

Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,

B Check if applicable:	C	D Employer Identification Number		
<input type="checkbox"/> Address change	VENICE COMMUNITY HOUSING CORPORATION 720 ROSE AVENUE VENICE, CA 90291	95-4200761		
<input type="checkbox"/> Name change		E Telephone number	(310) 399-4100	
<input type="checkbox"/> Initial return		G Gross receipts \$	3,075,511.	
<input type="checkbox"/> Terminated		F Name and address of principal officer:	DAVID STEPHEN CLARE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>
<input type="checkbox"/> Application pending				
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶		
J Website: ▶	WWW.VCHCORP.ORG			
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: 1988	M State of legal domicile: CA	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>LOW-INCOME HOUSING DEVELOPMENT AND MANAGEMENT. JOB TRAINING AND EDUCATION FOR AT RISK YOUTH.</u>		
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	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	112
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,039,359.	1,380,585.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,573,494.	1,687,242.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	632.	684.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,596.	-4,871.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,635,081.	3,063,640.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,364,572.	1,556,229.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,056.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,366,055.	1,648,709.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,730,627.	3,204,938.
19	Revenue less expenses. Subtract line 18 from line 12	-95,546.	-141,298.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	11,244,050.	13,741,186.
22	Net assets or fund balances. Subtract line 21 from line 20	8,445,301.	11,083,735.
		2,798,749.	2,657,451.

Part II Signature Block

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

Sign Here	Signature of officer	Date	
	DAVID STEPHEN CLARE		
	Type or print name and title.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JEFF ROSENBLUM		
	Firm's name ▶	LEVITT & ROSENBLUM, CPAS	
	Firm's address ▶	10801 NATIONAL BLVD., SUITE 604 LOS ANGELES, CA 90064-4126	
	Check <input type="checkbox"/> if self-employed	PTIN	
		P00031583	
	Firm's EIN ▶	95-3801469	
	Phone no.	(310) 441-1233	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

LOW-INCOME HOUSING DEVELOPMENT AND MANAGEMENT. JOB TRAINING AND EDUCATION FOR AT RISK YOUTH.

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

Yes No

If 'Yes,' describe these new services on Schedule O.

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

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,558,564. including grants of \$) (Revenue \$ 1,687,242.)

LOW-INCOME HOUSING DEVELOPMENT: DEVELOPMENT, DESIGN, REHABILITATION, REPAIR, MANAGEMENT AND COORDINATION OF FINANCING FOR THE DEVELOPMENT AND REPAIR OF LOW-INCOME HOUSING INCLUDING PROVIDING SOCIAL SERVICE PROGRAMS FOR TENANTS. THE AGENCY HAS DEVELOPED AND IS MANAGING 195 UNITS OF LOW-INCOME HOUSING.

4b (Code:) (Expenses \$ 1,026,927. including grants of \$) (Revenue \$)

YOUTH DEVELOPMENT PROGRAMS, INCLUDING JOB TRAINING AND EDUCATION: VOCATIONAL TRAINING PRIMARILY IN THE CONSTRUCTION TRADE, AND TEACHING OF LEADERSHIP AND LIFE SKILLS FOR 84 AT-RISK LOW-INCOME YOUTH BETWEEN THE AGES OF 18 AND 24 YEARS OLD. CRIMINAL DIVERSION AND TRUANCY REDUCTION PROGRAM FOR 318 HIGH SCHOOL YOUTH. AFTER SCHOOL GANG PREVENTION AND INTERVENTION PROGRAMS, INCLUDING FAMILY SUPPORT, FOR 86 AT-RISK MIDDLE AND AT-RISK ELEMENTARY SCHOOL CHILDREN, AND 23 SCIENCE CLUB ATTENDEES.

