033							
DEL NORTE RHF SENIOR HOUSING, INC. - 33-0219411, 1799 WEST 32ND AVENUE, DENVER, CO 80211	LOW AND VERY LOW INCOME HOUSING	COLORADO	501(C)(3)	9			X
DES MOINES RHF HOUSING, INC. - 33-0402391 2111 EAST VIRGINIA AVENUE	LOW AND VERY LOW INCOME HOUSING	IOWA	501(C)(3)	9			X
DES MOINES, IA 50320							
DIAKONIA HOUSING I, INC. - 95-3743532 2654 MCGREGOR DRIVE	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
RANCHO CORDOVA, CA 95670							
DIAKONIA HOUSING, INC. - 33-0483950 120 EAST FRANKLIN STREET	LOW AND VERY LOW INCOME HOUSING	PENNSYLVANIA	501(C)(3)	7			X
EPERATA, PA 17522							
DIAKONIA HOUSING, INC. - 95-3815145 319 EAST 12TH STREET	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	7			X
ANDERSON, IN 46016							
DOGWOOD RETIREMENT HOUSING, INC. - 95-3917927, 101 S. COLUMBIA STREET, MILLEDGEVILLE, GA 31061	LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING	GEORGIA	501(C)(3)	15			X
DONALD JORDAN, SR. MANOR, INC. - 95-3806147 11441 ACACIA PARKWAY	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
GARDEN GROVE, CA 92840							
ECUMENICAL RETIREMENT HSG., INC. - 95-3807642, 250 FEMRITE DRIVE, MONONA, WI 53716	LOW AND VERY LOW INCOME HOUSING	WISCONSIN	501(C)(3)	7			X
EDNA RHF HOUSING, INC. - 33-0236319 1207 MIRACLE DRIVE	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	7			X
EDNA, TX 77957							

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ESCALON HERITAGE HOMES, INC. - 95-3915615 1100 ESCALON AVENUE ESCALON, CA 95320	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
ESPERANZA RHF HOUSING - 91-2004295 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW AND VERY LOW INCOME HOUSING	WASHINGTON	501(C)(3)	9			X
PAJARDO RHF HOUSING, INC. - 66-0431743 CALLE 5, EDIF. ADM., MONTE VISTA PAJARDO, PR 00738	LOW INCOME HOUSING	PUERTO RICO	501(C)(3)	15			X
FLORENCE RHF HOUSING INC. - 57-0845047 718 SOUTH DARGAN STREET FLORENCE, SC 29506	RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS	SOUTH CAROLINA	501(C)(3)	9			X
FOUNDATION PROPERTY MANAGEMENT - 95-3651050 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	SEE SCHEDULE O - SPONSOR ORGANIZATION	CALIFORNIA	501(C)(3)	11			X
FRIENDSHIP HOUSE III, INC. - 31-0956562 7988 NORTH MICHIGAN ROAD INDIANAPOLIS, IN 46268	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	9			X
GLENWOOD RHF HOUSING, INC. - 33-0240089 711 NUCKOLLS STREET GLENWOOD, IA 51534	LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING	IOWA	501(C)(3)	15			X
GOLD COUNTRY HEALTH CTR., INC. - 95-3864203 4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667	NURSING AND HOUSING FOR THE ELDERLY	CALIFORNIA	501(C)(3)	9			X
GRANADA GARDENS RHF HOUSING, INC. - 33-0713531, 167000 CHATSWORTH STREET, GRANADA HILLS, CA 91344	GENERAL WELFARE AND ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME	CALIFORNIA	501(C)(3)	9			X
GREAT PLAINS HSG. ADVOCACY, INC. - 35-3252619, 930 S. TAFT DRIVE, NORTH PLATTE, NE 69101	LOW INCOME HOUSING FOR THE CHRONICALLY METNALLY ILL	NEBRASKA	501(C)(3)	15			X
HAMILTON RHF HOUSING - 73-1698527 175 FEDERAL STREET, SUITE 700 BOSTON, MA 02110	LOW AND VERY LOW INCOME HOUSING	MASSACHUSETTS	501(C)(3)	9			X
HARBOR TOWER - 95-3072221 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
HARTOW CORPORATION - 33-0314360							
911 N. STUDEBAKER ROAD							
LONG BEACH, CA 90815	LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
HAVENWOOD RHF HOUSING, INC. - 33-0913528							
1330 S. BURLINGTON ST.	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
LOS ANGELES, CA 90006							
HOLLY HILL RHF HOUSING, INC. - 59-2742497							
900 LGPA BLVD.	RETIREMENT HOME FOR SENIOR CITIZENS	FLORIDA	501(C)(3)	9			X
HOLLY HILL, FL 32117							
HOLLYVIEW RHF HOUSING, INC. - 31-1708080							
5411 HOLLYWOOD BLVD	LOW INCOME SENIOR HOUSING	CALIFORNIA	501(C)(3)	15			X
HOLLYWOOD, CA 90027							
HOLLYWOOD RHF HOUSING, INC. - 31-1576132							
911 N. STUDEBAKER ROAD	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	15			X
LONG BEACH, CA 90815							
HOOSTER VALLEY HOUSING CORP. - 31-1135803							
785 REGINA LANE	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	9			X
CORYDON, IN 47112							
HOUSTON RHF HOUSING INC. - 31-1531662							
8106 CREEKBEND DRIVE	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	9			X
HOUSTON, TX 77071							
ILS TRANSITION, INC. - 68-0203079							
1626 COURT ST., SUITE 200	ASSIST DEVELOPMENTALLY DISABLED PERSONS	CALIFORNIA	501(C)(3)	9			X
REDDING, CA 96001							
INDEPENDENCE SQUARE RHF HSG., INC. -							
30-0105351, 201 W. DELAWARE, EVANSVILLE, IN	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	7			X
47710							
KEARNY RHF HOUSING, INC. - 33-0236348							
1011 6TH AVENUE	LOW AND VERY LOW INCOME HOUSING	NEBRASKA	501(C)(3)	9			X
KEARNY, NE 68845							
KING JAMES COURT RHF HOUSING, INC. -							
76-0713633, 383 E. RIVER STREET, ORANGE, MA	LOW AND VERY LOW INCOME HOUSING	MASSACHUSETTS	501(C)(3)	9			X
01364							
LA FONTAINE CENTER, INC. - 31-1025386							
208 WEST STATE STREET	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	9			X
HUNTINGTON, IN 46750							

