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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
RESOURCES FOR COMMUNITY DEVELOPMENT

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2220 OXFORD STREET

City or town, state or country, and ZIP + 4
BERKELEY, CA 94704

D Employer identification number
94-2952466

E Telephone number
(510) 841-4410

G Gross receipts $ 7,285,343

F Name and address of principal officer
PETER POON
2220 OXFORD STREET
BERKELEY, CA 94704

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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 1984

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
RCD CREATES AND PRESERVES AFFORDABLE HOUSING FOR PEOPLE WITH THE FEWEST OPTIONS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	28
6	Total number of volunteers (estimate if necessary)	**6**	36
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-15,304
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-15,304

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,108,861	940,791
9	Program service revenue (Part VIII, line 2g)	5,765,258	5,955,545
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,358	27,231
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,637	-10,280
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,880,840	6,913,287
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	759,618	966,973
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,943,126	2,226,550
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶177,495		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,861,822	3,027,135
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,564,566	6,220,658
19	Revenue less expenses Subtract line 18 from line 12	14,316,274	692,629

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	50,493,570	52,896,898
21	Total liabilities (Part X, line 26)	21,638,216	23,348,808
22	Net assets or fund balances Subtract line 21 from line 20	28,855,354	29,548,090

Net Assets or Fund Balances

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

****** | 2014-05-14
Signature of officer | Date

PETER POON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ALEXIS H WONG				P00604756

Firm's name ▶ LINDQUIST VON HUSEN & JOYCE LLP | Firm's EIN ▶ 94-1250261

Firm's address ▶ 90 NEW MONTGOMERY STREET 11TH FLOOR
SAN FRANCISCO, CA 94105 | Phone no (415) 957-9999

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

RESOURCES FOR COMMUNITY DEVELOPMENT CREATES AND PRESERVES AFFORDABLE HOUSING FOR PEOPLE WITH THE FEWEST OPTIONS, TO BUILD COMMUNITY AND ENRICH LIVES

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 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 $ 2,869,337 including grants of $ 0) (Revenue $ 2,590,120)

ASSET MANAGEMENT RCD PORTFOLIO OF 47 PROPERTIES IS MANAGED BY THE ASSET MANAGEMENT DEPARTMENT THE DEPARTMENT OBJECTIVES FALL INTO TWO CATEGORIES, OPERATIONAL AND FINANCIAL OPERATIONAL GOALS INCLUDE MAINTAINING PROJECTS IN SAFE, HABITABLE AND RENTABLE CONDITIONS, PASSING INSPECTIONS AND MEETING ALL REGULATORY REQUIREMENTS, MAINTAINING TENANT SATISFACTION, AND FACILITATING RCD RESIDENT SERVICES TEAM EFFORTS TO PROVIDE REQUIRED SERVICES FINANCIAL GOALS INCLUDE MAINTAINING POSITIVE CASH FLOW, MAINTAINING SUFFICIENT LIQUIDITY TO COVER EACH PROPERTIES OPERATIONS, AVOIDING BUILD-UP OF DELINQUENT RENT, AND PRESERVING HEALTHY RESERVES AND MANAGING ITS USE FOR GENERAL OPERATIONS AND CONTINGENCIES IN ADDITION TO MANAGING RCD HOUSING PORTFOLIO, THE DEPARTMENT OVERSEES A THIRD-PARTY PROPERTY MANAGEMENT COMPANY THAT ADVANCES OUR GOALS THROUGH THE MANAGEMENT OF DAILY ACTIVITIES AT OUR PROPERTIES

4b (Code) (Expenses $ 1,957,716 including grants of $ 961,473) (Revenue $ 3,381,823)

