




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)	OMB No 1545-0047 <div>2011</div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 95-4205316	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SKID ROW HOUSING TRUST		E Telephone number (213) 683-0522
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1317 EAST SEVENTH STREET	Room/suite	G Gross receipts \$ 12,676,593
	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90021		
	F Name and address of principal officer		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ▶ SKIDROW.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	
L Year of formation 1989		M State of legal domicile CA	

Part I	Summary
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SKID ROW HOUSING TRUST (THE TRUST) PRODUCES, PRESERVES AND OPERATES SUPPORTIVE HOUSING IN AND AROUND SKID ROW THE TRUST SERVES THE POOREST AND MOST VULNERABLE PEOPLE IN LOS ANGELES, INCLUDING THE HOMELESS AND THOSE WHO MAY BECOME HOMELESS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	88
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,722,826	4,111,746
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,155,836	8,553,923
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,748	10,924
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	12	11,893,410	12,676,593
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	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)	4,081,002	3,993,310
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	7b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 114,539		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,875,611	9,465,144
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,956,613	13,458,454
	19 Revenue less expenses Subtract line 18 from line 12	-63,203	-781,861
	Net Assets or Fund Balances	Beginning of Current Year	
20 Total assets (Part X, line 16)		92,205,415	84,577,074
21 Total liabilities (Part X, line 26)		96,007,500	90,951,420
22 Net assets or fund balances Subtract line 21 from line 20		-3,802,085	-6,374,346

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			2012-10-15 Date	
	MICHAEL ALVIDREZ CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	CHERI L BOGGELN	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Boggeln & Company CPA 215 1/2 Main Street Huntington Beach, CA 926485127			EIN
					Phone no (714) 374-7434

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

SKID ROW HOUSING TRUST (THE TRUST) PRODUCES, PRESERVES AND OPERATES SUPPORTIVE HOUSING IN AND AROUND SKID ROW THE TRUST SERVES THE POOREST AND MOST VULNERABLE PEOPLE IN LOS ANGELES, INCLUDING THE HOMELESS AND THOSE WHO MAY BECOME HOMELESS

2

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

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

3

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

If “Yes,” describe these changes on Schedule O

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 \$ 12,420,004 including grants of \$) (Revenue \$ 8,553,923)

SKID ROW HOUSING TRUST ENGAGES IN THE DEVELOPMENT, MANAGEMENT, SUPPORT, ADMINISTRATION, AND RENTAL ACTIVITIES THAT ARE DIRECTLY RELATED TO THE PROVISION OF LOW INCOME HOUSING TO NEEDY INDIVIDUALS

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 12,420,004

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.	Yes	
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.		No
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.		No
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		No
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		No
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	Yes	
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 <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a88
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)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3bNo
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)?	4aNo
b	If "Yes," enter the name of the foreign country <input type="text"/> 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? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5cNo
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?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6bNo
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?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7bNo
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d0
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7gNo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7hNo
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?	8No
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9aNo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9bNo
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?	12aNo
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	13aNo
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?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14bNo

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	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its 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	Yes
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	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. DONNA LAI 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 (213) 683-0522

Part VII

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees, if any See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHERYL HAYWARD Director	1 00	X						0	0	0
(2) VANESSA RODRIGUEZ Director	1 00	X						0	0	0
(3) DAN LEIBSOHN DIRECTOR	1 00	X						0	0	0
(4) ITOHAN OYAMENDAN Director	1 00	X						0	0	0
(5) ADAM HANDLER Director	1 00	X						0	0	0
(6) ROBERT E WYCOFF DIRECTOR	15	X						0	0	0
(7) CURTIS HESSLER Secretary	1 00	X		X				0	0	0
(8) PAUL GREGERSON MD Director	1 00	X						0	0	0
(9) MARC HAYUTIN Chairman	1 00	X		X				0	0	0
(10) PATRICK SPILLANE Treasurer	1 00	X		X				0	0	0
(11) CAROL GOLDSTEIN Director	30	X						0	0	0
(12) JENNIFER CASPAR Director	1 00	X						0	0	0
(13) DAVID ARMITAGE Director	1 00	X						0	0	0
(14) CANDY RUPP Director	30	X						0	0	0
(15) ROBERT E CARLSON Director	1 00	X						0	0	0
(16) MICHAEL ALVIDREZ Executive Direc	40 00			X				128,001	0	5,051
(17) KRISTINA TRAN CONTROLLER	40 00					X		111,256	0	5,037

