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CHANGE OF ACCOUNTING PERIOD

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)

OMB No. 1545-0047

2011

Open to Public Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning APR 1, 2011 and ending DEC 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 return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CRESCENT TERRACE, INC.</b>		<b>D</b> Employer identification number <b>94-2910860</b>
	Doing Business As		<b>E</b> Telephone number <b>(650) 356-2900</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>324,983.</b>
	<b>303 VINTAGE PARK DRIVE</b>	<b>250</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 <b>FOSTER CITY, CA 94404</b>	<b>F</b> Name and address of principal officer: <b>MATTHEW O. FRANKLIN</b> <b>SAME AS C ABOVE</b>	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<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>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.MIDPEN-HOUSING.ORG</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>1983</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: <b>THE ORGANIZATION PROVIDES ELDERLY WITH HOUSING FACILITIES AND SERVICES SPECIFICALLY DESIGNED</b>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>14</b>		
4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>14</b>		
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b> <b>0</b>		
6 Total number of volunteers (estimate if necessary)	<b>6</b> <b>0</b>		
7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>		
7b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>136,956.</b>	Current Year <b>97,721.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>287,544.</b>	<b>223,583.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,769.</b>	<b>947.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,520.</b>	<b>2,402.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>440,789.</b>	<b>324,653.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>88,700.</b>	<b>64,369.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<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-24e)		<b>512,564.</b>	<b>379,073.</b>
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>601,264.</b>	<b>443,442.</b>	
<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>&lt;160,475.&gt;</b>	<b>&lt;118,789.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>1,865,686.</b>	End of Year <b>1,774,544.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,176,798.</b>	<b>4,204,445.</b>
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	<b>&lt;2,311,112.&gt;</b>	<b>&lt;2,429,901.&gt;</b>

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.

Signature of officer: *Deena Soulon* Date: **5/18/2012**

Here: **DEENA SOULON, CFO/ASSISTANT SECRETARY**  
Type or print name and title

Paid: Print/Type preparer's name **ALEXIS H. WONG** Preparer's signature *Alex Wong CPA* Date **5/11/2012** Check if self-employed  PTIN **P00604756**

Preparer Use Only: Firm's name ▶ **LINDQUIST, VON HUSEN & JOYCE LLP** Firm's EIN ▶ **94-1250261**  
Firm's address ▶ **90 NEW MONTGOMERY STREET, 11TH FLOOR  
SAN FRANCISCO, CA 94105** Phone no. **(415) 957-9999**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE SAFE, AFFORDABLE SHELTER OF HIGH QUALITY TO THOSE IN NEED OF IT; TO HELP ESTABLISH OPPORTUNITY AND STABILITY IN THE LIVES OF ITS RESIDENTS; AND TO FOSTER COMMUNITIES THAT ALLOW PEOPLE FROM ALL ETHNIC, SOCIAL AND ECONOMIC BACKGROUNDS TO LIVE IN DIGNITY, HARMONY

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 391,166. including grants of \$ ) (Revenue \$ 225,655.) THE ORGANIZATION FACILITATE THE ACQUISITION, DEVELOPMENT, AND OPERATION OF DECENT, AFFORDABLE HOUSING FOR LOW-INCOME, ELDERLY, OR DISABLED INDIVIDUALS.

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 391,166.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any government or organization 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</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>d</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>b</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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</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>c</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>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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>		X
<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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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, question text, and Yes/No response boxes. Includes 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b> 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>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - (650) 356-2900**  
**303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404**