HOUSING DEVELOPMENT RCD HAS A STRONG RECORD IN RESIDENTIAL DEVELOPMENT, WITH A WIDE RANGE OF TYPES OF AFFORDABLE HOUSING IN OUR PORTFOLIO THESE INCLUDE SINGLE ROOM OCCUPANCY UNITS, MULTI-FAMILY APARTMENTS FROM STUDIO TO 4-BEDROOM, GROUP HOMES FOR PEOPLE WITH DISABILITIES, SENIOR HOUSING, AND UNIVERSALLY ACCESSIBLE UNITS FOR PEOPLE DISABILITIES AS AN AFFORDABLE HOUSING REAL ESTATE DEVELOPER, WE USE BOTH PUBLIC AND PRIVATE FINANCING SOURCES TO BUILD AND OPERATE OUR DEVELOPMENTS WE ARE AWARDED ALLOCATIONS OF LOW INCOME HOUSING TAX CREDITS AND ARE EXPERIENCED IN THE USE OF FUNDING SOURCES TARGETED FOR SPECIAL NEEDS AND FORMERLY HOMELESS POPULATIONS INCLUDING CALIFORNIA MULTIFAMILY HOUSING PROGRAM SUPPORTIVE HOUSING FUNDS, HUD SECTION 811 AND 202, AND HUD SUPPORTIVE HOUSING PROGRAMS OUR PORTFOLIO INCLUDES MORE SUPPORTIVE HOUSING THAN ANY OTHER DEVELOPER IN ALAMEDA COUNTY AND WE CONTINUE TO INCLUDE A COMPONENT OF SPECIAL NEEDS UNITS IN OUR NEW MULTI- FAMILY DEVELOPMENTS RCD IS ALSO A LEADER IN USING GREEN BUILDING CONSTRUCTION METHODS AND MATERIALS AND MANAGES OUR PORTFOLIO TO THE HIGHEST STANDARDS OF GREEN OPERATIONS AND MAINTENANCE

4c (Code) (Expenses $ 856,485 including grants of $ 5,500) (Revenue $ 922)

RESIDENT SERVICES PROGRAM RCD RESIDENT SERVICES PROGRAM ADDRESSES THE MANY CHALLENGES THAT VULNERABLE POPULATIONS FACE IN RETAINING THEIR HOUSING AND MOVING FORWARD SOCIALLY AND ECONOMICALLY WE PROVIDE INDIVIDUAL CASE MANAGEMENT THROUGH SOCIAL SERVICES PARTNERSHIPS AND SERVICE REFERRALS AS WELL AS COORDINATION OF ONSITE SERVICE PROGRAMS FOR RESIDENTS THE GOAL OF THESE SUPPORT SERVICES IS TO ASSIST RESIDENTS IN MAINTAINING AND ENHANCING SELF-SUFFICIENCY, WHILE BUILDING COMMUNITY STAFF HAS ESTABLISHED RELATIONSHIPS WITH LOCAL COMMUNITY-BASED SERVICE AGENCIES TO PROVIDE RESIDENTS WITH CASE MANAGEMENT, COUNSELING, JOB TRAINING AND PLACEMENT, AND HEALTH SERVICES IN ADDITION WE PROVIDE AFTER SCHOOL PROGRAMS FOR YOUTH, COMPUTER TRAINING, AND EDUCATIONAL WORKSHOPS, IN ADDITION TO RECREATIONAL AND SOCIAL ACTIVITIES

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 5,683,538

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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*	3		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*	4		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*	5		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*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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*	9		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*	10		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.*	11a	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*	11b		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*	11c		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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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, Parts I and IV*	14b		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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		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 (see instructions)*	17		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*	18	Yes	
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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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	59		
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		Yes	
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	2a	28		
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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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, securities account, or other financial 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 as charitable contributions? . . .	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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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			
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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** 15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 15		
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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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**		No
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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ THE ORGANIZATION 2220 OXFORD STREET BERKELEY, CA (510) 841-4410