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 2,585,491.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
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)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
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>		X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>	X	
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		X
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>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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.	X	

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 28		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 112		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 2 b X	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3 b 		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a 		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 4 b 		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a 		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a 		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b X	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c 		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d 		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f 		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g 		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h 		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966? 9 a 		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a 		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a 		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 a 		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b 		
13 c	Enter the amount of reserves on hand. 13 c 		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a 		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b 		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 20 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.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 20		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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? SEE SCHEDULE O	X	
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	a The organization's CEO, Executive Director, or top management official.	X	
15 b	b Other officers of key employees of the organization. SEE SCHEDULE O	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ VENICE COMMUNITY HOUSING CORP. 720 ROSE AVENUE VENICE CA 90291 (310) 399-4100

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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) MARIE KENNEDY CHAIRPERSON	2 0	X					0.	0.	0.	
(2) JATAUN VALENTINE VICE CHAIR	2 0	X					0.	0.	0.	
(3) MIKE SUHD SECRETARY	2 0	X					0.	0.	0.	
(4) ROBERT JAY GROSSMAN TREASURER	2 0	X					0.	0.	0.	
(5) INDICO ARNELL DIRECTOR	1 0	X					0.	0.	0.	
(6) RANDY BROOK DIRECTOR	1 0	X					0.	0.	0.	
(7) SAND BRIM DIRECTOR	1 0	X					0.	0.	0.	
(8) GREGORIO GOMEZ DIRECTOR	1 0	X					0.	0.	0.	
(9) ROBERT GREENWALD DIRECTOR	1 0	X					0.	0.	0.	
(10) JEFFREY LEVINE DIRECTOR	1 0	X					0.	0.	0.	
(11) MINDY MEYER DIRECTOR	1 0	X					0.	0.	0.	
(12) BARBARA MILLIKEN DIRECTOR	1 0	X					0.	0.	0.	
(13) SUSAN NAKAOKA DIRECTOR	1 0	X					0.	0.	0.	
(14) DORIS OLIKER DIRECTOR	1 0	X					0.	0.	0.	

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

(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			
(15) MICHELE PRICHARD DIRECTOR	1 0	X					0.	0.	0.
(16) JOHN RAPHLING DIRECTOR	1 0	X					0.	0.	0.
(17) NEAL RICHMAN DIRECTOR	1 0	X					0.	0.	0.
(18) MAURY RUANO DIRECTOR	1 0	X					0.	0.	0.
(19) DANA STEWART DIRECTOR	1 0	X					0.	0.	0.
(20) ANNE ZIMMERMAN DIRECTOR	1 0	X					0.	0.	0.
(21) DAVID STEPHEN CLARE EXECUTIVE DIREC	40 0			X			63,637.	0.	900.
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							63,637.	0.	900.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							63,637.	0.	900.
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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 55,449.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 887,721.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 437,415.				
	g Noncash contributions included in Ins 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 1,380,585.				
PROGRAM SERVICE REVENUE	2 a <u>LOW-INC HOUSING RENT</u>		Business Code 531110	1,463,876.	1,463,876.	
	b <u>LOW-INC HOUSING MGMT.</u>		531310	223,366.	223,366.	
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶	1,687,242.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			684.		684.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents		(i) Real	(ii) Personal		
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 55,449. of contributions reported on line 1c). See Part IV, line 18		a 7,000.			
	b Less: direct expenses		b 11,871.			
	c Net income or (loss) from fundraising events		▶ -4,871.			
	9 a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses		b				
c Net income or (loss) from gaming activities		▶				
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory		▶				
11 a Miscellaneous Revenue		Business Code				
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d		▶				
12 Total revenue. See instructions		▶	3,063,640.	1,687,242.	0.	684.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	63,637.	28,255.	26,158.	9,224.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,295,310.	962,265.	251,703.	81,342.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	80,513.	58,685.	16,462.	5,366.
10 Payroll taxes	116,769.	85,112.	23,876.	7,781.
11 Fees for services (non-employees):				
a Management				
b Legal	892.	661.	231.	
c Accounting	19,220.	4,850.	13,383.	987.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	73,506.	36,099.	33,078.	4,329.
12 Advertising and promotion				
13 Office expenses	128,370.	52,804.	59,351.	16,215.
14 Information technology				
15 Royalties				
16 Occupancy	8,166.	5,397.	2,660.	109.
17 Travel	28,137.	23,916.	4,221.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	379,647.	379,647.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	257,732.	239,588.	16,366.	1,778.
23 Insurance	224,629.	184,510.	40,119.	
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 LOW-INC HOUSING - REPR & MAINT	195,966.	195,966.		
b LOW-INCOME HOUSING - UTILITIES	126,611.	126,611.		
c JOB TRAINING & SUPPLIES	118,082.	118,082.		
d PROPERTY TAXES & LICENSE FEES	39,116.	39,116.		
e All other expenses	48,635.	43,927.	783.	3,925.
25 Total functional expenses. Add lines 1 through 24e	3,204,938.	2,585,491.	488,391.	131,056.
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 to any question in this Part X.

