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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014, and ending 08-31-2015

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE RHF BUNKER HILL CORPORATION Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 911 NORTH STUDEBAKER ROAD City or town, state or province, country, and ZIP or foreign postal code LONG BEACH, CA 90815 F Name and address of principal officer DEBORAH STOUFF 911 N STUDEBAKER RD LONG BEACH, CA 98015 | D Employer identification number 95-3295618 E Telephone number (562) 257-5100 G Gross receipts \$ 4,672,300 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ N/A | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1978 M State of legal domicile CA |

Part I Summary

| | | | |
|------------|--|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities TO PROVIDE HOUSING ASSISTANCE AND SERVICES TO LOW-INCOME ELDERLY PERSONS AND FINANCING TO AFFORDABLE HOUSING FACILITIES TO PROVIDE AN ENVIRONMENT THAT ENHANCES THE QUALITY OF LIFE AS IT RELATES TO THEIR PHYSICAL, MENTAL AND SPIRITUAL WELL-BEING | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,938,918 | 3,952,314 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 87,411 | 719,986 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,026,329 | 4,672,300 |
| 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) | 0 | 0 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 0 | 0 |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,795,593 | 2,627,787 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 4,795,593 | 2,627,787 |
| 20 | Total assets (Part X, line 16) | -769,264 | 2,044,513 |
| 21 | Total liabilities (Part X, line 26) | Beginning of Current Year | End of Year |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 92,510,182 | 94,550,645 |
| | | 11,550 | 7,500 |
| | | 92,498,632 | 94,543,145 |

Part II Signature Block

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

| | |
|---|--------------------|
| ***** Signature of officer DEBORAH STOUFF CORPORATE SECRETARY Type or print name and title | 2016-01-14 Date |
|---|--------------------|

| | | | | | |
|-------------------------------|---|---------------------------------------|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name JAMES MCGOWAN | Preparer's signature JAMES MCGOWAN | Date | Check <input type="checkbox"/> if self-employed | PTIN P01275591 |
| | Firm's name ▶ NOVogradac & Company LLP | | | Firm's EIN ▶ 94-3108253 | |
| | Firm's address ▶ 101 ARCH STREET SUITE 1000 BOSTON, MA 02110 | | | Phone no (617) 330-1920 | |

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 or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

TO PROVIDE HOUSING ASSISTANCE AND SERVICES TO LOW-INCOME ELDERLY PERSONS AND FINANCING TO AFFORDABLE HOUSING FACILITIES TO PROVIDE AN ENVIRONMENT THAT ENHANCES THE QUALITY OF LIFE AS IT RELATES TO THEIR PHYSICAL, MENTAL AND SPIRITUAL WELL-BEING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 \$ 61,887 including grants of \$) (Revenue \$ 4,672,300)

TO PROVIDE HOUSING ASSISTANCE AND SERVICES TO LOW-INCOME ELDERLY PERSONS AND FINANCING TO AFFORDABLE HOUSING FACILITIES TO PROVIDE AN ENVIRONMENT THAT ENHANCES THE QUALITY OF LIFE AS IT RELATES TO THEIR PHYSICAL, MENTAL AND SPIRITUAL WELL-BEING

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

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

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

4e Total program service expenses 61,887

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/> | Yes | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | 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? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/> | | No |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/> | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/> | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/> | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | | 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? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|------------|--|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | Yes | |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 or note to any line 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 | | |
| | 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 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 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? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | 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 | | 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? | | No |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | 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 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | 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? | | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its 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, address, and telephone number of the person who possesses the organization's books and records
CHRISTOPHER PURCELL

911 N STUDEBAKER ROAD
 LONG BEACH, CA 90815 (562) 257-5100

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

Check if Schedule O contains a response or note to any line 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) DARRYL M SEXTON VICE PRESIDENT | 0 20 5 00 | X | | X | | | | 0 | 0 | 0 |
| (2) FRANK G JAHRLING TREASURER | 0 20 5 00 | X | | X | | | | 0 | 0 | 0 |
| (3) JOHN BAUMAN DIRECTOR | 0 20 5 00 | X | | | | | | 0 | 0 | 0 |
| (4) CHRISTINA E POTTER DIRECTOR | 0 20 5 00 | X | | | | | | 0 | 0 | 0 |
| (5) RAYMOND EAST DIRECTOR | 0 20 5 00 | X | | | | | | 0 | 0 | 0 |
| (6) STEWART M SIMINGTON DIRECTOR | 0 20 5 00 | X | | | | | | 0 | 0 | 0 |
| (7) REV DR JOHN E TRNKA DIRECTOR | 0 20 5 00 | X | | | | | | 0 | 0 | 0 |
| (8) DR LAVERNE R JOSEPH PRESIDENT | 0 20 5 00 | | | X | | | | 0 | 353,808 | 84,360 |
| (9) DEBORAH J STOUFF VP OF CORP RECORDS, CORP SEC | 0 20 40 00 | | | X | | | | 0 | 148,335 | 22,570 |
| (10) SEE SCHEDULE JO SALARY DISCLOSURE - PGS 28 & 35 | 0 00 | | | X | | | | 0 | 0 | 0 |
| (11) ROBERT R AMBERG SR VP GENERAL COUNSEL | 0 20 40 00 | | | | X | | | 0 | 299,377 | 34,894 |
| (12) STUART J HARTMAN VP HOUSING OPERATIONS | 0 20 40 00 | | | | X | | | 0 | 227,447 | 44,871 |
| (13) PETER OSCAR PEABODY VP HEALTH CARE OPERATION | 0 20 40 00 | | | | X | | | 0 | 202,612 | 24,078 |
| (14) FRANK ROSSELLO JR CFO & VP FINANCE | 0 20 40 00 | | | | X | | | 0 | 206,412 | 13,646 |