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) ANN SIMMONS DIRECTOR	50 80	X						0	0	0
(2) ARTISE HARDY TREASURER	50 1 20	X		X				0	0	0
(3) BETTY BLACKMORE-GEE DIRECTOR	50 1 00	X						0	0	0
(4) BILLY RIGGS DIRECTOR	50 60	X						0	0	0
(5) DAVID TOM DIRECTOR	50 70	X						0	0	0
(6) DIANNA GARRETT DIRECTOR	50 1 40	X						0	0	0
(7) ED KEEGAN DIRECTOR	50 1 10	X						0	0	0
(8) JACQUE KELLER VICE PRESIDENT	50 1 30	X		X				0	0	0
(9) JODI SMITH DIRECTOR	50 1 30	X						0	0	0
(10) JOSEPH TURNER DIRECTOR	50 70	X						0	0	0
(11) KATHERINE FLEMING PRESIDENT	50 1 50	X		X				0	0	0
(12) KATTYE GILES SECRETARY	50 1 50	X		X				0	0	0
(13) MARIAN WOLFE DIRECTOR	50 20	X						0	0	0
(14) RICK JUDD DIRECTOR	50 1 50	X						0	0	0
(15) WILLIE PHILLIPS DIRECTOR	50 1 40	X						0	0	0
(16) DAN SAWISLAK CEO	38 40 1 60			X				103,450	0	38,588
(17) PETER K POON CFO	34 40 1 60			X				69,286	0	29,584

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								172,736	0	68,172

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
OLIVER AND COMPANY INC 1300 SOUTH 51ST STREET RICHMOND CA 94804	CONTRACTOR	602,389
CONTRA COSTA INTERFAITH HOUSING 3164 PUTNAM BLVD SUITE C WALNUT CREEK CA 94597	SERVICE PROVIDER	101,219

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 ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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	95,243			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	558,506			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	287,042			
	g	Noncash contributions included in lines 1a-1f $		4,700			
	h	**Total.** Add lines 1a-1f . . . . . ▶		940,791			
Program Service Revenue			Business Code				
	2a	DEVELOPMENT FEES	531390	3,381,823	3,381,823		
	b	RENTAL INCOME	531390	2,137,632	2,137,632		
	c	MANAGEMENT FEES	531390	829,405	829,405		
	d	REIMBURSEMENT INCOME	531390	22,436	22,436		
	e	CONSULTING FEES	531390	15,000	15,000		
	f	All other program service revenue		-430,751	-413,431	-17,320	
	g	**Total.** Add lines 2a–2f . . . . . ▶		5,955,545			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		27,612			27,612
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	56,740				
	b	Less rental expenses	54,724				
	c	Rental income or (loss)	2,016				
	d	Net rental income or (loss) . . . . . ▶		2,016		2,016	
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	300,000				
	b	Less cost or other basis and sales expenses	300,381				
	c	Gain or (loss)	-381				
	d	Net gain or (loss) . . . . . ▶		-381			-381
Other Revenue	8a	Gross income from fundraising events (not including $ 95,243 of contributions reported on line 1c) See Part IV, line 18 . . a	4,655				
	b	Less direct expenses . . . b	16,951				
	c	Net income or (loss) from fundraising events . . ▶		-12,296			-12,296
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		6,913,287	5,972,865	-15,304	14,935

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)

