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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

NORTHPOINT HOUSING INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

345 SPEAR STREET NO 700

City or town, state or country, and ZIP + 4

SAN FRANCISCO, CA 94105

F Name and address of principal officer

CYNTHIA PARKER

345 SPEAR STREET NO 700

SAN FRANCISCO,CA 94105

D Employer identification number

94-3287293

E Telephone number

(415) 989-1111

G Gross receipts \$ 970,694

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: N/A

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1997

M State of legal domicile CA

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SUCCESSFULLY PROVIDED AFFORDABLE HOUSING BY SERVING AS THE GENERAL PARTNER CONTINUED TO SUPPLY SUPPORT TO BRIDGE HOUSING CORPORATION BRIDGE HOUSING CORPORATION CREATES HIGH-QUALITY, AFFORDABLE HOMES FOR WORKING FAMILIES AND SENIORS WITH OVER 13,500 HOMES PLACED IN SERVICE AND OVER 5,200 UNITS CURRENTLY IN PROGRESS, BRIDGE IS AMONG THE LARGEST AFFORDABLE HOUSING DEVELOPERS IN CALIFORNIA BRIDGE BUILDS A RANGE OF HOUSING TYPES THAT NOT ONLY FIT COMFORTABLY INTO THEIR SURROUNDINGS BUT ALSO ACT AS THE CATALYST FOR REVITALIZING AND STRENGTHENING NEIGHBORHOODS	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
Revenue	7b	Net unrelated business taxable income from Form 990-T, line 34	0
	8	Contributions and grants (Part VIII, line 1h)	1,798,475
	9	Program service revenue (Part VIII, line 2g)	401,486
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	186,728
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,386,689
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	968,962
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	85,069
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,054,031
	19	Revenue less expenses Subtract line 18 from line 12	1,332,658
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	22,385,543
	21	Total liabilities (Part X, line 26)	1,847,981
	22	Net assets or fund balances Subtract line 21 from line 20	20,537,562
		Beginning of Current Year	End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2012-11-15

Date

D KEMP VALENTINE CFO VP/CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

ALEXIS H WONG

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00604756

Firm's name (or yours if self-employed), address, and ZIP + 4

LINDQUIST VON HUSEN & JOYCE LLP

90 NEW MONTGOMERY STREET 11TH FLOOR

SAN FRANCISCO, CA 94105

EIN

94-1250261

Phone no

(415) 957-9999

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

TO PROVIDE LOW INCOME HOUSING BY SERVING AS GENERAL PARTNER

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the 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 \$ 550,706 including grants of \$ 253,897) (Revenue \$ 771,471)

THE CORPORATION IS A GENERAL PARTNER IN SEVERAL PARTNERSHIPS THAT OWN AND OPERATE AFFORDABLE HOUSING PROJECTS FOR LOW-INCOME PERSONS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 550,706

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	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? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
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>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V ☐				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b If "Yes," enter the name of the foreign country  _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a	
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13b	
c Enter the aggregate amount of reserves on hand			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	6		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
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?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	
	THE ORGANIZATION 345 SPEAR STREET NO 700 SAN FRANCISCO, CA 94105 (415) 989-1111	

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

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	0	1,579,701	171,925

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	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>	5	No

Section B. Independent Contractors

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

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	6,070			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f			6,070		
Program Service Revenue			Business Code				
	2a	INC FROM INV IN PSHI	531390	273,915	273,915		
	b	DEVELOPER FEE	531390	220,150	220,150		
	c	PARTNERSHIP MANAGEMENT	531390	190,648	190,648		
	d	BAD DEBT RECOVERY	531390	77,273	77,273		
	e	OTHER INCOME	531390	9,485	9,485		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			771,471		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		193,153			193,153
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
b							
c	Net income or (loss) from fundraising events . .						
c							
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses						
b							
c	Net income or (loss) from gaming activities . .						
c							
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
b							
c	Net income or (loss) from sales of inventory . .						
c							
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			970,694	771,471	0	193,153

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	253,897	253,897		
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	4,500		4,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ASSET MANAGEMENT EXPENS	275,239	275,239		
b	INCENTIVE MANAGEMENT EX	20,000	20,000		
c	TAX, LICENSES AND PERMI	1,570	1,570		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	555,206	550,706	4,500	0
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			8,173	1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,471,401	4	1,295,882
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			2,391,000	7	2,391,000
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b				
	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			17,251,126	13	17,617,396
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,263,843	15	1,249,211
	16	Total assets. Add lines 1 through 15 (must equal line 34)			22,385,543	16	22,553,489
Liabilities	17	Accounts payable and accrued expenses			1,239,456	17	658,081
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			608,525	25	942,358
	26	Total liabilities. Add lines 17 through 25			1,847,981	26	1,600,439
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			20,537,562	27	20,953,050
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			20,537,562	33	20,953,050
	34	Total liabilities and net assets/fund balances			22,385,543	34	22,553,489