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,288,161				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	823,585				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			4,111,746			
Program Service Revenue			Business Code					
	2a	SUPPORTIVE SERVICES	624100	194,500	194,500			
	b	RENTAL INCOME	531110	6,361,903	6,361,903			
	c	MGMT & DEVELOPER FEES	531390	1,463,262	1,463,262			
	d	ADMIN SERVICE REVENUE	531390	485,219	485,219			
	e	ACCOUNTING SERVICES	531390	48,039	48,039			
	f	All other program service revenue		1,000	1,000			
	g	Total. Add lines 2a-2f			8,553,923			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			10,924		10,924	
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			0			
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b				
c	Net income or (loss) from fundraising events . .			0				
9a	Gross income from gaming activities See Part IV, line 19		a					
	Less direct expenses		b					
c	Net income or (loss) from gaming activities . .			0				
10a	Gross sales of inventory, less returns and allowances		a					
	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue. See Instructions			12,676,593	8,553,923		10,924	

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	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	133,052	109,164	20,270	3,618
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	3,234,340	2,653,649	492,729	87,962
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	334,856	289,485	37,044	8,327
10	Payroll taxes	291,062	251,625	32,199	7,238
11	Fees for services (non-employees)				
a	Management	221,041	192,186	28,487	368
b	Legal	4,984	1,861	3,123	
c	Accounting	45,562		45,562	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	490,074	416,515	72,705	854
12	Advertising and promotion	4,503	268	3,628	607
13	Office expenses	46,785	22,788	23,997	
14	Information technology	45,924	32,406	13,150	368
15	Royalties	0			
16	Occupancy	76,920	76,920		
17	Travel	63,930	47,157	16,721	52
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	73,104	62,977	10,127	
23	Insurance	23,183	9,095	14,088	
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	TRAINING	38,385	10,902	25,828	1,655
b	TELEPHONE & INTERNET	61,740	48,211	13,529	
c	PROGRAM EXPENSES	42,445	42,445		
d	K-1 RENTAL EXPENSES	8,015,264	8,015,264		
e	EQUIPMENT RENTAL AND EXPENSES	69,924	48,961	20,392	571
f	All other expenses	141,376	88,125	50,332	2,919
25	Total functional expenses. Add lines 1 through 24f	13,458,454	12,420,004	923,911	114,539
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,882,745	1	3,756,573
	2	Savings and temporary cash investments			4,859,120	2	2,023
	3	Pledges and grants receivable, net			302,424	3	555,571
	4	Accounts receivable, net			204,252	4	1,513
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	0
	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	0
	7	Notes and loans receivable, net			239,243	7	24,001
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			61,390	9	11,808
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,363,992	56,272,722	10c	1,099,600
	b	Less: accumulated depreciation	10b	1,264,392			
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities. See Part IV, line 11				12	0
	13	Investments—program-related. See Part IV, line 11				13	0
	14	Intangible assets			654,429	14	267
	15	Other assets. See Part IV, line 11			24,729,090	15	79,125,718
	16	Total assets. Add lines 1 through 15 (must equal line 34)			92,205,415	16	84,577,074
Liabilities	17	Accounts payable and accrued expenses			675,485	17	399,874
	18	Grants payable				18	
	19	Deferred revenue			129,144	19	9,241
	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			95,115,844	23	82,372,396
	24	Unsecured notes and loans payable to unrelated third parties				24	8,025,384
	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			87,027	25	144,525
	26	Total liabilities. Add lines 17 through 25			96,007,500	26	90,951,420
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-4,284,672	27	-6,942,039
	28	Temporarily restricted net assets			482,587	28	567,693
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-3,802,085	33	-6,374,346
	34	Total liabilities and net assets/fund balances			92,205,415	34	84,577,074

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	12,676,593
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,458,454
3	Revenue less expenses Subtract line 2 from line 1	3	-781,861
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,802,085
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,790,400
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	-6,374,346

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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 SKID ROW HOUSING TRUST	Employer identification number 95-4205316
--	--

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 See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,234,669	819,846	2,211,630	1,722,826	4,111,746	10,100,717
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,655,290	7,152,765	4,935,997	10,155,835	8,553,923	33,453,810
3Gross receipts from activities that are not an unrelated trade or business under section 513						0
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5The value of services or facilities furnished by a governmental unit to the organization without charge						0
6Total. Add lines 1 through 5	3,889,959	7,972,611	7,147,627	11,878,661	12,665,669	43,554,527
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	610,450	46,600	986,070	38,600	84,933	1,766,653
bAmounts 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	488,092	2,756,187	237,276	3,830,070	1,464,354	8,775,979
cAdd lines 7a and 7b	1,098,542	2,802,787	1,223,346	3,868,670	1,549,287	10,542,632
8Public Support (Subtract line 7c from line 6.)						33,011,895