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	961,473	961,473		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	5,500	5,500		
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	229,244	109,254	108,528	11,462
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	1,637,961	1,376,390	152,519	109,052
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,870	25,342	1,756	1,772
9 Other employee benefits	181,737	162,716	7,767	11,254
10 Payroll taxes	148,738	121,851	18,002	8,885
11 Fees for services (non-employees)				
a Management	88,796	88,796		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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	470,100	465,238	3,255	1,607
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	539,397	534,718	3,133	1,546
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ADMINISTRATIVE	936,493	852,021	56,557	27,915
b OPERATING & MAINTENANCE	341,507	339,291	1,484	732
c SUPPORTIVE SERVICES	262,622	262,622		
d UTILITIES	167,221	165,156	1,383	682
e All other expenses	220,999	213,170	5,241	2,588
25 **Total functional expenses.** Add lines 1 through 24e	6,220,658	5,683,538	359,625	177,495
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		950,335	1	1,142,179
	2	Savings and temporary cash investments		1,759,659	2	1,257,379
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		191,168	4	262,652
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,505,122	7	3,510,066
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		129,727	9	151,614
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,686,574			
	b	Less accumulated depreciation	10b 5,795,288	15,591,200	10c	15,891,286
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		500,148	12	499,873
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		155,908	14	150,101
	15	Other assets See Part IV, line 11		29,710,303	15	30,031,748
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		50,493,570	16	52,896,898
Liabilities	17	Accounts payable and accrued expenses		463,806	17	483,388
	18	Grants payable			18	
	19	Deferred revenue		411,438	19	351,262
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		15,404,342	23	16,600,976
	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		5,358,630	25	5,913,182
	26	**Total liabilities.** Add lines 17 through 25		21,638,216	26	23,348,808
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		26,988,660	27	27,874,796
	28	Temporarily restricted net assets		1,866,694	28	1,673,294
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		28,855,354	33	29,548,090
	34	Total liabilities and net assets/fund balances		50,493,570	34	52,896,898

Part XI Reconcilliation 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	6,913,287
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,220,658
3	Revenue less expenses Subtract line 2 from line 1	3	692,629
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,855,354
5	Net unrealized gains (losses) on investments	5	107
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,548,090

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	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	3b	Yes	

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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

2012

Open to Public Inspection

Name of the organization
RESOURCES FOR COMMUNITY DEVELOPMENT

Employer identification number
94-2952466

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,117,717	1,239,715	3,353,871	14,108,861	940,791	21,760,955
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	2,117,717	1,239,715	3,353,871	14,108,861	940,791	21,760,955
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						21,760,955

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,117,717	1,239,715	3,353,871	14,108,861	940,791	21,760,955
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,817	12,778	13,756	17,358	27,612	89,321
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						21,850,276

12	Gross receipts from related activities, etc (see instructions)	12	22,102,641

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 2012 (line 6, column (f) divided by line 11, column (f))	14	99 590 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	99 620 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
RESOURCES FOR COMMUNITY DEVELOPMENT

Employer identification number
94-2952466

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII 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		2,147,376		2,147,376
b Buildings		18,328,898	5,200,471	13,128,427
c Leasehold improvements		368,927	40,938	327,989
d Equipment		255,060	187,241	67,819
e Other		586,313	366,638	219,675
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				15,891,286

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) RESTRICTED CASH & DEPOSITS	1,850,666
(2) RELATED PARTY RECEIVABLE	4,762,343
(3) DEVELOPMENT IN PROGRESS	272,017
(4) OTHER INVESTMENTS	23,146,722
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	30,031,748

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
TENANT SECURITY DEPOSITS	125,557
ACCRUED INTEREST PAYABLE	4,798,761
RELATED PARTY PAYABLE	220,255
SHARE OF PASS-THROUGH LOSSES IN EXCESS OF ASSETS FROM AFFILIATES	768,609
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,913,182

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	RESOURCES FOR COMMUNITY DEVELOPMENT AND AFFILIATES BELIEVE THAT THEY HAVE APPROPRIATE SUPPORT FOR TAX PROVISIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX PROVISIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS RESOURCES FOR COMMUNITY DEVELOPMENT AND AFFILIATES' FEDERAL AND STATE INCOME TAX AND INFORMATION RETURNS FOR THE YEARS 2009 THROUGH 2012 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
RESOURCES FOR COMMUNITY DEVELOPMENT

Employer identification number
94-2952466

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL FUNDRAISING EVENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	99,898			99,898
	2 Less Contributions	95,243			95,243
	3 Gross income (line 1 minus line 2)	4,655			4,655
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,460			1,460
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,010			13,010
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(14,470)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-9,815

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization
RESOURCES FOR COMMUNITY DEVELOPMENT