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 | | | |
| (15) VINCENT B MAGNONE VP TREASURY | 0 20 40 00 | | | | X | | | 0 | 168,958 | 25,073 |
| (16) RICHARD T WASHINGTON VP BUSINESS DEVELOPMENT | 0 20 40 00 | | | | | X | | 0 | 140,041 | 7,066 |
| (17) NADA BATTAGLIA HUMAN RESOURCES VP | 0 20 40 00 | | | | | X | | 0 | 163,526 | 31,808 |
| (18) ANDERS PLETT VP ACQUISITIONS & PROJECT DEV | 0 20 40 00 | | | | | X | | 0 | 193,709 | 24,994 |
| (19) CHERYL J HOWELL ASS'T TO PRES , VP OF ADM SVCS | 0 20 40 00 | | | | | X | | 0 | 137,988 | 12,684 |
| (20) CHISTOPHER MULLEN BUS APPLICATION MANAGER | 0 20 40 00 | | | | | X | | 0 | 143,228 | 16,740 |

| | | | |
|--|---|-----------|---------|
| 1b Sub-Total | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | 0 | 2,385,441 | 342,784 |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|---|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns 1a _____ | | | | | |
| | b Membership dues 1b _____ | | | | | |
| | c Fundraising events 1c _____ | | | | | |
| | d Related organizations 1d _____ | | | | | |
| | e Government grants (contributions) 1e _____ | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f _____ | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f ▼ | | | | | |
| Program Service Revenue | 2a INTEREST INCOME | Business Code | | | | |
| | | 531110 | 3,952,314 | 3,952,314 | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f ▼ | | 3,952,314 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▼ | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▼ | | | | | |
| | 5 Royalties ▼ | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▼ | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) ▼ | | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a _____ | | | | |
| | | b Less direct expenses b _____ | | | | |
| | | c Net income or (loss) from fundraising events ▼ | | | | |
| | 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 GRANT REVENUE | 531110 | 655,000 | 655,000 | | | |
| b OTHER REVENUE | 531110 | 64,986 | 64,986 | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d ▼ | | 719,986 | | | | |
| 12 Total revenue. See Instructions ▼ | | 4,672,300 | 4,672,300 | 0 | 0 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 5,100 | | 5,100 | |
| 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 | 2,475 | 2,475 | | |
| 13 | Office expenses | 1,086 | 1,086 | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | CONTRIBUTION EXPENSE | 2,560,800 | | 2,560,800 | |
| b | RESIDENT SERVICE EXPENS | 57,710 | 57,710 | | |
| c | MISC ADMINISTRATIVE EXP | 456 | 456 | | |
| d | MISC TAXES, LICENSES, | 160 | 160 | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,627,787 | 61,887 | 2,565,900 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | | (B) |
|--|---|-------------------|------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 456,168 | 1 | 448,574 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 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 | 91,941,585 | 7 | 93,851,706 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | | |
| | b Less accumulated depreciation | 10b | 10c | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 112,429 | 15 | 250,365 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 92,510,182 | 16 | 94,550,645 | |
| Liabilities | 17 Accounts payable and accrued expenses | 11,550 | 17 | 7,500 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 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 | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 11,550 | 26 | 7,500 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 92,498,632 | 27 | 94,543,145 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 92,498,632 | 33 | 94,543,145 | |
| 34 Total liabilities and net assets/fund balances | 92,510,182 | 34 | 94,550,645 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,672,300 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,627,787 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 2,044,513 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 92,498,632 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 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 | 94,543,145 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RHF BUNKER HILL CORPORATION

Employer identification number
95-3295618

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g 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 listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 Total support Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 | 4,817,065 | 3,847,357 | 3,920,383 | 3,938,918 | 3,952,314 | 20,476,037 |
| 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 | 4,817,065 | 3,847,357 | 3,920,383 | 3,938,918 | 3,952,314 | 20,476,037 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | | | | | | 0 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 20,476,037 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 9 Amounts from line 6 | 4,817,065 | 3,847,357 | 3,920,383 | 3,938,918 | 3,952,314 | 20,476,037 |
| 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 VI.) | 72,825 | 69,164 | 112,449 | 87,411 | 719,986 | 1,061,835 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 4,889,890 | 3,916,521 | 4,032,832 | 4,026,329 | 4,672,300 | 21,537,872 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | 95 070 % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | 98 320 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

| | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. _____ | | | |
| b From 2010. _____ | | | |
| c From 2011. _____ | | | |
| d From 2012. _____ | | | |
| e From 2013. _____ | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. _____ | | | |
| b From 2011. _____ | | | |
| c From 2012. _____ | | | |
| d From 2013. _____ | | | |
| e From 2014. _____ | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE RHF BUNKER HILL CORPORATION

Employer identification number 95-3295618

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements..., 2 Complete lines 2a through 2d..., 3 Number of conservation easements..., 4 Number of states..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art..., a Revenue included..., b Assets included...

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 4,672,300 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) 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 | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 4,672,300 |
| 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 | 0 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 4,672,300 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,627,787 |
| 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 | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 2,627,787 |
| 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 | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 2,627,787 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | THE CORPORATION HAS ADOPTED THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, WHICH PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS THE CORPORATION IS REQUIRED TO EVALUATE THE INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE POSITIONS ARE 'MORE-LIKELY-THAN-NOT' TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITY THE CORPORATION HAS DETERMINED THAT THE APPLICATION OF THE INCOME TAXES STANDARD DOES NOT IMPACT THE OPERATIONS OF THE CORPORATION AND THAT NO PROVISION FOR INCOME TAX IS REQUIRED IN THE CORPORATION'S FINANCIAL STATEMENTS THERE HAS BEEN NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENT OF ACTIVITIES OR THE STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED AUGUST 31, 2015 AS OF AUGUST 31, 2015, THE FOLLOWING FEDERAL AND STATE TAX YEARS REMAIN OPEN - UNITED STATES YEARS ENDED AUGUST 2015, 2014, 2013, AND 2012 AND STATE OF CALIFORNIA YEARS ENDED AUGUST 2015, 2014, 2013, AND 2012 |
| | |
| | |
| | |
| | |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VII, SECTION A AND SCHEDULE J, PART II | PART II DIRECTORS AND OFFICERS ARE MEMBERS OF RETIREMENT HOUSING FOUNDATION WHICH IS A RELATED ORGANIZATION THAT SPONSORS AND MANAGES APPROXIMATELY 175 TAX EXEMPT ORGANIZATIONS AND PARTNERSHIPS THAT PROVIDE AFFORDABLE AND MARKET-RATE HOUSING, SKILLED NURSING AND ASSISTED LIVING SERVICES FOR SENIOR ADULTS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES THROUGHOUT THE UNITED STATES |