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						Yes	No
LA MIRADA RHF HOUSING, INC. - 33-0235269 14129 ADOREE STREET LA MIRADA, CA 90638	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
LANCASTER RHF HOUSING, INC. - 20-5489828 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
LIBERTY PARK RHF HOUSING, INC. - 33-0293189 2735 CORPREW AVENUE NORFOLK, VA 23504	LOW AND VERY LOW INCOME HOUSING	VIRGINIA	501(C)(3)	9			X
LOMITA KIWANIS GARDENS, INC. - 95-3915617 25109 EBONY LANE LOMITA, CA 90717	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
LOS ALAMITOS RHF HOUSING, INC. - 33-0336099 4121 KATELLA AVENUE LOS ALAMITOS, CA 90720	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	7			X
LOS ARCOS RHF HOUSING, INC. - 91-2129703 12740 GATEWAY PARK RD. POWAY, CA 92064	GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME	CALIFORNIA	501(C)(3)	9			X
LOVELAND RHF HOUSING, INC. - 20-2853552 4895 LUCERNE AVENUE LOVELAND, CO 80538	LOW AND VERY LOW INCOME HOUSING	COLORADO	501(C)(3)	15			X
LOWER TOWNSHIP RHF HOUSING, INC. - 33-0310321, 664 TOWN BANK ROAD, CAPE MAY, NJ 08204	LOW AND VERY LOW INCOME HOUSING	NEW JERSEY	501(C)(3)	9			X
MACARTHUR PARK TOWERS - 95-3000996 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
MACON RHF HOUSING, INC. - 30-0265098 478 MONROE HILL MACON, GA 31204	LOW INCOME HOUSING	GEORGIA	501(C)(3)	9			X
MADISON HERITAGE APARTMENTS, INC. - 35-1601281, 101 WEST 2ND STREET, MADISON, TN 47250	LOW AND VERY LOW INCOME HOUSING	TENNESSEE	501(C)(3)	9			X
MALONE COMMUNITY CENTER HSG. CORP - 95-3924425, 737 NORTH 22ND STREET, LINCOLN, NE 68503	LOW AND VERY LOW INCOME HOUSING	NEBRASKA	501(C)(3)	9			X