**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) C. MARK BATTEY CHAIRMAN	0.20	X		X			0.	0.	0.	
(2) BETH BARTLETT VICE CHAIRPERSON	0.20	X		X			0.	0.	0.	
(3) GARY C. COOK TREASURER	0.20	X		X			0.	0.	0.	
(4) DANIEL SEUBERT SECRETARY	0.20	X		X			0.	0.	0.	
(5) DIANE DOWNEND SECRETARY	1.00	X		X			0.	0.	0.	
(6) RICHARD SLATON DIRECTOR	0.20	X					0.	0.	0.	
(7) THERESE FREEMAN TREASURER	0.20	X		X			0.	0.	0.	
(8) MARI TUSTIN DIRECTOR	0.20	X					0.	0.	0.	
(9) PAUL STALEY VICE CHAIRPERSON	0.20	X		X			0.	0.	0.	
(10) PAUL ROSENSTIEL DIRECTOR	0.20	X					0.	0.	0.	
(11) MONIQUE MOYER DIRECTOR	1.00	X					0.	0.	0.	
(12) CARYN KALI DIRECTOR	1.00	X					0.	0.	0.	
(13) CHARLES SANDEL DIRECTOR	0.20	X					0.	0.	0.	
(14) DARIUSH KAYHAN DIRECTOR	0.20	X					0.	0.	0.	
(15) ERIK DOYLE DIRECTOR	0.20	X					0.	0.	0.	
(16) DEENA SOULON CFO	2.00			X			0.	191,601.	2,803.	
(17) MATTHEW FRANKLIN PRESIDENT	2.00			X			0.	293,529.	26,808.	

**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b Sub-total</b>							0.	485,130.	29,611.	
<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.	485,130.	29,611.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	97,721.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h <b>Total. Add lines 1a-1f</b>			97,721.		
<b>Program Service Revenue</b>	2 a <b>RENTAL INCOME</b>	Business Code 531110	223,583.	223,583.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g <b>Total. Add lines 2a-2f</b>			223,583.		
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		1,277.			1,277.
	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	330.				
	c Gain or (loss)	<330.>				
	d Net gain or (loss)		<330.>	<330.>		
	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>	531390	2,402.	2,402.			
b						
c						
d All other revenue						
e <b>Total. Add lines 11a-11d</b>			2,402.			
12 <b>Total revenue. See instructions.</b>			324,653.	225,655.	0.	1,277.

**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).

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	38,952.	38,952.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	19,641.	19,641.		
10 Payroll taxes	5,776.	5,776.		
11 Fees for services (non-employees):				
a Management	28,590.		28,590.	
b Legal				
c Accounting	13,104.		13,104.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,774.		1,774.	
12 Advertising and promotion				
13 Office expenses	3,471.	3,471.		
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	107,978.	107,978.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,983.	90,983.		
23 Insurance	15,336.	15,336.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OPERATING &amp; MAINTENANCE</b>	57,222.	48,414.	8,808.	
b <b>UTILITIES</b>	30,441.	30,441.		
c <b>RESIDENT SERVICES FEE</b>	19,845.	19,845.		
d <b>TELEPHONE</b>	4,558.	4,558.		
e All other expenses	5,771.	5,771.		
25 Total functional expenses. Add lines 1 through 24e	443,442.	391,166.	52,276.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	16,614.	2 16,195.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	14,346.	9 7,938.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,864,706.	
	b	Less: accumulated depreciation	10b 2,534,020.	10c 1,330,686.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets	23,483.	14 22,756.
	15	Other assets. See Part IV, line 11	393,967.	15 396,969.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,865,686.	16 1,774,544.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	28,271.	17 25,956.
	18	Grants payable		18
	19	Deferred revenue	4,961.	19 4,284.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	2,913,103.	23 2,894,464.
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,230,463.	25 1,279,741.
	26	<b>Total liabilities.</b> Add lines 17 through 25	4,176,798.	26 4,204,445.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	<2,311,112.>	27 <2,429,901.>
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	<b>Total net assets or fund balances</b>	<2,311,112.>	33 <2,429,901.>
	34	<b>Total liabilities and net assets/fund balances</b>	1,865,686.	34 1,774,544.

**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	324,653.
2	Total expenses (must equal Part IX, column (A), line 25)	2	443,442.
3	Revenue less expenses. Subtract line 2 from line 1	3	<118,789.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<2,311,112.>
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	<2,429,901.>

**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	X	
3a		X
3b		

Form 990 (2011)



**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	152,079.	145,045.	135,205.	136,956.	97,721.	667,006.
<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	152,079.	145,045.	135,205.	136,956.	97,721.	667,006.
<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						667,006.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	152,079.	145,045.	135,205.	136,956.	97,721.	667,006.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,035.	12,321.	5,006.	2,025.	1,277.	40,664.
<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						707,670.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,521,680.
<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 2011 (line 6, column (f) divided by line 11, column (f))	14	94.25 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	15	93.00 %
<b>16a 33 1/3% support test - 2011.</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 checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</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 - 2011.</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 - 2010.</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"/>		