Additional Data

Software ID:
Software Version:
EIN: 95-3295618
Name: THE RHF BUNKER HILL CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 DR LAVERNE R JOSEPH, PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 347,208 | 0 | 6,600 | 10,411 | 73,949 | 438,168 | 0 |
| 1 DEBORAH J STOUFF, VP OF CORP RECORDS, CORP SEC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 147,635 | 0 | 700 | 4,408 | 18,162 | 170,905 | 0 |
| 2 ROBERT R AMBERG, SR VP GENERAL COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 293,377 | 0 | 6,000 | 26,215 | 8,679 | 334,271 | 0 |
| 3 STUART J HARTMAN, VP HOUSING OPERATIONS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 222,047 | 0 | 5,400 | 19,173 | 25,698 | 272,318 | 0 |
| 4 PETER OSCAR PEABODY, VP HEALTH CARE OPERATION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 197,212 | 0 | 5,400 | 5,916 | 18,162 | 226,690 | 0 |
| 5 FRANK ROSSELLO JR, CFO & VP FINANCE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 203,412 | 0 | 3,000 | 6,012 | 7,634 | 220,058 | 0 |
| 6 VINCENT B MAGNONE, VP TREASURY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 168,258 | 0 | 700 | 5,027 | 20,046 | 194,031 | 0 |
| 7 NADA BATTAGLIA, HUMAN RESOURCES VP | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 161,276 | 0 | 2,250 | 14,515 | 17,293 | 195,334 | 0 |
| 8 ANDERS PLETT, VP ACQUISITIONS & PROJECT DEV | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 188,909 | 0 | 4,800 | 0 | 24,994 | 218,703 | 0 |
| 9 CHERYL J HOWELL, ASS'T TO PRES, VP OF ADM SVCS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 135,738 | 0 | 2,250 | 4,005 | 8,679 | 150,672 | 0 |
| 10 CHISTOPHER MULLEN, BUS APPLICATION MANAGER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 142,578 | 0 | 650 | 710 | 16,030 | 159,968 | 0 |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$ 87,716,821

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Software ID:
Software Version:
EIN: 95-3295618
Name: THE RHF BUNKER HILL CORPORATION

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) DARYL M SEXTON | SEE PART V BELOW | | | | No |
| (2) FRANK G JAHRLING | SEE PART V BELOW | | | | No |
| (3) JOHN BAUMAN | SEE PART V BELOW | | | | No |
| (4) CHRISTINA E POTTER | SEE PART V BELOW | | | | No |
| (5) RAYMOND E EAST | SEE PART V BELOW | | | | No |
| (6) STEWART M SIMINGTON | SEE PART V BELOW | | | | No |
| (7) JOHN E TRNKA | SEE PART V BELOW | | | | No |
| (8) DEBORAH J STOUFF | SEE PART V BELOW | | | | No |
| (9) LAVERNE R JOSEPH | SEE PART V BELOW | | | | No |
| (10) ROBERT R AMBERG | SEE PART V BELOW | | | | No |
| (11) DARYL M SEXTON | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (12) FRANK G JAHRLING | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (13) JOHN BAUMAN | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (14) CHRISTINA E POTTER | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (15) RAYMOND E EAST | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (16) STEWART M SIMINGTON | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (17) JOHN E TRNKA | MEMBER OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (18) DEBORAH J STOUFF | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (19) LAVERNE R JOSEPH | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (20) ROBERT R AMBERG | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (21) STUART J HARTMAN | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (22) PETER OSCAR PEABODY | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (23) FRANK ROSSELLO JR | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (24) RICHARD T WASHINGTON | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (25) VINCENT B MAGNONE | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (26) NADA BATTAGLIA | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (27) CHERYL J HOWELL | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (28) ANDERS PLETT | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (29) CHRISTOPHER MULLEN | EMPLOYEE OF RHF WHICH IS A SPONSOR ORGANIZATION | | | | No |
| (30) | | | | | No |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 6 | |
| FORM 990, PART VI, SECTION A, LINE 7A | THE DIRECTORS OF THE ORGANIZATION WILL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBERS |
| FORM 990, PART VI, SECTION A, LINE 7B | THE BYLAWS MAY BE AMENDED, REPEALED OR ADDED TO, OR NEW BYLAWS ADOPTED, BY THE VOTE OR WRITTEN ASSENT OF A MAJORITY OF THE MEMBERS |
| FORM 990, PART VI, SECTION B, LINE 11 | THE BOARD OF DIRECTORS THOROUGHLY REVIEWS THE FORM 990 BEFORE PROVIDING A COPY TO THE GOVERNING BODY AND FILING |
| FORM 990, PART VI, SECTION B, LINE 12C | UPON JOINING THE COMPANY AND ANNUALLY THEREAFTER, ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CERTIFICATION ACKNOWLEDGING THEIR UNDERSTANDING AND AGREEMENT TO COMPLY WITH THE COMPANY'S CONFLICT OF INTEREST POLICY, INCLUDING DISCLOSING ANY ACTIVITIES THAT MAY APPEAR OR MAY BE DEEMED VIOLATIONS OF THE POLICY. BOARD MEMBERS AND COMPANY OFFICERS HAVE AN ADDITIONAL AND MORE COMPREHENSIVE CONFLICT OF INTEREST POLICY AND CERTIFICATION REQUIREMENT. DESIGNATED MANAGEMENT PERSONNEL ARE RESPONSIBLE FOR TRACKING THE DISTRIBUTION AND RETURN OF ALL CERTIFICATIONS AND FOR ACCOUNTING AND REPORTING ANY DISCLOSURES TO THE COMPANY'S COMPLIANCE OFFICER. IF FURTHER REVIEW OF ANY DISCLOSURE IS MERITED, THE COMPLIANCE OFFICER FORWARDS THE CERTIFICATION TO THE COMPANY'S GENERAL COUNSEL, CEO AND/OR BOARD FOR FINAL DISPOSITION. INDIVIDUALS WHO HAVE MADE DISCLOSURES ARE ADVISED OF FINAL DISPOSITIONS. AN EMPLOYEE'S FAILURE TO SUBMIT TIMELY CERTIFICATIONS, DISCLOSURES AND/OR TO TAKE THE NECESSARY REQUIRED ACTIONS TO AVOID CONFLICTS MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION. IF THE INDIVIDUAL IS A BOARD MEMBER, HE OR SHE MAY BE SUBJECT TO REMOVAL FROM HIS OR HER POSITION. |
| FORM 990, PART VI, SECTION B, LINE 15 | THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS AND OTHER OFFICERS OR KEY EMPLOYEES INCLUDED AN EXTENSIVE REVIEW AND APPROVAL BY INDEPENDENT PERSONS |
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |
| FORM 990, SCHEDULE R, PART V, LINE 1D | FOR THE PURPOSES OF SCHEDULE R, PART V, THE FOLLOWING APPLIES. THE COMPANY HAS PROVIDED SOFT LOANS TO FACILITIES THAT PROVIDE AFFORDABLE HOUSING. THIS ALLOWS THE FACILITY TO PROVIDE AFFORDABLE HOUSING TO SENIORS, LOW INCOME FAMILIES AND PERSONS WITH DISABILITIES |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RHF BUNKER HILL CORPORATION