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						Yes	No
MANITOWOC RHF HOUSING, INC. - 39-1674875 1485 NORTH 7TH STREET MANITOWOC, WI 54220	LOW AND VERY LOW INCOME HOUSING	WISCONSIN	501(C)(3)	9			X
MAPLE CITY SQUARE, INC. - 31-1105980 1204 ANDREW AVENUE LA PORTE, IN 46350	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	7			X
MAPLE MANOR, INC. - 94-2764262 530 COFFEE ROAD MODESTO, CA 95355	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
MARYMOUNT ASSN. FOR SR. HSG. - 91-1212339 317 152ND STREET TACOMA, WA 98445	LOW AND VERY LOW INCOME HOUSING	WASHINGTON	501(C)(3)	7			X
MASON CITY RHF HOUSING, INC. - 95-3970172 741 SOUTH ILLINOIS AVENUE MASON CITY, IA 80401	LOW AND VERY LOW INCOME HOUSING	IOWA	501(C)(3)	9			X
MAYFLOWER GARDENS HEALTH FAC., INC. - 95-3926600, 6705 WEST AVENUE M, LANCASTER, CA 93536	RETIREMENT HOUSING FOR SENIOR CITIZENS	CALIFORNIA	501(C)(3)	9			X
MAYFLOWER GARDENS II - 95-3315308 6570 WEST AVENUE L-12 LANCASTER, CA 93536	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
MAYFLOWER RHF HOUSING, INC. - 95-2394671 6570 WEST AVENUE L-12 LANCASTER, CA 93536	RETIREMENT HOUSING FOR SENIOR CITIZENS	CALIFORNIA	501(C)(3)	9			X
MCKINNEY RHF HOUSING, INC. - 95-3972613 506 S. GRAVES STREET MCKINNEY, TX 75069	TO PROVIDE LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	9			X
MERRITT ISLAND RHF HOUSING, INC. - 59-2721378, 1100 SOUTH COURTENAY PARKWAY, MERRITT ISLAND, FL 32952	HOUSING AND NURSING FOR SENIOR CITIZENS	FLORIDA	501(C)(3)	9			X
MESQUITE RHF HOUSING, INC. - 75-2264833 1413 RANGE DRIVE MESQUITE, TX 75149	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	9			X
MISSION PALMS RETIREMENT HOUSING, INC. - 95-3915111, 900 LOS EBANOS ROAD, MISSION, TX 78572	LOW AND VERY LOW INCOME HOUSING	TEXAS	501(C)(3)	9			X

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						Yes	No
MODESTO AFFILIATED CHURCH HSG CORP - 94-2256991, 900 17TH STREET, MODESTO, CA 95354	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
MPT MANAGERS - 93-1216117 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW INCOME HOUSING	CALIFORNIA	501(C)(4)	9			X
NORTH CAPITOL AT PLYMOUTH, INC. - 91-2169651 5233 N CAPITOL STREET WASHINGTON, DC 20011	LOW AND VERY LOW INCOME HOUSING	DISTRICT OF COLUMBIA	501(C)(3)	9			X
NORTHWEST HOUSING CORP. - 74-2282021 227 NORTH UTE AVENUE MONTROSE, CO 81401	LOW AND VERY LOW INCOME HOUSING	COLORADO	501(C)(3)	9			X
OKLAHOMA RHF HOUSING, INC. - 33-0236323 1207 WEST CHEROKEE LINDSAY, OK 73052	LOW AND VERY LOW INCOME HOUSING	OKLAHOMA	501(C)(3)	7			X
OLYMPIC RHF HOUSING, INC. - 33-0736426 2627 E. OLYMPIC BOULEVARD LOS ANGELES, CA 90023	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
PAGEDALE RHF HOUSING, INC. - 20-5267298 7550 PAGE AVENUE ST. LOUIS, MO 63133	LOW AND VERY LOW INCOME HOUSING	MISSOURI	501(C)(3)	9			X
PARK PLACE RHF HOUSING - 31-1717824 6900 37TH AVENUE SOUTH SEATTLE, WA 98118	ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS	WASHINGTON	501(C)(3)	9			X
PASADENA RHF HOUSING, INC. - 95-3915619 275 E. CORDOVA STREET PASADENA, CA 91101	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	7			X
PAUAAHI ELDERLY HOUSING - 95-3883729 167 NORTH PAUAAHI STREET HONOLULU, HI 96817	LOW AND VERY LOW INCOME HOUSING	HAWAII	501(C)(3)	9			X
PHOENIX RHF HOUSING, INC. - 86-0661151 13420 NORTH 21ST PLACE PHOENIX, AZ 85022	LOW AND VERY LOW INCOME HOUSING	ARIZONA	501(C)(3)	9			X
PILGRIM TOWER EAST - 95-3298228 911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X