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	3,889,959	7,972,611	7,147,627	11,878,661	12,665,669	43,554,527
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,959	31,746	23,764	14,748	10,924	87,141
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
cAdd lines 10a and 10b	5,959	31,746	23,764	14,748	10,924	87,141
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13Total support (Add lines 9, 10c, 11 and 12.)	3,895,918	8,004,357	7,171,391	11,893,409	12,676,593	43,641,668
14First 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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	75.640 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	66.290 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.200 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.220 %
19a33 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	<input checked="" type="checkbox"/>	
b33 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	<input checked="" type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input checked="" type="checkbox"/>	

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

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
SKID ROW HOUSING TRUST

Employer identification number
95-4205316

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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	

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		100,000		100,000
b Buildings		1,290,363	518,078	772,285
c Leasehold improvements		703,090	522,777	180,313
d Equipment				
e Other		270,539	223,537	47,002
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,099,600

Schedule D (Form 990) 2011

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
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	\$ -1790400

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
SKID ROW HOUSING TRUST

Employer identification number
95-4205316

Identifier	Return Reference	Explanation
	CHANGE IN FUND BALANCE AND TOTAL ASSETS	1) PURSUANT TO GUIDENCE IN THE 2011 FORM 990 INSTRUCTIONS, THE ORGANIZATION'S INTERESTS IN PARTNERSHIPS INCLUDED IN THE 2011 TAX RETURN ARE PER THE ORGANIZATION'S K-1S FROM THE PARTNERSHIPS THIS RESULTS IN SIGNIFICANT BOOK/TAX DIFFERENCES, AS THE INVESTMENT IN THE K-1 ON THE BALANCE SHEET IS PER THE K-1 LIABILITIES AND CAPITAL ACCOUNTS WHICH ARE GAAP BASIS, HOWEVER, THE INCOME AND LOSS ITEMS FROM THE K-1S ARE TAX BASIS IN PRIOR YEARS THE INTERESTS IN PARTNERSHIPS INCLUDED IN THE TAX RETURNS WERE PER THE AUDITED FINANCIAL STATEMENTS FOR THOSE PARTNERSHIPS IN WHICH THE TRUST OWNED A MAJORITY INTEREST AND PER THE K-1S FOR THE PARTNERSHIPS IN WHICH THE TRUST OWNED A MINORITY INTEREST 2) THE 2011 FINANCIAL AUDIT HAS A PRIOR PERIOD ADJUSTMENT OF \$(257,372) TO OFFSET REVENUES WITH CAPITALIZED COSTS THIS RESULTS IN A DECREASE TO FUND BALANCE AND FIXED ASSETS OF \$(257,372) 3) ON THE 2010 FIANNCIAL AUDIT THERE WAS A PRIOR PERIOD ADJUSTMENT (PPA) TO REINSTATE RECEIVABLES DUE FROM PARTNERSHIPS IN WHICH THE TRUST IS A GENERAL PARTNER IN THE 2011 FINANCIAL AUDIT IT WAS DETERMINED THAT \$1,399,673 OF THESE REINSTATED RECEIVABLES SHOULD HAVE BEEN RESERVED THIS PPA RESULTS IN A DECREASE TO FUND BALANCE OF \$(1,399,673) THESE THREE ADJUSTMENTS RESULT IN A NET DECREASE TO THE FUND BALANCE OF \$(1,790,280) AS FOLLOWS FUND BALANCE AT 1/1/11 \$(3,802,085) 2011 INCOME PER TAX (781,861) AUDIT PRIOR PERIOD ADJUSTMENT #2 ABOVE (257,372) AUDIT PRIOR PERIOD ADJUSTMENT #3 ABOVE (1,399,673) TAX/GAAP DIFFERENCES FROM INVESTMENT IN (133,355) PARTNERSHIPS PER #1 ABOVE FUND BALANCE AT 12/31/11 \$(6,374,346)
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AND PROVIDES THEM TO THE PUBLIC WHEN REQUESTED
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The board of directors have the pow er to select and remove all officers of the corporation, prescribe powers and duties for them that are consistent with law , with the articles of incorporation, and with the bylaw s, fix their compensation, and require from them security for faithful service
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Conflict of interest policy is documented in the Employee Manual and Corporate Bylaws At hiring, human resource management distributes the conflict of interest policy to all employees which requires that the employees disclose any activities that may be in conflict with the Trust and sign the policy agreement New board members receive copies of the Corporate Bylaws including conflict of interest clauses upon joining the board
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The members of the audit committee of the board will review a draft of the Form 990 The committee shall discuss unclear issues with the controller and/or the company's tax consultant Upon the committee's approval of the Form 990, the finalized form will be filed with the appropriate agency