Employer identification number

95-3295618

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |

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

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

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | Yes | |
| 1c | | No |
| 1d | Yes | |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| 1o | | No |
| 1p | | No |
| 1q | | No |
| 1r | | No |
| 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 related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) RETIREMENT HOUSING FOUNDATION | B | 2,560,800 | SURPLUS CASH |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 95-3295618
Name: THE RHF BUNKER HILL CORPORATION

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|---|---|----------------------------|--|----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) 300 MAIN INC 300 SE MAIN STREET ESTACADA, OR 97023 93-0839426 | LOW AND VERY LOW INCOME HOUSING | OR | 501(C)(3) | LINE 7 | | | No |
| (1) 66TH AVENUE APARTMENTS 65710 66TH AVENUE SACRAMENTO, CA 95823 95-4547417 | HOUSING FOR CHRONICALLY MENTALLY ILL ADULTS | CA | 501(C)(3) | PF | | | No |
| (2) ABBEY RHF HOUSING INC 4012 S MANN ROAD INDIANAPOLIS, IN 46221 31-1575444 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 9 | | | No |
| (3) ACCESS ANAHEIM INC 3060 W FRONTERA STREET ANAHEIM, CA 92806 33-0227497 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No |
| (4) ADAM & BRUCE HOUSING CORP 5910 HESSEN CASSEL ROAD FORT WAYNE, IN 46816 31-1135796 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 9 | | | No |
| (5) AGAPE HOUSING CORPORATION INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0462745 | CORPORATE GENERAL PARTNER FOR A LOW AND VERY LOW INCOME HOUSING PARTNERSHIP | CA | 501(C)(3) | LINE 11A, I | | | No |
| (6) ANAHEIM MEMORIAL MANOR INC 275 EAST CENTER STREET ANAHEIM, CA 92805 95-3618525 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No |
| (7) BAKERSFIELD SENIOR HOUSING INC 500 R STREET BAKERSFIELD, CA 93304 30-0105347 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No |
| (8) BALDWIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0657540 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | PF | | | No |
| (9) BENNETT ELDERLY HOUSING INC 7245 BENNETT STREET PITTSBURGH, PA 15208 33-0274917 | LOW AND VERY LOW INCOME HOUSING | PA | 501(C)(3) | LINE 9 | | | No |
| (10) BEXAR RHF HOUSING INC 131 DARSON MARIE DRIVE SAN ANTONIO, TX 78226 20-5593693 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | PF | | | No |
| (11) BINNALL HOUSE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 76-0713632 | LOW AND VERY LOW INCOME HOUSING | MA | 501(C)(3) | LINE 9 | | | No |
| (12) BIXBY KNOLLS TOWERS INC 3747 ATLANTIC AVE LONG BEACH, CA 90807 95-2963856 | NURSING AND HOUSING FOR SENIOR CITIZENS | CA | 501(C)(3) | LINE 9 | | | No |
| (13) BLUEGRASS RHF HOUSING INC 6900 HOPEFUL ROAD FLORENCE, KY 41042 61-1116280 | NURSING AND HOUSING FOR SENIOR CITIZENS | KY | 501(C)(3) | LINE 9 | | | No |
| (14) BOISE 1ST RHF HOUSING INC 661 SOUTH CURTIS ROAD BOISE, ID 83705 95-3981289 | LOW AND VERY LOW INCOME HOUSING | ID | 501(C)(3) | LINE 9 | | | No |
| (15) BONHAM RHF HOUSING INC 1600 PECAN STREET BONHAM, TX 75418 95-3972422 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 9 | | | No |
| (16) CAMP VERDE RHF HOUSING INC 377 W HIGHWAY 260 CAMP VERDE, AZ 86322 74-2528374 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C)(3) | LINE 9 | | | No |
| (17) CATHEDRAL PIONEER CHURCH HOMES 2701 CAPITAL AVENUE SACRAMENTO, CA 95816 94-1630325 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No |
| (18) CATHEDRAL PIONEER CHURCH HOMES II 415 P STREET SACRAMENTO, CA 95814 94-1629086 | SKILLED NURSING CARE | CA | 501(C)(3) | LINE 9 | | | No |
| (19) CECIL AVENUE APARTMENTS INC 1635 RANDOLPH STREET DELANO, CA 93215 95-3858285 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | | |
|--|--|---|----------------------------|--|----------------------------------|--|----|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | | |
| | | | | | | Yes | No | |
| (21) CEDAR RAPIDS RHF HOUSING INC 205 40TH STREET SE CEDAR RAPIDS, IA 52403 33-0240088 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | PF | | | No | |
| (1) CHESAPEAKE RHF HOUSING INC 2139 BROADMOOR AVENUE CHESAPEAKE, VA 23323 94-3090349 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C)(3) | LINE 9 | | | No | |
| (2) COLUMBUS RHF HOUSING INC 419 FARR ROAD COLUMBUS, GA 31907 20-2852210 | ASSISTED LIVING FACILITIES FOR LOW INCOME ELDERLY PERSONS | GA | 501(C)(3) | LINE 9 | | | No | |
| (3) CONGREGATIONAL CHURCH RETIREMENT COMMUNITY 750 AUBURN RAVINE ROAD AUBURN, CA 95603 94-2645317 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (4) CONGREGATIONAL TOWER RHF HOUSING INC 288 F STREET CHULA VISTA, CA 91910 46-1443891 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (5) CONVERSE-KOKOMO OIC HOUSING SERVICES INC 111 S 3RD STREET CONVERSE, IN 46919 33-0221566 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 9 | | | No | |
| (6) CORNERSTONE RHF HOUSING INC 14522 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 31-1660727 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 9 | | | No | |
| (7) CORNERSTONE VILLAGE INC 14422 CORNERSTONE VILLAGE DRIVE HOUSTON, TX 77014 81-0631096 | NURSING CARE AND ASSISTED LIVING FACILITIES TO THE ELDERLY | TX | 501(C)(3) | LINE 9 | | | No | |
| (8) COUNCIL BLUFFS RHF HSG INC 1105 S THIRD STREET COUNCIL BLUFFS, IA 51503 33-0217504 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | LINE 9 | | | No | |
| (9) CULVER CITY ROTARY PLAZA INC 5100 OVERLAND AVENUE CULVER CITY, CA 90230 95-3815447 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (10) DALLAS RHF HOUSING INC 1409 RANGE DRIVE MESQUITE, TX 75149 33-0236316 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 7 | | | No | |
| (11) DEL NORTE RHF SENIOR HOUSING INC 1799 WEST 32ND AVENUE DENVER, CO 80211 33-0219411 | LOW AND VERY LOW INCOME HOUSING | CO | 501(C)(3) | LINE 9 | | | No | |
| (12) DES MOINES RHF HOUSING INC 2111 EAST VIRGINIA AVENUE DES MOINES, IA 50320 33-0402391 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | LINE 9 | | | No | |
| (13) DESMET RHF HOUSING INC 1425 N NEW FLORISSANT ROAD FLORISSANT, MO 63033 31-1710670 | SENIOR HOUSING | MO | 501(C)(3) | LINE 9 | | | No | |
| (14) DIAKONIA HOUSING I INC 2654 MCGREGOR DRIVE RANCHO CORDOVA, CA 95670 95-3743532 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (15) DIAKONIA HOUSING INC 120 EAST FRANKLIN STREET EPHRATA, PA 17522 33-0483950 | LOW AND VERY LOW INCOME HOUSING | PA | 501(C)(3) | LINE 7 | | | No | |
| (16) DIAKONIA HOUSING INC 319 EAST 12TH STREET ANDERSON, IN 46016 95-3815145 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 7 | | | No | |
| (17) DOGWOOD RETIREMENT HOUSING INC 101 S COLUMBIA STREET MILLEDGEVILLE, GA 31061 95-3917927 | LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING | GA | 501(C)(3) | PF | | | No | |
| (18) DONALD JORDAN SR MANOR INC 11441 ACACIA PARKWAY GARDEN GROVE, CA 92840 95-3806147 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (19) ECUMENICAL RETIREMENT HSG INC 250 FEMRITE DRIVE MONONA, WI 53716 95-3807642 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C)(3) | LINE 7 | | | No | |