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						Yes	No
PILGRIM TOWER NORTH - 95-2874168							
911 N. STUDEBAKER ROAD							
LONG BEACH, CA 90815	LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
PINE CREST RHF HOUSING, INC. - 76-0713635	AFFORDABLE HOUSING TO LOW						
419 E. RIVER STREET	INCOME SENIORS, FAMILIES						
ORANGE, MA 01364	AND THE HANDICAPPED	MASSACHUSETTS	501(C)(3)	9			X
PINEHURST RETIREMENT HSG., INC. - 95-3915116							
122 KICKAPOO STREET	LOW AND VERY LOW INCOME						
PALESTINE, TX 75803	HOUSING	TEXAS	501(C)(3)	7			X
PINEWOOD MANOR BREMERTON - 95-3864201							
280 SYLVAN WAY	LOW AND VERY LOW INCOME						
BREMERTON, WA 98310	HOUSING	WASHINGTON	501(C)(3)	7			X
PINEWOOD MANOR OF GENEVA - 95-3864190							
123 SOUTH 11TH STREET	LOW AND VERY LOW INCOME						
GENEVA, NE 68361	HOUSING	NEBRASKA	501(C)(3)	9			X
PIONEER TOWERS - 95-3103749							
515 P STREET	LOW AND VERY LOW INCOME						
SACRAMENTO, CA 95814	HOUSING	CALIFORNIA	501(C)(3)	9			X
PLYMOUTH PLACE, INC. - 95-3835688	TO PROVIDE HOUSING FOR THE						
1320 N. MONROE STREET	LOW AND VERY LOW INCOME						
STOCKTON, CA 95203	SENIOR CITIZENS	CALIFORNIA	501(C)(3)	9			X
POWAY RHF HOUSING, INC. - 33-0299770							
12751 GATEWAY PARK RD.							
POWAY, CA 92064	SENIOR CITIZEN HOUSING	CALIFORNIA	501(C)(3)	9			X
PRAIRIE GROVE APTS., INC. - 95-3972405							
141 MILLAR ROAD	LOW AND VERY LOW INCOME						
EAST PRAIRIE, MO 63845	HOUSING	MISSOURI	501(C)(3)	9			X
PRESCOTT RHF HOUSING, INC. - 33-0224099							
117 CORY AVENUE	LOW AND VERY LOW INCOME						
PRESCOTT, AZ 86303	HOUSING	ARIZONA	501(C)(3)	9			X
REDDING PILGRIM HSG., INC. - 95-3961818							
910 CANBY ROAD	LOW AND VERY LOW INCOME						
REDDING, CA 96003	HOUSING	CALIFORNIA	501(C)(3)	9			X
REDDING RHF HOUSING, INC. - 95-3939010							
1626 COURT ST., SUITE 200	LOW AND VERY LOW INCOME						
REDDING, CA 96001	HOUSING	CALIFORNIA	501(C)(3)	9			X