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<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						
<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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**CRESCENT TERRACE, INC.**

Employer identification number

**94-2910860**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?     Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
  - (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		675,000.		675,000.
b Buildings		3,115,382.	2,476,972.	638,410.
c Leasehold improvements				
d Equipment		74,324.	57,048.	17,276.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>1,330,686.</b>

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1) <b>TENANT SECURITY DEPOSITS</b>	37,626.
(2) <b>REPLACEMENT RESERVE</b>	338,479.
(3) <b>MORTGAGE IMPOUND ACCOUNTS</b>	20,864.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	396,969.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) <b>SECURITY DEPOSITS PAYABLE</b>	37,626.
(3) <b>DUE TO RELATED PARTIES</b>	847.
(4) <b>ACCRUED MORTGAGE INTEREST</b>	1,241,268.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,279,741.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	324,653.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	443,442.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<118,789.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<118,789.>

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

1	Total revenue, gains, and other support per audited financial statements	1	324,653.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	324,653.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	324,653.

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

1	Total expenses and losses per audited financial statements	1	443,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	443,442.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	443,442.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: THE CORPORATION BELIEVES THAT IT HAS APPROPRIATE**

**SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY**

**UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE COMBINED FINANCIAL**

**STATEMENTS. THE FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2007**

**THROUGH 2010 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY**

**FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND**

**STATE, RESPECTIVELY.**

**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

**2011**

Open to Public Inspection

Name of the organization

**CRESCENT TERRACE, INC.**

Employer identification number

**94-2910860**

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |   |   |
|---|---|
| <input 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 checked="" 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?
- 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) 2011

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DEENA SOULON	(i) 0.	(ii) 4,477.	(iii) 0.	0.	0.	0.	0.
		(ii) 185,755.	4,477.	1,369.	0.	2,803.	194,404.	0.
2	MATTHEW FRANKLIN	(i) 0.	(ii) 37,345.	(iii) 893.	14,700.	12,108.	320,337.	0.
		(ii) 255,291.	37,345.	893.	14,700.	12,108.	320,337.	0.
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**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

**2011**

Open to Public  
Inspection

Name of the organization

CRESCENT TERRACE, INC.

Employer identification number

94-2910860

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

TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.

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

AND MUTUAL RESPECT.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED AND

RESTATED ITS ARTICLES OF INCORPORATION AND BYLAWS TO REFLECT ITS CHANGE OF  
ACCOUNTING PERIOD TO A CALENDAR YEAR BASIS.

FORM 990, PART VI, SECTION B, LINE 11: CORPORATE CONTROLLER AND CFO

CONDUCT A DETAIL REVIEW OF THE RETURN BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ROUTINELY EXAMINE

IF BOARD MEMBERS AND KEY EMPLOYEES SHOULD RECUSE BASED UPON A POTENTIAL  
CONFLICT AND WHEN IN DOUBT THE ORGANIZATION ERRS ON THE CONSERVATIVE SIDE  
AND MEMBERS RECUSE. BY RENEWING OUR CONFLICTS STATEMENTS ANNUALLY, BOARD  
MEMBERS AND KEY EMPLOYEES ARE ROUTINELY REMINDED TO EXAMINE THEIR ROLES IN  
THE VARIOUS AVENUES OF THEIR LIVES SO THAT THEY REMAIN KEENLY AWARE OF  
POSSIBLE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: BOARD MEMBERS REVIEW SALARIES USING

COMPARABLE DATA FROM COMPENSATION STUDIES AND FORM 990 OF OTHER  
ORGANIZATIONS AND THEN PROVIDE APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

CRESCENT TERRACE, INC.

Employer identification number

94-2910860

FORM 990 PART VII SECTION A COLUMNS A&B

THE HOURS, DEVOTED BY EACH COMPENSATED EMPLOYEE TO THIS REPORTING ORGANIZATION, SHOWN IN COLUMN B, WHEN COMBINED WITH HIS/HER ESTIMATED HOURS DEVOTED TO OTHER RELATED ORGANIZATIONS, IS ON AVERAGE EQUAL TO 45 HOURS PER WEEK.

FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES IN THE PROCESS FROM PRIOR YEAR.