		(A) Beginning of year		(B) End of year	
ASSETS	1 Cash – non-interest-bearing	209,222.	1	884,385.	
	2 Savings and temporary cash investments	221,308.	2	1,132,671.	
	3 Pledges and grants receivable, net	34,715.	3	124,000.	
	4 Accounts receivable, net	180,005.	4	150,958.	
	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		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	34,598.	9	11,297.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,356,124.			
	b Less: accumulated depreciation	10b 2,215,680.	10,419,917.	10c	11,140,444.
	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	87,172.	14	225,914.	
	15 Other assets. See Part IV, line 11	57,113.	15	71,517.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,244,050.	16	13,741,186.		
LIABILITIES	17 Accounts payable and accrued expenses	168,640.	17	140,772.	
	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	7,989,541.	23	10,591,120.	
	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	287,120.	25	351,843.	
	26 Total liabilities. Add lines 17 through 25	8,445,301.	26	11,083,735.	
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	2,748,909.	27	2,545,899.	
	28 Temporarily restricted net assets	49,840.	28	111,552.	
	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	2,798,749.	33	2,657,451.		
34 Total liabilities and net assets/fund balances	11,244,050.	34	13,741,186.		

BAA

Form 990 (2012)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,063,640.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,204,938.
3	Revenue less expenses. Subtract line 2 from line 1	3	-141,298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,798,749.
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	2,657,451.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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.	X	

BAA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization VENICE COMMUNITY HOUSING CORPORATION	Employer identification number 95-4200761
---	---

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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,372,142.	1,917,131.	924,207.	1,039,359.	1,380,585.	7,633,424.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	2,372,142.	1,917,131.	924,207.	1,039,359.	1,380,585.	7,633,424.
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).						433,468.
6 Public support. Subtract line 5 from line 4.						7,199,956.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	2,372,142.	1,917,131.	924,207.	1,039,359.	1,380,585.	7,633,424.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,937.	9,256.	3,728.	632.	684.	18,237.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						7,651,661.
12 Gross receipts from related activities, etc (see instructions).					12	7,331,066.
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 2012 (line 6, column (f) divided by line 11, column (f)).	14	94.10 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	90.27 %
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

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

19a **33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

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

Part IV

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

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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

2012

Name of the organization VENICE COMMUNITY HOUSING CORPORATION	Employer identification number 95-4200761
---	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2012) **or 990-PF.**

Name of organization

Employer identification number

VENICE COMMUNITY HOUSING CORPORATION

95-4200761

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT OF HUD 611 WEST 6TH STREET LOS ANGELES, CA 90017	\$ 81,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	L.A. COUNTY, PROBATION DEPT 9150 EAST IMPERIAL HIGHWAY DOWNEY, CA 90242	\$ 70,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	UNITED WAY OF LOS ANGELES 1150 S. OLIVE STREET, # T500 LOS ANGELES, CA 90015	\$ 98,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HOUSING OPTION PEOPLE TO EXCEL 1200 SAN VICENTE BLVD. LOS ANGELES, CA 90049	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE RALPH M. PARSONS FOUNDATION 888 W. 6TH STREET, 7TH FL. LOS ANGELES, CA 90017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	US DEPT OF LABOR 11000 WILSHIRE BLVD. LOS ANGELES, CA 90025	\$ 348,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization VENICE COMMUNITY HOUSING CORPORATION	Employer identification number 95-4200761
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	STATE OF CALIFORNIA ----- 9845 HORN ROAD, SUITE 230 ----- SACRAMENTO, CA 95827 -----	\$ 69,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	YOUTHBUILD USA ----- 58 DAY STREET ----- SOMERVILLE, MA 02144 -----	\$ 130,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	STATE OF CALIFORNIA ----- 2020 WEST EL CAMINO AVENUE ----- SACRAMENTO, CA 95833 -----	\$ 142,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

COPY

Name of organization

Employer identification number

VENICE COMMUNITY HOUSING CORPORATION

95-4200761

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

copy

Name of organization: VENICE COMMUNITY HOUSING CORPORATION
 Employer identification number: 95-4200761

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

VENICE COMMUNITY HOUSING CORPORATION

95-4200761

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a 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%.