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| (41) EDNA RHF HOUSING INC 1207 MIRACLE DRIVE EDNA, TX 77957 33-0236319 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 7 | | | No | |
| (1) ESCALON HERITAGE HOMES INC 1100 ESCALON AVENUE ESCALON, CA 95320 95-3915615 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (2) ESPERANZA RHF HOUSING 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2004295 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C)(3) | LINE 9 | | | No | |
| (3) FAJARDO RHF HOUSING INC CALLE 5 EDIF ADM MONTE VISTA FAJARDO, PR 00738 66-0431743 | LOW INCOME HOUSING | PR | 501(C)(3) | PF | | | No | |
| (4) FLORENCE RHF HOUSING INC 718 SOUTH DARGAN STREET FLORENCE, SC 29506 57-0845047 | RESIDENTIAL AND ASSISTED LIVING FOR SENIOR CITIZENS | SC | 501(C)(3) | LINE 9 | | | No | |
| (5) FOUNDATION PROPERTY MANAGEMENT 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3651050 | SEE SCHEDULE O - SPONSOR ORGANIZATION | CA | 501(C)(3) | LINE 11A, I | | | No | |
| (6) FRIENDSHIP HOUSE III INC 7988 NORTH MICHIGAN ROAD INDIANAPOLIS, IN 46268 31-0956562 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 9 | | | No | |
| (7) GLENWOOD RHF HOUSING INC 711 NUCKOLLS STREET GLENWOOD, IA 51534 33-0240089 | LOW AND VERY LOW INCOME SENIOR CITIZEN HOUSING | IA | 501(C)(3) | PF | | | No | |
| (8) GOLD COUNTRY HEALTH CTR INC 4301 GOLDEN CENTER DRIVE PLACERVILLE, CA 95667 95-3864203 | NURSING AND HOUSING FOR THE ELDERLY | CA | 501(C)(3) | LINE 9 | | | No | |
| (9) GRANADA GARDENS RHF HOUSING INC 167000 CHATSWORTH STREET GRANADA HILLS, CA 91344 33-0713531 | GENERAL WELFARE AND ECONOMIC DEVELOPMENT OF LOW AND VERY-LOW INCOME PERSONS | CA | 501(C)(3) | LINE 9 | | | No | |
| (10) GREAT PLAINS HSG ADVOCACY INC 930 S TAFT DRIVE NORTH PLATTE, NE 69101 35-3252619 | LOW INCOME HOUSING FOR THE CHRONICALLY MENTALLY ILL | NE | 501(C)(3) | PF | | | No | |
| (11) HARBOR TOWER 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3072221 | LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (12) HARTOW CORPORATION 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0314360 | HOUSING FOR LOW INCOME SENIOR CITIZENS | CA | 501(C)(3) | LINE 9 | | | No | |
| (13) HAVENWOOD RHF HOUSING INC 1330 S BURLINGTON ST LOS ANGELES, CA 90006 33-0913528 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (14) HERMISTON RHF HOUSING INC 986 W JUNIPER ROAD HERMISTON, OR 97838 91-1751136 | HOUSING FOR LOW INCOME SENIOR CITIZENS | OR | 501(C)(3) | LINE 9 | | | No | |
| (15) HOLLY HILL RHF HOUSING INC 900 IGPA BLVD HOLLY HILL, FL 32117 59-2742497 | RETIREMENT HOME FOR SENIOR CITIZENS | FL | 501(C)(3) | LINE 9 | | | No | |
| (16) HOLLYVIEW RHF HOUSING INC 5411 HOLLYWOOD BLVD HOLLYWOOD, CA 90027 31-1708080 | LOW INCOME SENIOR HOUSING | CA | 501(C)(3) | PF | | | No | |
| (17) HOLLYWOOD RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 31-1576132 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | PF | | | No | |
| (18) HOOSIER VALLEY HOUSING CORP 785 REGINA LANE CORYDON, IN 47112 31-1135803 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 9 | | | No | |
| (19) HOUSTON RHF HOUSING INC 8106 CREEKBEND DRIVE HOUSTON, TX 77071 31-1531662 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 9 | | | No | |