Name of the organization

**CRESCENT TERRACE, INC.**

Employer identification number  
**94-2910860**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MP LAND HOLDINGS, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MIDPEN HOUSING CORPORATION
VINEYARD PLACE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			M.C. HOMES, INC.
MP MILPIITAS AFFORDABLE HOUSING LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MP SCOTTS VALLEY, INC.
MP MANTECA AFFORDABLE HOUSING LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MP SCOTTS VALLEY, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CUPERTINO COMMUNITY HOUSING FOR THE DISABLED, INC. - 94-2791688, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA HOMEPORT, INC. - 77-0164512	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
ITALIAN GARDENS, INC. - 94-3297850 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO SUPPORT DEVELOPING & OPERATING AFFORDABLE HOUSING FOR LOW INC	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
M.C. HOMES, INC. - 77-0151312 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
UNION CITY TOD I, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA COASTSIDE, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
VISTA MEADOWS, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA THE FARM, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
MP DELAWARE PACIFIC, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA GREENRIDGE, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
MP CASTROVILLE, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MP SCOTTS VALLEY, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
MP SUNNY MEADOWS, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA THE FARM, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
BAY OAKS, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MP CAN DO, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
UNION CITY TOD II, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA COASTSIDE, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
MP UNION CITY TOD GARAGE, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA COASTSIDE, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
MP 220 ROSS AVE, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SAN CARLOS CORP.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					
MP CARROLL INN, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MP BAKER PARK, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404					