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		6,229,567.		6,229,567.
b Buildings		6,774,981.	1,981,671.	4,793,310.
c Leasehold improvements				
d Equipment		183,102.	157,059.	26,043.
e Other		168,474.	76,950.	91,524.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 11,140,444.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

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

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	247,691.
(3) TENANT SECURITY DEPOSITS	102,762.
(4) PREPAID RENT	1,390.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	351,843.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

Table with 5 main rows and sub-rows (a-e). Columns for descriptions, sub-rows (2a-2d, 4a-4b), and main rows (1, 2e, 3, 4c, 5). Content includes 'Total revenue, gains, and other support per audited financial statements'.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

Table with 5 main rows and sub-rows (a-e). Columns for descriptions, sub-rows (2a-2d, 4a-4b), and main rows (1, 2e, 3, 4c, 5). Content includes 'Total expenses and losses per audited financial statements'.

Part XIII Supplemental Information

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

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Series of horizontal dashed lines for providing supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

Employer identification number

VENICE COMMUNITY HOUSING CORPORATION

95-4200761

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	JAZZ CONCERT (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
1	Gross receipts	62,449.		62,449.
2	Less: Charitable contributions	55,449.		55,449.
3	Gross income (line 1 minus line 2)	7,000.		7,000.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages	3,850.	3,850.
	8	Entertainment	1,650.	1,650.
	9	Other direct expenses	6,371.	6,371.
	10	Direct expense summary. Add lines 4 through 9 in column (d)		
11	Net income summary. Combine line 3, column (d), and line 10			-4,871.

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(add column (a) through column (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization VENICE COMMUNITY HOUSING CORPORATION	Employer identification number 95-4200761
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the 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, Page 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) ROBERT GREENWALD									
(2)	DIRECTOR	RE DEVL	X		850,000.	850,000.		X	X		X	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶\$ 850,000.						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

VENICE COMMUNITY HOUSING CORPORATION

Employer identification number

95-4200761

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

TENANTS OF PERMANENT HOUSING OWNED BY THE ORGANIZATION HAVE THE RIGHT TO APPOINT
TENANT REPRESENTATIVES TO THE BOARD OF DIRECTORS BY A MAJORITY VOTE OF THE TENANTS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS COMPLETED ANNUALLY AND REVIEWED BY THE EXECUTIVE DIRECTOR. ONCE ANY
NECESSARY CHANGES ARE MADE AND THE EXECUTIVE DIRECTOR IS IN AGREEMENT WITH THE
FINAL FORM 990, IT IS SUBMITTED TO THE FINANCE COMMITTEE AND THE ENTIRE BOARD OF
DIRECTORS AT A REGULARLY SCHEDULED BOARD MEETING FOR REVIEW.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

LETTERS REGARDING COMPLIANCE ARE SENT ANNUALLY TO THE MEMBERS OF THE BOARD OF
DIRECTORS FOR DISCLOSURE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

BOARD OF DIRECTORS ARE ASKED FOR APPROVAL OF ANY SALARY INCREASES FOR KEY EMPLOYEES
AS WELL AS THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS OF VCHC
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.



SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

VENICE COMMUNITY HOUSING CORPORATION

Employer identification number

95-4200761

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HORIZON APARTMENTS, LLC 720 ROSE AVENUE VENICE, CA 90291 95-4200761	LOW INCOME HOUSING	CA	370,475.	5,051,290.	VENICE COMMUNITY HOUSING CORPORATION
(2) VCHC PACIFIC APARTMENTS, LLC 720 ROSE AVENUE VENICE, CA 90291 95-4200761	LOW INCOME HOUSING	CA	61,684.	978,895.	VENICE COMMUNITY HOUSING CORPORATION
(3) ----- ----- -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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 PART VII												
(1) FOURTH AVENUE LP 720 ROSE AVENUE VENICE, CA 90291 95-4498795	LOW INCOME HOUSING	CA	VCHC	RELATED	-842.	64,736.		X	N/A	X		1.00
(2) NAVY BLUE APARTM 720 ROSE AVENUE VENICE, CA 90291 95-4361159	LOW INCOME HOUSING	CA	VCHC	RELATED	-230.	361,053.		X	N/A	X		30.00
(3) 12525 WASHINGTON 720 ROSE AVENUE VENICE, CA 90291 95-4593969	LOW INCOME HOUSING	CA	VCHC	RELATED	16,582.	84,314.		X	N/A	X		1.00