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| | | | | | | Yes | No | |
| (61) ILS TRANSITION INC 1626 COURT ST SUITE 200 REDDING, CA 96001 68-0203079 | ASSIST DEVELOP MENTALLY DISABLED PERSONS | CA | 501(C)(3) | LINE 9 | | | No | |
| (1) INDEPENDENCE SQUARE RHF HSG INC 201 W DELAWARE EVANSVILLE, IN 47710 30-0105351 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 7 | | | No | |
| (2) KEARNEY RHF HOUSING INC 1011 6TH AVENUE KEARNEY, NE 68845 33-0236348 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C)(3) | LINE 9 | | | No | |
| (3) KING JAMES COURT RHF HOUSING INC 383 E RIVER STREET ORANGE, MA 01364 76-0713633 | AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA | 501(C)(3) | LINE 9 | | | No | |
| (4) LA FONTAINE CENTER INC 208 WEST STATE STREET HUNTINGTON, IN 46750 31-1025386 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 9 | | | No | |
| (5) LA MIRADA RHF HOUSING INC 14129 ADOREE STREET LA MIRADA, CA 90638 33-0235269 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (6) LANCASTER RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 20-5489828 | HOUSING FOR LOW INCOME SENIOR CITIZENS | CA | 501(C)(3) | LINE 9 | | | No | |
| (7) LANE MANOR RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 45-2872284 | LOW INCOME HOUSING FOR THE ELDERLY AND DISABLED | CA | 501(C)(3) | LINE 9 | | | No | |
| (8) LIBERTY PARK RHF HOUSING INC 2735 CORPREW AVENUE NORFOLK, VA 23504 33-0293189 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C)(3) | LINE 9 | | | No | |
| (9) LOMITA KIWANIS GARDENS INC 25109 EBONY LANE LOMITA, CA 90717 95-3915617 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (10) LOS ALAMITOS RHF HOUSING INC 4121 KATELLA AVENUE LOS ALAMITOS, CA 90720 33-0336099 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No | |
| (11) LOS ARCOS RHF HOUSING INC 12740 GATEWAY PARK RD POWAY, CA 92064 91-2129703 | GENERAL PARTNER IN A PARTNERSHIP THAT IS OPERATING LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (12) LOVELAND RHF HOUSING INC 4895 LUCERNE AVENUE LOVELAND, CO 80538 20-2853552 | LOW AND VERY LOW INCOME HOUSING | CO | 501(C)(3) | PF | | | No | |
| (13) LOWER TOWNSHIP RHF HOUSING INC 664 TOWN BANK ROAD CAPE MAY, NJ 08204 33-0310321 | LOW AND VERY LOW INCOME HOUSING | NJ | 501(C)(3) | LINE 9 | | | No | |
| (14) MACARTHUR PARK TOWERS 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3000996 | LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (15) MACON RHF HOUSING INC 478 MONROE HILL MACON, GA 31204 30-0265098 | LOW INCOME HOUSING | GA | 501(C)(3) | LINE 9 | | | No | |
| (16) MADISON HERITAGE APARTMENTS INC 101 WEST 2ND STREET MADISON, TN 47250 35-1601281 | LOW AND VERY LOW INCOME HOUSING | TN | 501(C)(3) | LINE 9 | | | No | |
| (17) MALONE COMMUNITY CENTER HSG CORP 737 NORTH 22ND STREET LINCOLN, NE 68503 95-3924425 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C)(3) | LINE 9 | | | No | |
| (18) MANITOWOC RHF HOUSING INC 1485 NORTH 7TH STREET MANITOWOC, WI 54220 39-1674875 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C)(3) | LINE 9 | | | No | |
| (19) MAPLE CITY SQUARE INC 1204 ANDREW AVENUE LA PORTE, IN 46350 31-1105980 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 7 | | | No | |

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| | | | | | | Yes | No | |
| (81) MARPLE MANOR INC 530 COFFEE ROAD MODESTO, CA 95355 94-2764262 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (1) MARYMOUNT ASSN FOR SR HSG 317 152ND STREET TACOMA, WA 98445 91-1212339 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C)(3) | LINE 7 | | | No | |
| (2) MASON CITY RHF HOUSING INC 741 SOUTH ILLINOIS AVENUE MASON CITY, IA 80401 95-3970172 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | LINE 9 | | | No | |
| (3) MAYFLOWER GARDENS HEALTH FAC INC 6705 WEST AVENUE M LANCASTER, CA 93536 95-3926600 | RETIREMENT HOUSING FOR SENIOR CITIZENS | CA | 501(C)(3) | LINE 9 | | | No | |
| (4) MAYFLOWER GARDENS II 6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-3315308 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (5) MAYFLOWER RHF HOUSING INC 6570 WEST AVENUE L-12 LANCASTER, CA 93536 95-2394671 | RETIREMENT HOUSING FOR SENIOR CITIZENS | CA | 501(C)(3) | LINE 9 | | | No | |
| (6) MCKINNEY RHF HOUSING INC 506 S GRAVES STREET MCKINNEY, TX 75069 95-3972613 | TO PROVIDE LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 9 | | | No | |
| (7) MERRITT ISLAND RHF HOUSING INC 1100 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 59-2721378 | HOUSING AND NURSING FOR SENIOR CITIZENS | FL | 501(C)(3) | LINE 9 | | | No | |
| (8) MESQUITE RHF HOUSING INC 1413 RANGE DRIVE MESQUITE, TX 75149 75-2264833 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 9 | | | No | |
| (9) MISSION PALMS RETIREMENT HOUSING 900 LOS EBANOS ROAD MISSION, TX 78572 95-3915111 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 9 | | | No | |
| (10) MODESTO AFFILIATED CHURCH HSG CORP 900 17TH STREET MODESTO, CA 95354 94-2256991 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (11) MPT MANAGERS 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 93-1216117 | LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (12) NORTH CAPITOL AT PLYMOUTH INC 5233 N CAPITOL STREET WASHINGTON, DC 20011 91-2169651 | LOW AND VERY LOW INCOME HOUSING | DC | 501(C)(3) | LINE 9 | | | No | |
| (13) NORTHWEST HOUSING CORP 227 NORTH UTE AVENUE MONTROSE, CO 81401 74-2282021 | LOW AND VERY LOW INCOME HOUSING | CO | 501(C)(3) | LINE 9 | | | No | |
| (14) OKLAHOMA RHF HOUSING INC 1207 WEST CHEROKEE LINDSAY, OK 73052 33-0236323 | LOW AND VERY LOW INCOME HOUSING | OK | 501(C)(3) | LINE 7 | | | No | |
| (15) OLYMPIC RHF HOUSING INC 2627 E OLYMPIC BOULEVARD LOS ANGELES, CA 90023 33-0736426 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (16) PAGEDALE RHF HOUSING INC 7550 PAGE AVENUE ST LOUIS, MO 63133 20-5267298 | LOW AND VERY LOW INCOME HOUSING | MO | 501(C)(3) | LINE 9 | | | No | |
| (17) PARK PLACE RHF HOUSING 6900 37TH AVENUE SOUTH SEATTLE, WA 98118 31-1717824 | ASSISTED LIVING RESIDENCE FOR LOW INCOME SENIORS | WA | 501(C)(3) | LINE 9 | | | No | |
| (18) PASADENA RHF HOUSING INC 275 E CORDOVA STREET PASADENA, CA 91101 95-3915619 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No | |
| (19) PAUAHI ELDERLY HOUSING 167 NORTH PAUAHL STREET HONOLULU, HI 96817 95-3883729 | LOW AND VERY LOW INCOME HOUSING | HI | 501(C)(3) | LINE 9 | | | No | |