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						Yes	No
RETIREMENT HOUSING FOUNDATION - 95-2249495							
911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	SEE SCHEDULE O - SPONSOR ORGANIZATION	CALIFORNIA	501(C)(3)	1			X
RHF 20-II HOUSING (HAWAII), INC. -							
99-0270013, 1605 PHILIP STREET, HONOLULU, HI 96826	LOW AND VERY LOW INCOME HOUSING	HAWAII	501(C)(3)	7			X
RHF FOUNDATION, INC. - 91-2145934							
911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	11			X
RHF HOUSING, INC. - 95-3555022							
607 NORTH HIGHTOWER PEORIA, IL 61605	LOW AND VERY LOW INCOME HOUSING	ILLINOIS	501(C)(3)	9			X
RIVER CITY RESIDENTIAL CLUB, INC. -							
95-3913994, 1816 O STREET, SACRAMENTO, CA 95814	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
ROUND HOUSE MANOR, INC. - 95-3856154							
300 BICENTENNIAL COURT KAUKAUNA, WI 54130	LOW AND VERY LOW INCOME HOUSING	WISCONSIN	501(C)(3)	9			X
SALEM RHF HOUSING, INC. - 76-0775911							
3524 FISHER ROAD, NE SALEM, OR 97305	LOW AND VERY LOW INCOME HOUSING	OREGON	501(C)(3)	9			X
SALINE COMMUNITY DIRECTORS, INC. -							
38-2589687, 460 RUSSELL STREET, SALINE, MI 48176	LOW AND VERY LOW INCOME HOUSING	MICHIGAN	501(C)(3)	9			X
SAN ANTONIO RHF HOUSING, INC. - 81-0631098							
4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228	LOW INCOME HOUSING	TEXAS	501(C)(3)	9			X
SANGNOK HOUSING CORP. - 95-3976201							
911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	11			X
SANTA MONICA RHF HOUSING, INC. - 33-0234678							
1125 THIRD STREET SANTA MONICA, CA 90403	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
SHELBYVILLE, INC. - 95-3952505							
102 EAST FRANKLIN STREET SHELBYVILLE, IN 46176	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	7			X

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						Yes	No
SMYRNA RHF HOUSING, INC. - 31-1728897 2348 BENSON POOLE ROAD SMYRNA, GA 90082	LOW AND VERY LOW INCOME HOUSING	GEORGIA	501(C)(3)	9			X
SOUTHPOINTE VILLA RHF HOUSING, INC. - 30-0108108, 302 WEST MERRILL AVENUE, RIALTO, CA 92376	LOW INCOME HOUSING FOR THE ELDERLY	CALIFORNIA	501(C)(3)	9			X
ST. CATHERINE RHF HOUSING, INC. - 31-1710648 3350 ST. CATHERINE STREET FLORISSANT, MO 63033	SENIOR HOUSING	MISSOURI	501(C)(3)	9			X
ST. CROIX HSG. FOR THE ELDERLY, INC. - 95-3976114, 4100 SUNNY ISLE CHRISTIANSTED, ST. CROIX, VI 08200	LOW AND VERY LOW INCOME HOUSING	VIRGIN ISLANDS	501(C)(3)	15			X
ST. JAMES PARK RHF HOUSING, INC. - 33-0713530, 34 ST. JAMES PARK, LOS ANGELES, CA 90007	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
STOCKTON CONGREGATIONAL HOMES, INC. - 94-1702821, 1319 NORTH MADISON STREET, STOCKTON, CA 95202	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
STORM LAKE RHF HOUSING, INC. - 33-0217490 904 E. MILWAUKEE AVENUE STORM LAKE, IA 50588	LOW AND VERY LOW INCOME HOUSING	IOWA	501(C)(3)	15			X
SUN CITY RHF HOUSING, INC. - 95-3930268 28500 BRADLEY ROAD SUN CITY, CA 92586	RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS	CALIFORNIA	501(C)(3)	9			X
TALLAHASSEE RHF HOUSING, INC. - 59-2314057 1433 NORTH ADAMS STREET TALLAHASSEE, FL 32303	LOW AND VERY LOW INCOME HOUSING	FLORIDA	501(C)(3)	9			X
UNIVERSITY CENTER - ST. CTZNX. - 31-1012363 1801 NORTH BROADWAY INDIANAPOLIS, IN 46202	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	9			X
VACAVILLE SR. HOUSING CORP. - 68-0025578 2470 NUT TREE ROAD VACAVILLE, CA 95687	LOW AND VERY LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	9			X
VILLA GREENTREE, INC. - 31-1042917 2100 GREENTREE NORTH CLARKSVILLE, IN 47129	LOW AND VERY LOW INCOME HOUSING	INDIANA	501(C)(3)	9			X