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
SKID ROW HOUSING TRUST

Employer identification number
95-4205316

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
(1) STAR APARTMENTS LLC 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4205316	INVEST IN P/S THAT PROVIDE AFFORDABLE HOUSING	CA		409,091	NA
(2) SRHT PROPERTY HOLDING LLC 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4206316	INVEST IN P/S THAT PROVIDE AFFORDABLE HOUSING	CA	3,961,932	34,647,514	NA

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
(1) SAN PEDRO HOUSE 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 65-1209276	PROVIDE AFFORDABLE HSG TO NEEDY INDIVIDUALS	CA	501(c)(3)	9	SKID ROW HOUSING TRUST	Yes	
(2) SRHT PROPERTY MANAGEMENT COMPANY 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4511231	MANAGEMENT OF LOW INCOME HSG PROPERTIES	CA	501(c)(3)	11A	SKID ROW HOUSING TRUST	Yes	

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	
(1) STAR APARTMENTS LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021		CA	N/A					No			No	

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

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

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

No

1p

No

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SRHT PROPERTY MANAGEMENT COMPANY	n	2,004,512	EMPLOYEE WAGES
(2) SRHT PROPERTY MANAGEMENT COMPANY	l	790,184	PER FEE AGRMT
(3) SRHT PROPERTY MANAGEMENT COMPANY	k	485,219	EMPLOYEE WAGES
(4) SRHT PROPERTY MANAGEMENT COMPANY	d	59,264	CASH
(5)			
(6)			

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	
------------	------------------	-------------	--

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP												
PART III												
(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year-assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in Box K-1 (Form 1065)	(J) General or managing partner?	(K) Percentage Ownership	
							Yes	No		Yes	No	
LINCOLN HOTEL SRO, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4806225	LOW INC HSG	CA	N/A	RELATED	42,671	413,092		X	0	X		0 010%
DEWEY HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4700504	LOW INC HSG	CA	N/A	RELATED	-20	60,501		X	0	X		0 010%
ST GEORGE AFFORDABLE HSG, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4884128	LOW INC HSG	CA	N/A	RELATED	10,693	382,242		X	0	X		0 010%
RAINBOW APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 73-1677559	LOW INC HSG	CA	N/A	RELATED	8,073	1,057,116		X	0	X		0 010%
CHARLES COBB APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 56-2611062	LOW INC HSG	CA	N/A	RELATED	-91	1,605,878		X	0	X		0 010%
FIFTH STREET PARTNERS 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4265897	LOW INC HSG	CA	N/A	RELATED	-26,120	1,214,517		X	0	X		50 000%
NEW CARVER APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 71-1011320	LOW INC HSG	CA	N/A	RELATED	1,153,671	29,693,128		X	0	X		99 990%
OLYMPIA HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4333570	LOW INC HSG	CA	N/A	RELATED	-416	200,803		X	0	X		1 000%
PRODUCE APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4302009	LOW INC HSG	CA	N/A	RELATED	36,683	2,407,318		X	0	X		30 000%
ROSSMORE HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4446804	LOW INC HSG	CA	N/A	RELATED	-1,487	255,455		X	0	X		1 000%

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP												
PART III												
(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, investment, unrelated)	(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	
SANBORN HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4339361	LOW INC HSG	CA	N/A	RELATED	-31,478	564,364		X	0	X		30 000%
EDWARD HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4397613	LOW INC HSG	CA	N/A	RELATED	-1,645	209,082		X	0	X		1 000%
WELDON LIMITED PARTNERSHIP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4331961	LOW INC HSG	CA	N/A	RELATED	-60,523	-290,832		X	0	X		1 000%
ABBEY APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 52-2450532	LOW INC HSG	CA	N/A	RELATED	-72	1,160,491		X	0	X		0 010%
SIMONE HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4311164	LOW INC HSG	CA	N/A	RELATED	-22,575	771,516		X	0	X		30 000%
NEW GENESIS APARTMENTS 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4172153	LOW INC HSG	CA	N/A	RELATED	0	209,169		X	0	X		1 000%
CHURCH & TEMPLE HSG PTRS 2 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4172154	LOW INC HSG	CA	N/A	RELATED	-1,407	88,196		X	0	X		1 000%
BOYD HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4446805	LOW INC HSG	CA	N/A	RELATED	-2,798	126,653		X	0	X		1 000%
SENATOR APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4331960	LOW INC HSG	CA	N/A	RELATED	16,966	-2,667,722		X	0	X		1 000%
MARTINEZ LIMITED PARTNERSHIP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4311158	LOW INC HSG	CA	N/A	RELATED	-92,938	740,579		X	0	X		30 000%