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| | | | | | | Yes | No | |
| (101) PHOENIX RHF HOUSING INC 13420 NORTH 21ST PLACE PHOENIX, AZ 85022 86-0661151 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C)(3) | LINE 9 | | | No | |
| (1) PILGRIM TOWER EAST 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3298228 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (2) PILGRIM TOWER NORTH 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2874168 | LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (3) PINE CREST RHF HOUSING INC 419 E RIVER STREET ORANGE, MA 01364 76-0713635 | AFFORDABLE HOUSING TO LOW INCOME SENIORS, FAMILIES AND THE HANDICAPPED | MA | 501(C)(3) | LINE 9 | | | No | |
| (4) PINEHURST RETIREMENT HSG INC 122 KICKAPOO STREET PALESTINE, TX 75803 95-3915116 | LOW AND VERY LOW INCOME HOUSING | TX | 501(C)(3) | LINE 7 | | | No | |
| (5) PINWOOD MANOR BREMERTON 280 SYLVANWAY BREMERTON, WA 98310 95-3864201 | LOW AND VERY LOW INCOME HOUSING | WA | 501(C)(3) | LINE 7 | | | No | |
| (6) PINWOOD MANOR OF GENEVA 123 SOUTH 11TH STREET GENEVA, NE 68361 95-3864190 | LOW AND VERY LOW INCOME HOUSING | NE | 501(C)(3) | LINE 9 | | | No | |
| (7) PIONEER TOWERS 515 P STREET SACRAMENTO, CA 95814 95-3103749 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (8) PLYMOUTH PLACE INC 1320 N MONROE STREET STOCKTON, CA 95203 95-3835688 | TO PROVIDE HOUSING FOR THE LOW AND VERY LOW INCOME SENIOR CITIZENS | CA | 501(C)(3) | LINE 9 | | | No | |
| (9) POWAY RHF HOUSING INC 12751 GATEWAY PARK RD POWAY, CA 92064 33-0299770 | SENIOR CITIZEN HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (10) PRAIRIE GROVE APTS INC 141 MILLAR ROAD EAST PRAIRIE, MO 63845 95-3972405 | LOW AND VERY LOW INCOME HOUSING | MO | 501(C)(3) | LINE 9 | | | No | |
| (11) PRESCOTT RHF HOUSING INC 117 CORY AVENUE PRESCOTT, AZ 86303 33-0224099 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C)(3) | LINE 9 | | | No | |
| (12) REDDING PILGRIM HSG INC 910 CANBY ROAD REDDING, CA 96003 95-3961818 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (13) REDDING RHF HOUSING INC 1626 COURT ST SUITE 200 REDDING, CA 96001 95-3939010 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (14) RETIREMENT HOUSING FOUNDATION 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-2249495 | SEE SCHEDULE O - SPONSOR ORGANIZATION | CA | 501(C)(3) | LINE 9 | | | No | |
| (15) RHF 202-II HOUSING (HAWAII) INC 1605 PHILIP STREET HONOLULU, HI 96826 99-0270013 | LOW AND VERY LOW INCOME HOUSING | HI | 501(C)(3) | LINE 7 | | | No | |
| (16) RHF FOUNDATION INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 91-2145934 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No | |
| (17) RHF HOUSING INC 607 NORTH HIGHTOWER PEORIA, IL 61605 95-3555022 | LOW AND VERY LOW INCOME HOUSING | IL | 501(C)(3) | LINE 9 | | | No | |
| (18) RIVERCITY RESIDENTIAL CLUB INC 1816 O STREET SACRAMENTO, CA 95814 95-3913994 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (19) ROUND HOUSE MANOR INC 300 BICENTENNIAL COURT KAUKAUNA, WI 54130 95-3856154 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C)(3) | LINE 9 | | | No | |