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	970,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	555,206
3	Revenue less expenses Subtract line 2 from line 1	3	415,488
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,537,562
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	20,953,050

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization NORTHPOINT HOUSING INC	Employer identification number 94-3287293
--	--

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☒

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

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other

e

☒

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) BRIDGE HOUSING CORPORATION	942827909	7	Yes						550,706
Total									550,706

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐

Part IIIPart III

Support Schedule for Organizations Described in IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
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		

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-3287293
Name: NORTHPOINT HOUSING INC

Form 990, Special Condition Description:

Special Condition Description

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, 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
NORTHPOINT HOUSING INC

Employer identification number
94-3287293

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				0

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	BRIDGE AND ITS AFFILIATES BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. BRIDGE AND AFFILIATES' 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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHPOINT HOUSING INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
94-3287293

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BRIDGE HOUSING CORPORATION345 SPEAR STREET SAN FRANCISCO,CA 94105	94-2827909	501(C)(3)		237,539			TO SUPPORT LOW INCOME HOUSING ACTIVITIES
(2) MCB FAMILY HOUSING INC345 SPEAR STREET SAN FRANCISCO,CA 94105	94-3227594	501(C)(3)		16,306			TO SUPPORT LOW INCOME HOUSING ACTIVITIES

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

2

3

Enter total number of other organizations listed in the line 1 table

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL GRANTS ARE UNRESTRICTED

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization NORTHPOINT HOUSING INC	Employer identification number 94-3287293
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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	4a	Yes
		4b	No
		4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
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	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	LYDIA TAN, A FORMER EXECUTIVE VP OF DEVELOPMENT, RECEIVED, FROM A RELATED ORGANIZATION, A SEVERANCE PAYMENT OF \$118,244 AND 457(B) DISTRIBUTION OF \$106,230 ON 1/31/2011

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 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 NORTHPOINT HOUSING INC	Employer identification number 94-3287293
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	CORPORATE CONTROLLER AND CFO CONDUCT A DETAIL REVIEW OF THE RETURN BEFORE IT IS FILED. DETAIL REVIEW INCLUDES AGREEING NUMBERS TO AUDIT REPORT, REASONABLENESS TESTS ON DATA, AND REVIEWING SALARY INFORMATION. EACH MEMBER OF THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS, UPON REQUEST, CAN REVIEW THE FORM 990 AND SUBMIT COMMENTS BEFORE IT IS FILED.
	FORM 990, PART VI, SECTION B, LINE 12C	ANY DIRECTOR OR OFFICER WHO HAS A FINANCIAL INTEREST, DIRECTLY OR INDIRECTLY, MUST DISCLOSE IT BEFORE A CONSIDERATION OR VOTE OF THE TRANSACTION IS MADE BY THE BOARD OF DIRECTORS. THE REMAINING BOARD WILL THEN DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE INTERESTED DIRECTOR OR OFFICER MAY MAKE AN INFORMATIONAL PRESENTATION TO THE BOARD IN CONNECTION WITH THE TRANSACTION, BUT MAY NOT BE PRESENT DURING THE DISCUSSION OR THE VOTE. THE BOARD MINUTES REFLECT THE ABOVE-DESCRIBED DISCUSSIONS. EACH YEAR THE DIRECTORS AND OFFICERS SIGN A STATEMENT TO DENOTE IF CONFLICTS EXISTED DURING THE YEAR AND IF SO, DISCLOSING THE NATURE OF THE CONFLICT. THE ORGANIZATION ALSO DOES PERIODIC REVIEWS TO ENSURE COMPENSATION IS REASONABLE AND GOODS AND SERVICES ARE RECEIVED AT ARMS-LENGTH AND CONFORM WITH INTERNAL POLICIES.
	FORM 990, PART VI, SECTION B, LINE 15	PROPOSED COMPENSATION IS PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF BRIDGE HOUSING CORPORATION. THE PROPOSAL INCLUDES COMPARABLE DATA FROM INDEPENDENT SOURCES. THE COMMITTEE THEN APPROVES OR DISCUSSES ALTERNATIVES TO THE PROPOSAL.
	FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
	FORM 990, PART VII, SECTION A, COLUMN 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 40 HOURS PER WEEK.
	FORM 990, PART XII, LINE 2C	THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.
	FORM 990, PART IV, LINE 12 AND PART XII, LINE 2B	THE ORGANIZATION AND AFFILIATED ENTITIES WERE INCLUDED IN A COMBINED FINANCIAL STATEMENT IN ACCORDANCE WITH STATEMENT OF POSITION 94-3. THE COMBINED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION DID NOT RECEIVE A SEPARATE AUDITED FINANCIAL STATEMENT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTHPOINT HOUSING INC