**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
MENLO GATEWAY, INC. - 77-0132850 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA BAKER PARK, INC. - 77-0316333 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA CARROLL STREET, INC. - 77-0325449, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA CENTURY VILLAGE, INC. - 94-3188698, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COALITION ASTER PARK CORPORATION - 23-7349437, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COALITION BELLE HAVEN, INC. - 77-0047939, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COALITION MONTE VISTA TERRACE CORPORATION - 94-2556973, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COASTSIDE, INC. - 94-3239542 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COLMA RIDGE, INC. - 94-3198805 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COUNTRY HILLS, INC. - 77-0262053, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA FAIRFIELD CORPORATION - 94-3188806, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA GINZTON, INC. - 77-0292344 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		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
MID-PENINSULA GREENRIDGE, INC. - 94-3292584 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)		MIDPEN HOUSING CORPORATION		X
MID-PENINSULA HALF MOON BAY, INC. - 94-3346915, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11B	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA HERMANAS, INC. - 94-3197473 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA HOLY FAMILY CORPORATION - 77-0295718, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA HORIZONS, INC. - 77-0283619 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MIDPEN HOUSING CORPORATION - 23-7089977 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MIDPEN PROPERTY MANAGEMENT CORPORATION - 94-1738105, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MIDPEN RESIDENT SERVICES CORPORATION - 94-2090479, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA MURPHY'S, INC. - 94-3234468 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA OROYSON SENIOR HOUSING, INC. - 77-0469649, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA PAGE MILL COURT, INC. - 77-0430914, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA PALMS II, INC. - 77-0313112 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		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
MID-PENINSULA PICKERING, INC. - 94-3197474 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SAN CARLOS CORPORATION - 77-0323473, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SAN PEDRO, INC. - 94-3346280 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11B	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SAN RAMON CORPORATION - 77-0185730, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SCOTTS VALLEY INC. - 94-3253425, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11B	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SEVEN TREES, INC. - 77-0222294 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SHARMON PALMS CORPORATION - 77-0232941, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA THE FARM, INC. - 77-0283355 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA TYRELLA CORPORATION, INC. - 77-0234676, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA WOODLANDS CORPORATION - 77-0199866, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11B	MIDPEN HOUSING CORPORATION		X
MILAGRO INDEPENDENT LIVING, INC. - 77-0280070, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MP CAN DO, INC - 94-3225882 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		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
MP MEZES INC. - 94-3234317	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
MP PALO ALTO GARDENS, INC. - 94-3228212	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MP PRESERVATION, INC. - 94-3319924	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MP SANTA CLARA INC. - 94-3382075	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MP ST. MATTHEW, INC. - 94-3253673	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
MV CENTRAL PARK APARTMENTS, INC. - 77-0283354, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		X
SAN VERON CORPORATION - 94-1747752 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
SARATOGA COURT, INC. - 77-0058052 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		X
ST. MATTHEW SAN MATEO, INC. - 94-3291257 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(2)	N/A	MIDPEN HOUSING CORPORATION		X
VIVENTE 1, INC. - 77-0066443 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	PF	MIDPEN HOUSING CORPORATION		X
VIVENTE 2, INC. - 77-0066498 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		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) Dispropor- tion- ate 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			
ARBOR PARK COMMUNITY, LP - 77-0546772, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ASTER PARK LIMITED PARTNERSHIP - 77-0288393, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BAKER PARK ASSOCIATES - 77-0323314, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BRIDGEWAY EAST LP - 86-1096849, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (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
MID-PENINSULA OROYSOM, INC. - 94-3287957 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING	CA	N/A	C CORP	N/A	N/A	N/A
MID-PENINSULA SHORELINE, INC. - 94-3287959 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING	CA	N/A	C CORP	N/A	N/A	N/A
MID-PENINSULA NEW COMMUNITIES INC. - 94-3361619 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING	CA	N/A	C CORP	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, 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			
CARROLL STREET ASSOCIATES - 77-0325450, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
COASTSIDE ASSOCIATES - 94-3254614, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
EPA WOODLANDS ASSOCIATES - 77-0199078, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
FREMONT MAIN STREET VILLAGE, LP - 27-1080806, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
GINTON ASSOCIATES - 77-0292945, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
GLORIA WAY ASSOCIATES - 94-325883, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
HERMANAS ASSOCIATES - 94-3231236, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
HERMANAS II ASSOCIATES, LP - 94-3363820, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
HOLY FAMILY ASSOCIATES - 77-0294887, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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			
LAURELA OAKS ASSOCIATES - 77-0323472, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MEZES COURT ASSOCIATES - 94-3234778, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MID-PENINSULA CASTROVILLE ASSOCIATES - 71-0990643, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MID-PENINSULA CENTURY VILLAGE ASSOCIATES - 94-3213101, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MID-PENINSULA MURPHY'S ASSOCIATES - 94-3234472, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MID-PENINSULA SHARMON PALMS ASSOCIATES L.P. - 94-3346317, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MOONRIDGE ASSOCIATES - 94-3346919, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP CENTRAL PARK ASSOCIATES L.P. - 94-3301170, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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			
MP DELAWARE PACIFIC ASSOCIATES, LP - 27-4816717, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP FAIR OAKS I. L.P. - 94-3457125, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP GREENRIDGE ASSOCIATES - 94-3292585, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP HILLSDALE TOWNHOUSES L.P., - 26-3474067, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP HOMESTEAD PARK ASSOCIATES - 94-3366881, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP ITALIAN GARDENS ASSOCIATES - 94-3297661, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP LATHAM ASSOCIATES, LP - 94-3228467, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MANTECA AFFORDABLE HOUSING ASSOCIATES - 55-0916775, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MANZANITA ASSOCIATES - 36-4608203, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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			
MP MILPITAS AFFORDABLE HOUSING ASSOCIATES - 65-1249653, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP MINTO ASSOCIATES, L.P. - 71-1030335, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP MISSION ASSOCIATES - 56-2299898, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP MONTE VISTA ASSOCIATES - 73-1731576, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP MORSE COURT ASSOCIATES - 74-3071458, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP NEW COMMUNITIES ASSOCIATES - 94-3361618, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP OROYSOM, LP - 94-3287958 303 VINTAGE PARK DRIVE, SUITE FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP PALO ALTO GARDENS ASSOCIATES - 94-3324853, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP PARKHURST ASSOCIATES - 87-0750877, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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			
MP REDWOOD COURT ASSOCIATES - 94-3366885 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP RUNNYMEDE ASSOCIATES - 94-3366887 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP SAN ANDREAS ASSOCIATES - 94-3329955 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP SAN MATEO TRANSIT ASSOCIATES, L.P. - 84-1719102 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP SCOTTS VALLEY ASSOCIATES - 94-3253429 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP SHORELINE ASSOCIATES - 94-3275464 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP SOUTH CITY II, LP - 27-2933010 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP SOUTH CITY, LP - 26-3339253 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP TICE OAKS ASSOCIATES - 94-3366888 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, 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			
MP TIMBERWOOD ASSOCIATES - 56-2515745, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP TRANSIT CENTER ASSOCIATES - 56-2329976, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP TYRELLA ASSOCIATES - 94-3366889, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP UNION CITY TOD I L.P. - 94-3457129, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP UNION CITY TOD II, LP - 27-1929544, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MP VINEYARD CROSSING, LP - 20-3868901, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
NEW HOMESTEAD ASSOCIATES - 94-3385703, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
OPEN DOORS ASSOCIATES - 77-0292950, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PICKERING ASSOCIATES, LP - 94-3213104, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entry	(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? Yes No	(k) Percentage ownership
							Yes	No			
RIVERWOOD GROVE ASSOCIATES - 94-3382077, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
RIVERWOOD PLACE ASSOCIATES - 94-3382078, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
ST. MATTHEW ASSOCIATES, L.P., - 94-3253674, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
SUNSET CREEK PARTNERS - 94-3191465, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
THE FARM ASSOCIATES - 94-3146236, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
VISTA MEADOWS ASSOCIATES, LP - 27-1339674, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
WILLOW GARDENS HOUSING ASSOCIATES - 94-3303620, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MIDPEN DONNER ASSOCIATES, LP - 45-0651105, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MP SUNNY MEADOWS, LP - 45-3690931, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
<b>1a</b>						X
<b>1b</b>						X
<b>1c</b>						X
<b>1d</b>						X
<b>1e</b>					X	
<b>1f</b>						X
<b>1g</b>						X
<b>1h</b>						X
<b>1i</b>						X
<b>1j</b>						X
<b>1k</b>						X
<b>1l</b>					X	
<b>1m</b>						X
<b>1n</b>						X
<b>1o</b>					X	
<b>1p</b>						X
<b>1q</b>						X
<b>1r</b>						X
<b>(1)</b>						
<b>(2)</b>						
<b>(3)</b>						
<b>(4)</b>						
<b>(5)</b>						
<b>(6)</b>						