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) WESTSIDE HOUSING CORPORATION 720 ROSE AVENUE VENICE, CA 90291 80-0420011	LOW INCOME	CA	VCHC	C CORP	-116,818.	6,723.	100.00		X
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to 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
1 a		X
1 b		X
1 c		X
1 d		X
1 e		X
1 f		X
1 g		X
1 h		X
1 i		X
1 j		X
1 k		X
1 l		X
1 m		X
1 n		X
1 o		X
1 p		X
1 q	X	
1 r		X
1 s		X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

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Part VII Supplemental Information

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

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

FOURTH AVENUE LP 95-4498795 720 ROSE AVENUE VENICE, CA 90291

NAVY BLUE APARTMENTS LP 95-4361159 720 ROSE AVENUE VENICE, CA 90291

12525 WASHINGTON PLACE LP 95-4593969 720 ROSE AVENUE VENICE, CA 90291

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VENICE COMMUNITY HOUSING CORPORATION

95-4200761

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY																
AMORTIZATION																
38	FINANCING COSTS	VARIOUS		23,801							23,801	10,988	S/L	30		845
46	FINANCING COSTS	3/07/02	11/01/12	10,110							10,110	4,847	S/L	20		5,263
47	FINANCING COSTS	VARIOUS		17,207							17,207	6,009	S/L	30		11,198
63	REFINANCING COSTS	2/12/03	11/01/12	5,351							5,351	2,378	S/L	20		2,973
64	FINANCING COSTS	2/11/03	11/01/12	14,405							14,405	6,390	S/L	20		8,015
86	FINANCING COSTS	8/27/07		6,238							6,238	901	S/L	30		208
87	FINANCING COSTS	8/27/07		5,000							5,000	2,167	S/L	10		500
102	FINANCING COSTS - HORIZON	7/15/11		39,066							39,066	326	S/L	55		710
114	FINANCING COSTS - HORIZON	6/21/12		8,767							8,767		S/L	55		86
115	FINANCING COSTS - PACIFIC	11/01/12		160,537							160,537		S/L	35		764
TOTAL AMORTIZATION				290,482		0	0	0	0	0	290,482	34,006				30,562
BUILDINGS																
1	BUILDING - WESTMINSTER	12/03/93		522,590							522,590	314,950	S/L	30		17,420
2	BUILDING - 5026 SLAUSON	7/01/94		184,641							184,641	103,471	S/L	30		6,155
3	BUILDING - BROOKS	9/01/94		130,788							130,788	75,703	S/L	30		4,359
4	BUILDING - 5032 SLAUSON	2/28/95		243,343							243,343	136,505	S/L	30		8,112
10	BUILDING - 6TH AVENUE	9/01/97		82,801							82,801	40,020	S/L	30		2,760
22	BUILDING - ROSE	5/01/00		923,199							923,199	353,893	S/L	30		30,773
27	BUILDING - 6TH AVE	4/01/00		49,987							49,987	19,584	S/L	30		1,666
28	BUILDING - 200 LINCOLN	3/31/00		601,774							601,774	235,692	S/L	30		20,059
29	BUILDING - 4816 SLAUSON	11/29/00		222,452							222,452	82,161	S/L	30		7,415
30	BLDG. - 640 WESTMINSTER	6/21/00		247,329							247,329	95,175	S/L	30		8,246

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VENICE COMMUNITY HOUSING CORPORATION