**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	
10 TEMPLE PLACE LTD, PRT. - 91-2118880, 10 TEMPLE PLACE, BOSTON, MA 02111	LOW INCOME HOUSING PROJECT	MA						X		N/A		X
333 MASSACHUSETTS AVENUE LTD, PRT. - 91-2118879, 333 MASSACHUSETTS AVENUE, BOSTON, MA 02115	LOW INCOME HOUSING PROJECT	MA						X		N/A		X
334 MASSACHUSETTS AVENUE LTD, PRT. - 91-2118878, 334 MASSACHUSETTS AVENUE, BOSTON, MA 02115	LOW INCOME HOUSING PROJECT	MA						X		N/A		X
AMISTAD PLAZA PARTNERS LTD, PRT. - 33-0657744, 6050 SOUTH HILL STREET, LOS ANGELES, CA 90047	LOW INCOME HOUSING PROJECT	CA						X		N/A		X

**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
CHARLES STREET RHF HOUSING, INC. - 91-2118986							
10 TEMPLE PLACE BOSTON, MA 02111	RELATED ORGANIZATION	MA		C CORP			
FOUNDATION FINANCIAL SERVICES, INC. - 95-3930162							
911 N. STUDEBAKER RD LONG BEACH, CA 90815	RELATED ORGANIZATION	CA		C CORP			
MASON PLACE RHF HOUSING, INC. - 41-2089814							
911 N. STUDEBAKER ROAD LONG BEACH, CA 90815	RELATED ORGANIZATION	CA		C CORP			
RETIREMENT ENTERPRISES, INC. - 33-0322654							
911 N. STUDEBAKER RD LONG BEACH, CA 90815	RELATED ORGANIZATION	CA		C CORP			
SEABURY HEIGHTS RHF HOUSING, INC. - 74-3062143							
240-244 BELMONT STREET WORCESTER, MA 01604	RELATED ORGANIZATION	MA		C CORP			

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, 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			
CLOISTERS RHF HOUSING, LLC - 91-2081880, 400 E. HOWRY AVENUE, DELAND, FL 32724	LOW INCOME HOUSING PROJECT	FL						X	N/A		X
ESPERANZA APARTMENTS LTD. PRT. - 91-2058664, 6940 37TH AVENUE SOUTH, SEATTLE, WA 98118	LOW INCOME HOUSING PROJECT	WA						X	N/A		X
GRAND VIEW RHF PARTNERS L.P. - 20-8737125, 450 GRAND VIEW STREET, LOS ANGELES, CA 90057	LOW INCOME HOUSING PROJECT	CA						X	N/A		X
HILL RHF HOUSING PARTNERS, L.P. - 26-2045140, 255 SOUTH HILL STREET, LOS ANGELES, CA 90012	LOW INCOME HOUSING PROJECT	CA						X	N/A		X
HILL RHF HOUSING, LLC - 26-2044491, 255 SOUTH HILL STREET, LOS ANGELES, CA 90012	LOW INCOME HOUSING PROJECT	CA						X	N/A		X
HOLLYVIEW LIMITED PARTNERSHIP - 80-0047322, 5411 HOLLYVIEW BLVD., HOLLYWOOD, CA 90027	LOW INCOME HOUSING PROJECT	CA						X	N/A		X
HOUSING CORP. FUND ASSOC. - 33-0404058, 625 N. NEW HAMPSHIRE, LOS ANGELES, CA 90004	LOW INCOME HOUSING PROJECT	CA						X	N/A		X
L.A. FAMILY HOUSING CO. A CA LTD. PRT. - 33-0383600, 1722 SOUTH TOBERMAN STREET, LOS ANGELES, CA 90015	LOW INCOME HOUSING PROJECT	CA						X	N/A		X
LOS ARCOS LIMITED PARTNERSHIP - 91-2129525, 12740 GATEWAY PARK RD., POWAY, CA 92064	LOW INCOME HOUSING PROJECT	CA						X	N/A		X