SCHEDULE R - SUPPLEMENTAL INFORMATION

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year-assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in Box K-1 (Form 1065)	(J) General or managing partner?		(K) Percentage Ownership
							Yes	No		Yes	No	
HART LIMITED PARTNERSHIP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4311155	LOW INC HSG	CA	N/A	RELATED	-5,354	720,635		X	0	X		30 000%
STAR APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 26-3887859	LOW INC HSG	CA	N/A	RELATED	0	0		X	0	X		99 000%
STAR APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 26-3887859	LOW INC HSG	CA	STAR APARTMENTS LLC	RELATED	0	409,091		X	0	X		0 010%
MARTINEZ LIMITED PARTNERSHIP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4311158	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-26,845	1,924,363		X	0		X	99 000%
HART LIMITED PARTNERSHIP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4311155	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-12,492	1,416,743		X	0		X	99 000%
ST MARK'S FIFTH STREET PTRS 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4311161	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-51,420	2,175,072		X	0		X	99 000%
NEW GENESIS APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4172153	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	0	0		X	0		X	99 000%
CHURCH & TEMPLE HOUSING PTRS 2 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4172154	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-139,303	3,642,890		X	0		X	99 000%
SIMONE HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4311164	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-52,677	1,938,522		X	0		X	99 000%
SANBORN HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4339361	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-73,451	1,187,291		X	0		X	99 000%
CRESCENT FIFTH STREET PARTNERS 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4311159	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-70,474	1,963,452		X	0		X	99 000%

SCHEDULE R - SUPPLEMENTAL INFORMATION

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, investment, unrelated)	(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	
OLYMPIA HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4333570	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-41,167	1,646,270		X	0		X	99 000%
PRODUCE APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4333570	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-128,535	5,786,672		X	0		X	99 000%
SENATOR APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4331960	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-118,227	6,410,258		X	0		X	99 000%
WELDON LIMITED PARTNERSHIP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4331961	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-38,355	3,528,176		X	0		X	99 000%
BOYD HOTEL, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 95-4446805	LOW INC HSG	CA	SRHT PROPERTY HOLDING, LLC	RELATED	-140,341	3,024,844		X	0		X	99 000%
NEW CARVER APARTMENTS, LP 1317 EAST SEVENTH STREET LOS ANGELES, CA 90021 71-1011320	LOW INC HSG	CA	N/A	RELATED	115	2,961		X	0	X		0 001%

SKID ROW HOUSING TRUST
DECEMBER 31, 2011

95-4205316

ELECTION TO CAPITALIZE TAXES, INTEREST AND CARRYING COSTS

PURSUANT TO SECTION 266 OF THE INTERNAL REVENUE CODE AND TREASURY REGULATION 1.266-1(b)(1) AND THE RELATED PROVISION OF THE CALIFORNIA REVENUE & TAXATION CODE, THE TAXPAYER HEREBY ELECTS TO CAPITALIZE TAXES AND OTHER CARRYING COSTS ALLOCABLE TO REAL PROPERTY UNDER DEVELOPMENT. PURSUANT TO TREASURY REGULATION 1.266-1(b)(1)(ii)(a) AND THE RELATED PROVISION OF THE CALIFORNIA REVENUE & TAXATION CODE, THE TAXPAYER HEREBY ELECTS TO CAPITALIZE ALL INTEREST ON LOANS PAID OR INCURRED FOR THE DEVELOPMENT OF THE REAL PROPERTY NOT ALREADY REQUIRED TO BE CAPITALIZED UNDER TREASURY REGULATION 1.263 A-8 THROUGH 1.263 A-15.

NEW PERSHING PROPERTY:

- INTEREST ON \$247,500 CENTURY HOUSING CORPORATION LINE OF CREDIT.

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 95-4205316
Name: SKID ROW HOUSING TRUST

Form 990, Special Condition Description:

Special Condition Description