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| (121) SALEM RHF HOUSING INC 3524 FISHER ROAD NE SALEM, OR 97305 76-0775911 | LOW AND VERY LOW INCOME HOUSING | OR | 501(C)(3) | LINE 9 | | | No | |
| (1) SALINE COMMUNITY DIRECTORS INC 460 RUSSELL STREET SALINE, MI 48176 38-2589687 | LOW AND VERY LOW INCOME HOUSING | MI | 501(C)(3) | LINE 9 | | | No | |
| (2) SAN ANTONIO RHF HOUSING INC 4438 CALLAGHAN ROAD SAN ANTONIO, TX 78228 81-0631098 | LOW INCOME HOUSING | TX | 501(C)(3) | LINE 9 | | | No | |
| (3) SANGNOK HOUSING CORP 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3976201 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 11A, I | | | No | |
| (4) SANTA MONICA RHF HOUSING INC 1125 THIRD STREET SANTA MONICA, CA 90403 33-0234678 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (5) SHELBYVILLE INC 102 EAST FRANKLIN STREET SHELBYVILLE, IN 46176 95-3952505 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 7 | | | No | |
| (6) SMYRNA RHF HOUSING INC 2348 BENSON POOLE ROAD SMYRNA, GA 90082 31-1728897 | LOW AND VERY LOW INCOME HOUSING | GA | 501(C)(3) | LINE 9 | | | No | |
| (7) SOUTHPOINTE VILLA RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 30-0108108 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (8) ST CATHERINE RHF HOUSING INC 3350 ST CATHERINE STREET FLORISSANT, MO 63033 31-1710648 | SENIOR HOUSING | MO | 501(C)(3) | LINE 9 | | | No | |
| (9) ST CROIX HSG FOR THE ELDERLY INC 4100 SUNNY ISLE CHRISTIANSTED ST CROIX, VI 08200 95-3976114 | LOW AND VERY LOW INCOME HOUSING | VI | 501(C)(3) | PF | | | No | |
| (10) ST JAMES PARK RHF HOUSING INC 34 ST JAMES PARK LOS ANGELES, CA 90007 33-0713530 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (11) STOCKTON CONGREGATIONAL HOMES INC 1319 NORTH MADISON STREET STOCKTON, CA 95202 94-1702821 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (12) STORM LAKE RHF HOUSING INC 904 E MILWAUKEE AVENUE STORM LAKE, IA 50588 33-0217490 | LOW AND VERY LOW INCOME HOUSING | IA | 501(C)(3) | PF | | | No | |
| (13) SUN CITY RHF HOUSING INC 28500 BRADLEY ROAD SUN CITY, CA 92586 95-3930268 | RESIDENTIAL AND ASSISTED LIVING SERVICES FOR SENIOR CITIZENS | CA | 501(C)(3) | LINE 9 | | | No | |
| (14) TALLAHASSEE RHF HOUSING INC 1433 NORTH ADAMS STREET TALLAHASSEE, FL 32303 59-2314057 | LOW AND VERY LOW INCOME HOUSING | FL | 501(C)(3) | LINE 9 | | | No | |
| (15) UNIVERSITY CENTER- SR CTZNS 1801 NORTH BROADWAY INDIANAPOLIS, IN 46202 31-1012363 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 9 | | | No | |
| (16) VACAVILLE SR HOUSING CORP 2470 NUT TREE ROAD VACAVILLE, CA 95687 68-0025578 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 9 | | | No | |
| (17) VILLA GREENTREE INC 2100 GREENTREE NORTH CLARKSVILLE, IN 47129 31-1042917 | LOW AND VERY LOW INCOME HOUSING | IN | 501(C)(3) | LINE 9 | | | No | |
| (18) VILLAGE GARDENS RHF HOUSING INC 1225 W 39TH STREET NORFOLK, VA 23508 26-1522545 | HOUSING FOR LOW INCOME SENIOR CITIZENS | VA | 501(C)(3) | LINE 9 | | | No | |
| (19) VILLAGE POINT RHF INC 1220 38TH STREET NORFOLK, VA 23508 91-2055958 | LOW AND VERY LOW INCOME HOUSING | VA | 501(C)(3) | LINE 7 | | | No | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| (141) VPH ADULT RETIREMENT CENTER 15211 SHERMAN WAY VAN NUYS, CA 91405 95-3748359 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No |
| (1) WAICO RHF HOUSING INC 1919 NORTH 11TH STREET MILWAUKEE, WI 53205 33-0230525 | LOW AND VERY LOW INCOME HOUSING | WI | 501(C)(3) | LINE 9 | | | No |
| (2) WEST VALLEY TOWERS 14650 SHERMANWAY VAN NUYS, CA 91405 95-3573752 | LOW AND VERY LOW INCOME HOUSING | CA | 501(C)(3) | LINE 7 | | | No |
| (3) WINSLOW RHF HOUSING INC 901 WEST DESMOND WINSLOW, AZ 86047 33-0236331 | LOW AND VERY LOW INCOME HOUSING | AZ | 501(C)(3) | LINE 9 | | | No |
| (4) YELLOWWOOD ACRES INC 2210 GREENTREEN CLARKSVILLE, IN 47129 35-1590607 | NURSING SERVICES AND SENIOR HOUSING | IN | 501(C)(3) | LINE 9 | | | No |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? |
|--|---|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|
| Yes | No | | | | | | | |
| CAPITOL TOWERS RHF HOUSING INC GENERAL PARTNER 470 BORAD STREET HARTFORD, CT 06106 45-3513698 | LOW INCOME HOUSING | CT | | C | | | | No |
| CARLIN RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 52-1901330 | LOW INCOME HOUSING FOR THE ELDERLY | VA | 15 | C | | | | No |
| CHARLES STREET RHF HOUSING 10 TEMPLE PLACE BOSTON, MA 02111 91-2118986 | LOW INCOME HOUSING FOR THE ELDERLY | MA | 15 | C | | | | No |
| COLLEGE VILLAS RHF HOUSING INC GENERAL PARTNER 511 COLLEGE AVENUE HENDERSON, NV 89105 27-2262481 | LOW INCOME HOUSING | NV | | C | | | | No |
| ESSEX VILLAGE RHF INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-1061727 | SPONSOR ORGANIZATION | CA | | C | | | | No |
| FOUNDATION FINANCIAL SERVICES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 95-3930162 | SPONSOR ORGANIZATION | CA | | C | | | | No |
| KING'S GRANT RHF INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 46-1083561 | SPONSOR ORGANIZATION | CA | | C | | | | No |
| MASON PLACE RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 41-2089814 | SENIOR CITIZEN HOUSING | MA | 15 | C | | | | No |
| RETIREMENT ENTERPRISES INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 33-0322654 | SPONSOR ORGANIZATION | CA | | C | | | | No |
| RIVERSIDE RHF HOUSING INC GENERAL PARTNER 24 STATE STREET LEOMINSTER, MA 01453 26-3792834 | LOW INCOME HOUSING | MA | | C | | | | No |
| SEABURY RHF HOUSING INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90815 74-3062143 | SENIOR CITIZEN HOUSING | MA | | C | | | | No |
| SHEPHERD PARK RHF HOUSING INC GENERAL PARTNER 170 SISSON AVE HARTFORD, CT 06105 27-1605363 | LOW INCOME HOUSING | CT | | C | | | | No |
| SYMPHONY EAST 334 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118985 | LOW AND VERY LOW INCOME HOUSING FOR THE ELDERLY | MA | 15 | C | | | | No |
| SYMPHONY WEST 333 MASSACHUSETTS AVENUE BOSTON, MA 02115 91-2118974 | LOW AND VERY LOW INCOME HOUSING FOR THE ELDERLY | MA | 15 | C | | | | No |
| UNITED CONGREGATE CARE INC 911 N STUDEBAKER ROAD LONG BEACH, CA 90816 33-0369183 | SPONSOR ORGANIZATION | CA | | C | | | | No |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? |
|---|---------------------------------|--|---|--|-------------------------------------|---|------------------------------------|---|
| Yes | No | | | | | | | |
| CONGREGATIONAL TOWERS LLC GENERAL PARTNER 288 F STREET CHULA VISTA, CA 91910 46-1170579 | LOW INCOME HOUSING | CA | | C | | | | No |
| HAMILTON RHF HOUSING INC 175 FEDERAL STREET SUITE 700 BOSTON, MA 02110 73-1698527 | LOW AND VERY LOW INCOME HOUSING | MA | | C | | | | No |
| HILL RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044491 | LOW INCOME HOUSING | MA | | C | | | | No |
| OLIVE RHF HOUSING LLC 255 SOUTH HILL STREET LOS ANGELES, CA 90012 26-2044625 | LOW INCOME HOUSING | CA | | C | | | | No |