Employer identification number
94-2952466

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. Part II can be duplicated 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) 112 ALVES LANE INC 2220 OXFORD STREET BERKELEY, CA 94704	68-0341940	501(C)(3)	467,845				FORGIVENESS OF DEVELOPER FEES AND TRANSFER OF PROPERTY OWNERSHIP
(2) UA HOUSING INC 2220 OXFORD STREET BERKELEY, CA 94704	94-2574176	501(C)(3)	493,628				ASSIGNMENT OF WIRELESS LEASES

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 . . . . . ▶ 0

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. Part III can be duplicated 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
(1) SCHOLOARSHIP	5	5,500		FAIR MARKET VALUE	

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 WERE MADE TO A RELATED EXEMPT ORGANIZATIONS

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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

2012

Open to Public Inspection

Name of the organization
RESOURCES FOR COMMUNITY DEVELOPMENT

Employer identification number
94-2952466

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS A DRAFT OF THE FORM 990 IS REVIEWED BY THE CONTROLLER AFTER ANY NECESSARY CORRECTIONS ARE MADE, AN ELECTRONIC COPY IS EMAILED TO THE BOARD, THE EXECUTIVE DIRECTOR AND THE CHIEF FINANCIAL OFFICER THE 990 IS REVIEWED BY THE BOARD TREASURER AND ANY OTHER BOARD MEMBERS WHO HAVE QUESTIONS STAFF INPUT IS PROVIDED TO ANSWER QUESTIONS AND PROVIDE ANY ADDITIONAL INFORMATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE WHICH ASKS THEM TO DISCLOSE IF THEY, THEIR FAMILY MEMBERS, ANY ENTITY WHERE THEY OR THEIR FAMILY MEMBER OWNED MORE THAN 35% OR ANY PROFIT ENTITY WHERE THEY OR THEIR FAMILY MEMBER OWNED MORE THAN 5% ENGAGED IN ANY BUSINESS TRANSACTIONS OVER $10,000 WITH RCD OR ANY OF ITS RELATED ENTITIES IT ALSO ASKS WHETHER THEY HAD A FAMILY OR BUSINESS RELATIONSHIP WITH ANY OTHER BOARD MEMBER OR KEY EMPLOYEE. RCD'S BYLAWS AND PERSONNEL HANDBOOK GOVERN HOW ACTUAL OR APPARENT CONFLICTS OF INTERESTS THAT MAY IMPACT THE ORGANIZATION'S STAFF OR BOARD OF DIRECTORS ARE HANDLED STAFF ARE TO AVOID EVEN THE APPEARANCE OF A CONFLICT OF INTEREST, AND GIFTS AND REMUNERATIVE ACTIVITY RELATED TO RCD DUTIES ARE STICTLY LIMITED THE BYLAWS REQUIRE THAT NO MEMBER OF THE BOARD OF DIRECTORS SHALL HAVE ANY FINANCIAL INTEREST IN AN ORGANIZATION DOING BUSINESS WITH RCD WITHOUT DISCLOSURE TO THE BOARD AT THAT POINT, THE MAJORITY OF THE BOARD MUST VOTE ON A FINDING THAT THE ORGANIZATION COULD NOT OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT, THAT THE TRANSACTION IS TO THE BENEFIT OF THE ORGANIZATION, AND IT IS AT A FAIR AND REASONABLE PRICE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	RCD HAS INSTITUTED A PROCESS TO DETERMINE FAIR COMPENSATION FOR ITS CEO AND KEY EMPLOYEES AS FOLLOWS THE CEO HAS AN ANNUAL EVALUATION MEETING WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AT THIS MEETING, POTENTIAL ADJUSTMENTS TO THE CEO'S SALARY ARE DISCUSSED THE CEO PROVIDES THE COMMITTEE WITH INFORMATION ON SALARIES FOR COMPARABLE POSITIONS THE EXECUTIVE COMMITTEE MAKES A DETERMINATION REGARDING THE APPROPRIATENESS OF THE PROPOSED SALARY BASED ON THE COMPARABLES AND INDEPENDENT RESEARCH IT MAY UNDERTAKE THE EXECUTIVE COMMITTEE IS ALSO PROVIDED WITH THE PROPOSED SALARY AND INFORMATION ON SALARIES FOR COMPARABLE POSITIONS FOR KEY EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC BECAUSE THE ORGANIZATION CONSIDERS THEM TO BE INTERNAL DOCUMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 16A	ALL PROJECTS THAT RCD ENTERS INTO MUST FALL WITHIN OUR MISSION TO DEVELOP AND OPERATE RENT RESTRICTED AFFORDABLE HOUSING AND BE COMPATIBLE WITH OUR TAX EXEMPT STATUS ALL PROJECTS MUST BE APPROVED BY THE INTERNAL OVERSIGHT COMMITTEE AND THE BOARD HOUSING AND FINANCE COMMITTEE ANY JOINT VENTURE THAT WE ENTER INTO WITH A TAXABLE ENTITY WOULD BE GOVERNED BY A PARTNERSHIP AGREEMENT TO ENSURE THAT THEIR OPERATIONS ARE CONSISTENT WITH RCD'S TAX-EXEMPT MISSION