**Part VII** Supplemental Information

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

CUPERTINO COMMUNITY HOUSING FOR THE DISABLED, INC.

EIN: 94-2791688

303 VINTAGE PARK DRIVE, SUITE 250

FOSTER CITY, CA 94404

**NAME OF RELATED ORGANIZATION:**

ITALIAN GARDENS, INC.

**PRIMARY ACTIVITY:** TO SUPPORT DEVELOPING & OPERATING AFFORDABLE HOUSING FOR LOW INC PERSONS

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME OF RELATED ORGANIZATION:**

ARBOR PARK COMMUNITY, LP

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**NAME OF RELATED ORGANIZATION:**

ASTER PARK LIMITED PARTNERSHIP

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**DIRECT CONTROLLING ENTITY:** MID-PENINSULA COALITION ASTER PARK CORPORATION

**NAME OF RELATED ORGANIZATION:**

BAKER PARK ASSOCIATES

**Part VII** Supplemental Information

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

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**BRIDGEWAY EAST LP**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**CARROLL STREET ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**COASTSIDE ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**EPA WOODLANDS ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**FREMONT MAIN STREET VILLAGE, LP**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**Part VII** Supplemental Information

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

NAME OF RELATED ORGANIZATION:

GINZTON ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

GLORIA WAY ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

HERMANAS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

HERMANAS II ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

HOLY FAMILY ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

LAUREOLA OAKS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

**Part VII** Supplemental Information

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

**AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MEZES COURT ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MID-PENINSULA CASTROVILLE ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MID-PENINSULA CENTURY VILLAGE ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MID-PENINSULA MURPHY'S ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MID-PENINSULA SAN PEDRO ASSOCIATES L.P.**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**Part VII** Supplemental Information

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

MID-PENINSULA SHARMON PALMS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

NAME OF RELATED ORGANIZATION:

MOONRIDGE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP CENTRAL PARK ASSOCIATES, L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

DIRECT CONTROLLING ENTITY: MV CENTRAL PARK APARTMETNS, INC.