Employer identification number
94-3287293

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BRIDGE INFILL DEVELOPMENT INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3390449	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	N/A	C			
(2) BRIDGE PROPERTIES INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-2986189	PROPERTY MANGEMENT PROVIDER	CA	N/A	C			
(3) PACIFIC HOME CONNECTION 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-2704465	PROVIDER OF HOME OWNERSHIP SERVICES AND MORTGAGE ASSISTANCE PROGRAMS	CA	N/A	C			
(4) BRIDGE COMMUNITY DEVELOPMENT INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-2410096	COMMUNITY DEVELOPMENT	CA	N/A	C			
(5) CHESTNUT LINDEN INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 40-0002561	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	N/A	C			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to 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)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

No

No

Yes

No

No

No

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

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

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 94-3287293

Name: NORTHPOINT HOUSING INC

Form 990, Schedule R, Part I - 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
BRIDGE NORCAL LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-3249497	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			MCB FAMILY HOUSING INC
BRIDGE SC LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-3714598	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
BRIDGE TOWER LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 37-1513008	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	357,949	5,555,263	NORTHPOINT HOUSING INC
1275 ECR LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-2302292	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
474 NATOMA LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 68-0657579	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
ARMSTRONG TOWNHOMES LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 75-3236154	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
BERRY STREET LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 87-0812903	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
MANDELA GATEWAY COMMERCIAL LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 68-0533499	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
MANDELA GATEWAY TOWNHOMES LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3227592	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
BUILD WEST OAKLAND LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 48-1288883	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (SAN ANTONIO ROAD) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 57-1230341	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS MACARTHUR TRANSIT COMMUNITY LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
BUILD EQUITY INVESTMENTS (TRI- CITY) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 55-0904611	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (KIRKER) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-0128784	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (LEWIS ROAD) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (TRI- CITY II) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 51-0580894	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
BUILD EQUITY INVESTMENTS (SOUTH BERNARDO) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-2417808	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
ALAMEDA HOUSING LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3227594	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			MCB FAMILY HOUSING INC
WINFIELD HILL LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-1164754	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			WINFIELD HILL INC
HOMEBRICKS NSP LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-1714466	PURCHASES FORECLOSED HOMES IN DISTRESSED AREAS TO REHABILITATE AND SELL	CA			HOMEBRICKS INC