Identifier	Return Reference	Explanation
POLICY RE FASB 116 AND 117		STARTING WITH FISCAL YEAR 6/30/95, ORGANIZATION RESOURCES FOR COMMUNITY DEVELOPMENT (RCD) HAS ELECTED TO FOLLOW FASB 116 & 117 WE HAVE DETERMINED THAT UNDER FASB 116 & 117 AMOUNTS PAID BY A GOVERNMENTAL UNIT DO NOT QUALIFY AS CONTRIBUTIONS BUT RATHER AS EXCHANGE TRANSACTIONS, BECAUSE THE GOVERNMENT IS IN THE BUSINESS OF PROVIDING SERVICES TO THE GENERAL PUBLIC THAT INCOME IS SHOWN ON THE FINANCIAL STATEMENTS AS GOVERNMENT CONTRACTS RATHER THAN AS CONTRIBUTIONS THEREFORE WE HAVE RECORDED THESE AMOUNTS AS INCOME WHEN EARNED INSTEAD OF WHEN WE RECEIVED AN UNCONDITIONAL PROMISE TO PAY HOWEVER, ON FORM 990 AND SCHEDULE A, IN ACCORDANCE WITH IRS REGULATIONS, WE HAVE CLASSIFIED AS CONTRIBUTIONS AMOUNTS RECEIVED FROM A GOVERNMENTAL UNIT, SINCE ALL FUNDS RECEIVED BY RCD FROM THE GOVERNMENT ARE FOR THE PURPOSE OF PROVIDING A SERVICE TO THE GENERAL PUBLIC FURTHERMORE, IN ORDER TO KEEP THE TOTAL INCOME ON THE TAX RETURN CONSISTENT WITH THE FINANCIAL STATEMENTS, WE ARE NOT RECOGNIZING ON THE FORM 990 THE FUTURE INCOME THAT FASB 116 WOULD REQUIRE. THIS IS CONSISTENT WITH THE IRS POSITION THAT REPORTING GRANTS RECEIVED IN ACCORDANCE WITH FASB 116 FOR 990 PURPOSES IS ACCEPTABLE BUT NOT REQUIRED REF IRS 1995 PUBLICATION 557, CHAPTER 3, PAGE 28, SUPPORT FROM A GOVERNMENTAL UNIT, 1995 FORM 990 INSTRUCTIONS, PAGE 1, CHANGES TO NOTE, AND 11/14/96 CONVERSATION WITH LYNN KAWECKI, IRS EXEMPT ORGANIZATION DIVISION, WASHINGTON OFFICE

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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