**Part III.** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, 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			
MADISON RHF PARTNERS LIMITED PARTNERSHIP - 35-1601281, 440 NORTH MADISON AVE, PASADENA, CA 91101	LOW INCOME HOUSING PROJECT	CA					X		N/A	X	
MASON RHF LIMITED PARTNERSHIP - 41-2089820, 80 MASON STREET, BOSTON, MA 02111	LOW INCOME HOUSING PROJECT	MA					X		N/A	X	
MESA RHF PARTNERS L.P. - 20-8737239, 340 SOUTH MESA, SAN PEDRO, CA 90731	LOW INCOME HOUSING PROJECT	CA					X		N/A	X	
OLIVE RHF HOUSING, LLC - 26-2044625, 255 SOUTH HILL STREET, LOS ANGELES, CA 90012	LOW INCOME HOUSING PROJECT	CA					X		N/A	X	
OLIVE RHF HOUSING PARTNERS, L.P. - 26-2045031, 255 SOUTH HILL STREET, LOS ANGELES, CA 90012	LOW INCOME HOUSING PROJECT	CA					X		N/A	X	
RIO VISTA VILLAGE LTD. PRT. - 95-4358490, 1310 RIO VISTA AVENUE, LOS ANGELES, CA 90023	LOW INCOME HOUSING PROJECT	CA					X		N/A	X	
SAN JACINTO MANOR ASSOCIATES L.P. - 95-3973274, 1262 SANTA FE AVENUE, SAN JACINTO, CA 92583	LOW INCOME HOUSING PROJECT	CA					X		N/A	X	
SANGNOK PARTNERS, A CA LTD. PRT. - 33-0383602, 732 SOUTH BONNIE BRAE, LOS ANGELES, CA 90057	LOW INCOME HOUSING PROJECT	CA					X		N/A	X	
SEABURY RHF LIMITED PARTNERSHIP - 76-0713646, 240-244 BELMONT STREET, WORCHESTER, MA 01604	LOW INCOME HOUSING PROJECT	MA					X		N/A	X	



**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SYMPHONY EAST RHF HOUSING, INC. - 91-2118985							
334 MASSACHUSETTS AVENUE	RELATED ORGANIZATION	MA		C CORP			
BOSTON, MA 02115							
SYMPHONY WEST RHF HOUSING, INC. - 91-2118974	RELATED ORGANIZATION	MA		C CORP			
334 MASSACHUSETTS AVENUE							
BOSTON, MA 02115							
THE CARLIN RHF HOUSING, INC. - 52-1901330	RELATED ORGANIZATION	CA		C CORP			
911 N. STUDEBAKER RD							
LONG BEACH, CA 90815							
UNITED CONGREGATE CARE, INC. - 33-0369183	RELATED ORGANIZATION	CA		C CORP			
911 N. STUDEBAKER RD							
LONG BEACH, CA 90815							

**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 entry 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)

**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

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

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

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

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

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

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

<b>Type or print</b>	Name of exempt organization <b>THE RHF BUNKER HILL CORPORATION</b>	Employer identification number <b>95-3295618</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>911 NORTH STUDEBAKER ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LONG BEACH, CA 90815</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**FRANK ROSSELLO, JR.**

- The books are in the care of ▶ **911 N. STUDEBAKER ROAD - LONG BEACH, CA 90815**  
Telephone No ▶ **(562) 257-5100** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning **SEP 1, 2010**, and ending **AUG 31, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

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

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

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

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print  File by the extended due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	THE RHF BUNKER HILL CORPORATION	95-3295618
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	911 NORTH STUDEBAKER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LONG BEACH, CA 90815	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**FRANK ROSSELLO, JR.**

• The books are in the care of **911 N. STUDEBAKER ROAD - LONG BEACH, CA 90815**  
Telephone No. **(562)257-5100** FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **JULY 15, 2012**

5 For calendar year \_\_\_\_\_, or other tax year beginning **SEP 1, 2010**, and ending **AUG 31, 2011**

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**AN ADDITIONAL EXTENSION OF TIME IS RESPECTFULLY REQUESTED IN ORDER TO CONTINUE TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

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

Signature **FRANK ROSSELLO, JR.** Title **CORPORATE SECRETARY** Date **04/12/2012**