Form 990, Schedule R, Part I - 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
BRIDGE TRIANGLE LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3122110	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			HOTEL DON INC
16TH STREET TRAIN STATION LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
TOBRIA TERRACE LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 45-0637092	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
POTTERY COURT LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-4981227	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
FOOTHILL FARMS SENIOR LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-5013296	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
ALTO STATION INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3152631	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BAY AREA SENIOR SERVICES INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3008774	OPERATOR OF SENIOR ASSISTED LIVING FACILITY	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BLP PARTNERSHIP INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 31-1811761	OWNER & OPERATOR OF SENIOR ASSISTED LIVING FACILITY	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BOMH INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3282930	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE BISSELL CORP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3149477	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP (CURRENTLY NO PARTNERSHIPS	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE ECONOMIC DEVELOPMENT CORPORATION 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3149476	DEVELOPER, GENERAL PARTNER, AND COMMERCIAL PROPERTY OWNER AND OPERATOR	CA	501(C) (4)	N/A	BRIDGE HOUSING CORPORATION		No
BRIDGE HOMES INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3227592	DEVELOPER OF AFFORDABLE OWNERSHIP HOUSING PROJECTS	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE HOUSING ACQUISITIONS INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3175634	OWNER OF MIXED USE AND AFFORDABLE HOUSING COMPLEXES	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3233154	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE HOUSING CORPORATION 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-2827909	DEVELOPER OF AFFORDABLE HOUSING, GENERAL PARTNER AND CO-GENERAL PARTNER OF A	CA	501(C) (3)	7	BRIDGE HOUSING CORPORATION		No
BRIDGE HOUSING VENTURES INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3147882	CONTROLLING GENERAL PARTNER AND LIMITED PARTNER OF AFFORDABLE PARTNERSHIPS A	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE PROPERTY MANAGEMENT COMPANY 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3063990	PROPERTY MANGEMENT PROVIDER OF AFFORDABLE HOUSING	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE REGIONAL PARTNERS INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3187094	OWNER OF LAND AND OPERATOR OF PROPERTY	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE SUPPORT CORPORATION 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-1501314	SUPPORT CORPORATION TO BRIDGE HOUSING CORPORATION	CA	501(C) (3)	11B	BRIDGE HOUSING CORPORATION		No
BRIDGE TERRAZA INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3211275	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRIDGE THIRD STREET INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3130270	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	9	BRIDGE HOUSING CORPORATION		No
BRIDGE WEST OAKLAND HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3261561	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
BRISBANE SENIOR HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3323102	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
CALISTOGA BRANNAN HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3167786	GENERAL PARTNER AND LIMITED PARTNER OF AFFORDABLE HOUSING PARTNERSHIPS	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
CHESTNUT CREEK INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3360307	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(C) (3)	9	BRIDGE HOUSING CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
CHURCH STREET HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3349372	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
COGGINS SQUARE INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3294187	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
DANVILLE SENIOR HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 91-2148404	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
EMERY BRIDGE INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3130269	FORMER GENERAL PARTNER OF HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
EMERYVILLE SENIOR HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3107670	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(C) (3)	9	BRIDGE HOUSING CORPORATION		No
FELL STREET HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3153378	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
HERCULES SENIOR HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3262543	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
HOMEBRICKS INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 59-3795727	PROVIDER OF HOME OWNERSHIP SERVICES AND MORTGAGE ASSISTANCE PROGRAMS FOR LOW	CA	501(C) (3)	11B	BRIDGE HOUSING CORPORATION		No
HOTEL DON INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3122110	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP (CURRENTLY NO PARTNERSHIPS	CA	501(C) (3)	9	BRIDGE HOUSING CORPORATION		No
HUNT AVENUE INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3119469	GENERAL PARTNER AND LIMITED PARTNER OF AFFORDABLE HOUSING PARTNERSHIPS	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
MCB FAMILY HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3227594	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
METRO SENIOR HOMES INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3213337	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
MILPITAS HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3253389	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
NAIROBI HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3331051	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
NORTH BEACH HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 82-0563916	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP (CURRENTLY NO PARTNERSHIPS	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
NORTHSIDE SENIOR HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3315757	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
OHLONE HOUSING CORPORATION 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3232360	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
REDWOOD SHORES SENIOR HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3190749	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(C) (3)	7	BRIDGE HOUSING CORPORATION		No
ROBERTS AVENUE INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3375010	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
ROTARY VALLEY INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3244788	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
SAN MARCOS FAMILY HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3265633	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
SILVERADO CREEK HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3376086	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
SITE K INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3132902	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
STROBRIDGE HOUSING INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3229530	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
WESTPARK HOUSING CORP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3154096	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP (CURRENTLY NO PARTNERSHIPS	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No
WINFIELD HILL INC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3152859	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C) (3)	11A	BRIDGE HOUSING CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PACIFIC OAKS ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3026354	LOW-INCOME HOUSING	CA	N/A									
SAN RAFAEL APARTMENTS LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 33-0508119	LOW-INCOME HOUSING	CA	N/A									
SOUTH SAN FRANCISCO MAGNOLIA PLAZA ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3026352	LOW-INCOME HOUSING	CA	N/A									
BRIDGE URBAN INFILL LAND DEVELOPMENT LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3391691	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	N/A									
TRI-CITY GARDENS LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 20-2338326	CONSTRUCTION OF HOMES FOR SALE	CA	N/A									
KIRKER CREEK BBS LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 20-2928244	REAL ESTATE RENTAL	CA	N/A									
WALLLEWIS SAN JOSE LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 20-5251118	CONSTRUCTION OF HOMES FOR SALE	CA	N/A									
TRI-CITY GARDENS II LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 20-4382157	CONSTRUCTION OF HOMES FOR SALE	CA	N/A									
SOUTH BERNARDO ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-2323955	REAL ESTATE RENTAL	CA	N/A									
ALAMEDA HOUSING ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-4289796	LOW-INCOME HOUSING	CA	N/A									
POTTERY COURT HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-0162400	LOW-INCOME HOUSING	CA	N/A									
BROADWAY TOWER ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-0772994	LOW-INCOME HOUSING	CA	N/A									
BHC SAGE PARK LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-1527957	LOW-INCOME HOUSING	CA	N/A									
SUMMERHOUSE HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-0901144	LOW-INCOME HOUSING	CA	N/A									
ST JOSEPHS SENIOR LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-2893982	LOW-INCOME HOUSING	CA	BRIDGE TOWER LLC	RELATED	10,345	4,793,041		No		Yes		0 010 %