2012

Open to Public Inspection

Name of the organization
RESOURCES FOR COMMUNITY DEVELOPMENT

Employer identification number
94-2952466

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

(a) Name, address, and EIN (if applicable) 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) AMBASSADOR HOMES LLC 2220 OXFORD STREET BERKELEY, CA 94704	LOW INCOME HOUSING	CA	0	13,219,478	RESOURCES FOR COMMUNITY DEVELOPMENT
(2) FOX COURTS LLC 2220 OXFORD STREET BERKELEY, CA 94704	LOW INCOME HOUSING	CA	27,025	3,883,565	RESOURCES FOR COMMUNITY DEVELOPMENT
(3) RCD HOUSING LLC 2220 OXFORD STREET BERKELEY, CA 94704	LOW INCOME HOUSING	CA			112 ALVES LANE INC
(4) ELDRIDGE II LLC 2220 OXFORD STREET BERKELEY, CA 94704	LOW INCOME HOUSING	CA			112 ALVES LANE INC

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 112 ALVES LANE INC	B	467,845	
(2) UA HOUSING INC	B	493,628	
(3) ASHLAND FAMILY HOUSING LP	L	210,000	
(4) ELDRIDGE LP	L	659,279	
(5) BERRELLESA PALMS LP	L	345,615	

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Software ID:
Software Version:
EIN: 94-2952466
Name: RESOURCES FOR COMMUNITY DEVELOPMENT