NAME OF RELATED ORGANIZATION:

MP DELAWARE PACIFIC ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP FAIR OAKS I, L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP GREENRIDGE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

**Part VII** Supplemental Information

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

**AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MP HILLSDALE TOWNHOUSES L.P.**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**DIRECT CONTROLLING ENTITY: MID-PENINSULA TYRELLA CORPORATION, INC.**

**NAME OF RELATED ORGANIZATION:**

**MP HOMESTEAD PARK ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MP ITALIAN GARDENS ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MP LATHAM ASSOCIATES, LP**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MP MANTECA AFFORDABLE HOUSING ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**Part VII** Supplemental Information

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

**NAME OF RELATED ORGANIZATION:**

MP MANZANITA ASSOCIATES

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

MP MILPITAS AFFORDABLE HOUSING ASSOCIATES

EIN: 65-1249653

303 VINTAGE PARK DRIVE, SUITE 250

FOSTER CITY, CA 94404

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**NAME OF RELATED ORGANIZATION:**

MP MINTO ASSOCIATES, L.P.

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**NAME OF RELATED ORGANIZATION:**

MP MISSION ASSOCIATES

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**NAME OF RELATED ORGANIZATION:**

MP MONTE VISTA ASSOCIATES

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**DIRECT CONTROLLING ENTITY:** MV CENTRAL PARK APARTMETNS, INC.

**Part VII** Supplemental information

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

## NAME OF RELATED ORGANIZATION:

MP MORSE COURT ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIESDIRECT CONTROLLING ENTITY: MID-PENINSULA COALITION MONTE VISTA TERRACE  
CORPORATION

## NAME OF RELATED ORGANIZATION:

MP NEW COMMUNITIES ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

## NAME OF RELATED ORGANIZATION:

MP OROYSOM, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

## NAME OF RELATED ORGANIZATION:

MP PALO ALTO GARDENS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

## NAME OF RELATED ORGANIZATION:

MP PARKHURST ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS  
AND FAMILIES

**Part VII** Supplemental Information

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

**NAME OF RELATED ORGANIZATION:**

MP REDWOOD COURT ASSOCIATES

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**DIRECT CONTROLLING ENTITY:** MID-PENINSULA COALITION MONTE VISTA TERRACE CORPORATION

**NAME OF RELATED ORGANIZATION:**

MP RUNNYMEDE ASSOCIATES

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**NAME OF RELATED ORGANIZATION:**

MP SAN ANDREAS ASSOCIATES

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

MP SAN MATEO TRANSIT ASSOCIATES, L.P.

EIN: 84-1719102

303 VINTAGE PARK DRIVE, SUITE 250

FOSTER CITY, CA 94404

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

**NAME OF RELATED ORGANIZATION:**

MP SCOTTS VALLEY ASSOCIATES

**PRIMARY ACTIVITY:** TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

**Part VII. Supplemental Information**

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

AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SHORELINE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SOUTH CITY II, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SOUTH CITY, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP TICE OAKS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP TIMBERWOOD ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

DIRECT CONTROLLING ENTITY: MV CENTRAL PARK APARTMETNS, INC.

**Part VII. Supplemental Information**

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

NAME OF RELATED ORGANIZATION:

MP TRANSIT CENTER ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP TYRELLA ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP UNION CITY TOD I L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP UNION CITY TOD II, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP VINEYARD CROSSING, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

NEW HOMESTEAD ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

**Part VII** Supplemental Information

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

AND FAMILIES

NAME OF RELATED ORGANIZATION:

OPEN DOORS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

PICKERING ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

RIVERWOOD GROVE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

RIVERWOOD PLACE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

ST. MATTHEW ASSOCIATES, L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

**Part VII. Supplemental Information**

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

**SUNSET CREEK PARTNERS**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**THE FARM ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**VISTA MEADOWS ASSOCIATES, LP**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**WILLOW GARDENS HOUSING ASSOCIATES**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MIDPEN DONNER ASSOCIATES, LP**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**NAME OF RELATED ORGANIZATION:**

**MP SUNNY MEADOWS, LP**

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES**

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **CRESCENT TERRACE, INC.**  
 Business or activity to which this form relates: **FORM 990 PAGE 10**  
 Identifying number: **94-2910860**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	90,257.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								<b>25</b>
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2011 tax year:					
<b>43</b> Amortization of costs that began before your 2011 tax year					<b>43</b>
					726.
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>
					726.