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
112 ALVES LANE PARTNERS 2220 OXFORD STREET BERKELEY, CA 94704 94-3188939	LOW INCOME HOUSING	CA	HARRISON HOTEL INC	RELATED	-964	21,667		No			No	1 000 %
ADELINE STREET APARTMENTS LP 2220 OXFORD STREET BERKELEY, CA 94704 94-3364098	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	-24	24,095		No		Yes		0 010 %
ALBANY CREEKSIDE APARTMENTS LP 2220 OXFORD STREET BERKELEY, CA 94704 94-3305319	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	15,990	108,312		No		Yes		0 010 %
ARBORS PRESERVATION LP 2220 OXFORD STREET BERKELEY, CA 94704 14-1949011	LOW INCOME HOUSING	CA	RCD HOUSING LLC	RELATED				No			No	
BELLA MONTE APARTMENTS 2220 OXFORD STREET BERKELEY, CA 94704 06-1704423	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	32,955	828,997		No		Yes		0 010 %
BERRELLESA PALMS LP 2220 OXFORD STREET BERKELEY, CA 94704 27-0419861	LOW INCOME HOUSING	CA	112 ALVES LANE INC	RELATED	9,821			No			No	99 900 %
CAMARA HOUSING ASSOCIATES LP 2220 OXFORD STREET BERKELEY, CA 94704 94-3367767	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	-25	-872,773		No		Yes		0 010 %
DRACHMA HOUSING LP 2220 OXFORD STREET BERKELEY, CA 94704 52-2354939	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	-82	13,616		No		Yes		0 050 %
EAST 11TH LP 2220 OXFORD STREET BERKELEY, CA 94704 26-2768382	LOW INCOME HOUSING	CA	RCD HOUSING LLC	RELATED				No			No	
FOX COURT LP 2220 OXFORD STREET BERKELEY, CA 94704 36-4608204	LOW INCOME HOUSING	CA	FOX COURT LLC	RELATED	54,232	4,013,044		No		Yes		0 010 %
HARRISON HOTEL ASSOCIATES LP 2220 OXFORD STREET BERKELEY, CA 94704 94-3192487	LOW INCOME HOUSING	CA	HARRISON HOTEL INC	RELATED	2,556	85,327		No			No	1 000 %
HOUSING ALLIANCE LP 2220 OXFORD STREET BERKELEY, CA 94704 37-1475625	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	17,903	74,602		No		Yes		0 010 %
LAKESIDE APARTMENTS LP 2220 OXFORD STREET BERKELEY, CA 94704 65-1203252	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	34,953	975,787		No		Yes		0 010 %
LAUREL GARDEN PARTNERS LP 2220 OXFORD STREET BERKELEY, CA 94704 03-0430400	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	24,812	487,244		No		Yes		0 010 %
LOS MEDANOS VILLAGE LP 2220 OXFORD STREET BERKELEY, CA 94704 26-3061474	LOW INCOME HOUSING	CA	112 ALVES LANE INC	RELATED				No			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) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NORTHGATE GRAND VIEW LP 2220 OXFORD STREET BERKELEY, CA 94704 54-2063521	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	11,659	676,527		No		Yes		0 010 %
OHLONE GARDENS LP 2220 OXFORD STREET BERKELEY, CA 94704 26-4782465	LOW INCOME HOUSING	CA	RCD HOUSING LLC	RELATED	171	-38		No			No	1 000 %
OXFORD PLAZA LP 2220 OXFORD STREET BERKELEY, CA 94704 65-1234974	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	66,861	4,021,832		No		Yes		0 010 %
OXFORD STREET DEVELOPMENT LLC 2220 OXFORD STREET BERKELEY, CA 94704 54-2127235	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	-146,959	6,548,389		No		Yes		18 150 %
PINECREST AFFORDABLE HOUSING LP 2220 OXFORD STREET BERKELEY, CA 94704 94-3372487	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	4,985	291,574		No		Yes		0 010 %
SEMINARY HAVENSCOURT LP 2220 OXFORD STREET BERKELEY, CA 94704 94-3344121	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	-106,481	235,092		No		Yes		0 050 %
SHINSEI GARDENS APARTMENTS LP 2220 OXFORD STREET BERKELEY, CA 94704 26-1720210	LOW INCOME HOUSING	CA	112 ALVES LANE INC	RELATED				No			No	
STANLEY AVENUE AFFORDABLE HOUSING LP 2220 OXFORD STREET BERKELEY, CA 94704 94-3394154	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	-6	405,935		No		Yes		0 010 %
THE BREAKERS AT BAYPORT 2220 OXFORD STREET BERKELEY, CA 94704 34-1984284	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	77,585	764,782		No		Yes		0 010 %
UNIVERSITY AVENUE PARTNERSHIP 2220 OXFORD STREET BERKELEY, CA 94704 94-2796738	LOW INCOME HOUSING	CA	UA HOUSING INC	RELATED				No			No	
VILLA VASCONCELLOS LP 2220 OXFORD STREET BERKELEY, CA 94704 68-0619589	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	55,653	1,169,459		No		Yes		0 010 %
ASHLAND FAMILY HOUSING LP 2220 OXFORD STREET BERKELEY, CA 94704 45-2609759	LOW INCOME HOUSING	CA	RCD HOUSING LLC	RELATED	13,846	2,317,182		No			No	99 990 %
THE ALAMEDA ISLANDER LP 2220 OXFORD STREET BERKELEY, CA 94704 45-2100343	LOW INCOME HOUSING	CA	RCD HOUSING LLC	RELATED				No			No	
THE AMBASSADOR LP 2220 OXFORD STREET BERKELEY, CA 94704 45-3516550	LOW INCOME HOUSING	CA	AMBASSADOR HOMES LLC	RELATED	-29	15,357,410		No		Yes		0 100 %
WM BRYON RUMFORD SR PLAZA ASSOCIATES 2220 OXFORD STREET BERKELEY, CA 94704 94-3115442	LOW INCOME HOUSING	CA	RESOURCES FOR COMMUNITY DEVELOPMENT	RELATED	-252,404			No			No	99 100 %

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

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							Yes	No		Yes	No	
UA HOMES LP 2220 OXFORD STREET BERKELEY, CA 94704 45-4709958	LOW INCOME HOUSING	CA	112 ALVES LANE INC	RELATED	-1			No			No	1 000 %
ELDRIDGE LP 2220 OXFORD STREET BERKELEY, CA 94704 46-1164070	LOW INCOME HOUSING	CA	RCD HOUSING LLC	RELATED				No			No	99 000 %