95-4200761

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
32	BLDG. - 650 WESTMINSTER	7/24/00		1,800							1,800	685	S/L	30		60
40	BLDG IMPRV - 200 LINCOLN	4/30/01		103,288							103,288	36,724	S/L	30		3,443
41	BLDG IMPRV - 5032 SLAUSON	8/31/01		6,300							6,300	2,170	S/L	30		210
42	BLDG IMPRV - 4816 SLAUSON	11/01/01		4,442							4,442	1,505	S/L	30		148
43	BLDG IMPRV - ROSE	7/01/01		140,196							140,196	49,172	S/L	30		4,673
51	BLDG IMPRV - 5026 SLAUSON	12/01/02		6,971							6,971	2,088	S/L	30		232
52	BLDG IMPRV - ROSE	12/01/02		1,795							1,795	540	S/L	30		60
54	BUILDING IMPRV - ROSE	1/14/03		3,377							3,377	1,012	S/L	30		113
55	BLDG IMPRV - 4816 SLAUSON	4/16/03		25,690							25,690	7,455	S/L	30		856
56	BUILDING - PACIFIC	2/11/03		354,112							354,112	104,760	S/L	30		11,804
57	BLDG IMPRV - PACIFIC	11/11/03		44,664							44,664	12,098	S/L	30		1,489
58	BLDG IMPRV - PACIFIC	7/17/03		4,755							4,755	1,345	S/L	30		159
66	BLDG IMPRV - 5026 SLAUSON	12/01/05		13,335							13,335	2,298	S/L	30		445
73	BLDG IMPRV - 5032 SLAUSON	9/15/06		2,500							2,500	436	S/L	30		83
74	BLDG IMPRV - 511 BROOKS	12/15/06		17,400							17,400	2,924	S/L	30		580
84	BLDG IMPRV - 200 LINCOLN	8/15/07		11,500							11,500	1,437	S/L	30		383
85	BUILDING - CENTINELA	8/27/07		408,781							408,781	59,208	S/L	30		13,626
88	BLDG IMPRV - 6TH AVE	3/05/08		7,726							7,726	978	S/L	30		258
89	BLDG IMPRV - PACIFIC	7/28/08		5,180							5,180	598	S/L	30		173
93	BLDG IMPRV - ROSE	1/16/09		28,384							28,384	2,601	S/L	30		867
94	BLDG IMPRV - 200 LINCOLN	2/18/09		3,400							3,400	320	S/L	30		113
95	BLDG IMPRV - 5032 SLAUSON	2/11/09		25,000							25,000	2,360	S/L	30		833
96	BLDG IMPRV - 4816 SLAUSON	9/24/09		25,000							25,000	1,874	S/L	30		833
97	BLDG IMPRV - PACIFIC	11/17/09		6,500							6,500	452	S/L	30		217
100	BLDG IMPRV - PACIFIC	6/01/10		61,876							61,876	2,406	S/L	30		2,063
104	BUILDING - HORIZON	7/15/11		1,902,324							1,902,324	24,662	S/L	40		48,808
117	BUILDING - 13368 BEACH	10/01/12		349,781							349,781		S/L	30		2,915
TOTAL BUILDINGS				6,774,981		0	0	0	0	0	6,774,981	1,779,262				202,409

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VENICE COMMUNITY HOUSING CORPORATION

95-4200761

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FURNITURE AND FIXTURES																
7	FURNITURE & FIXTURES	12/08/99		1,180							1,180	1,180	S/L	7		0
8	FURNISHING - 5026 SLAUSON	VARIOUS		2,222							2,222	2,222	S/L	7		0
9	FURNISHING - 5032 SLAUSON	VARIOUS		1,671							1,671	1,671	S/L	7		0
13	FURNITURE- 511 BROOKS	4/30/97		465							465	465	S/L	7		0
14	FURNITURE-640 WESTMINSTER	1/28/99		1,981							1,981	1,981	S/L	7		0
15	FURNITURE-650 WESTMINSTER	VARIOUS		5,820							5,820	5,820	S/L	7		0
16	FURNITURE - 6TH AVENUE	VARIOUS		3,226							3,226	3,226	S/L	7		0
31	FURNITURE&FIXTURES - ROSE	5/01/00		14,704							14,704	14,704	S/L	7		0
44	FIXTURES - LINCOLN	4/30/01		3,661							3,661	3,661	S/L	7		0
45	FURNITURE - 640 WESTMINST	1/19/01		476							476	476	S/L	7		0
65	FURNITURE - 511 BROOKS	11/17/04		4,850							4,850	4,850	S/L	7		0
67	FURNITURE - 5026 SLAUSON	5/18/05		1,200							1,200	1,114	S/L	7		86
68	FURNITURE - 5032 SLAUSON	5/18/05		1,200							1,200	1,114	S/L	7		86
79	FURNITURE - LINCOLN	7/01/07		13,531							13,531	8,698	S/L	7		1,933
80	FURNITURE - WESTMINSTER	12/01/07		11,982							11,982	6,990	S/L	7		1,711
101	FURNISHINGS - PACIFIC	12/14/10		4,150							4,150	99	S/L	7		593
105	FURNISHING - HORIZON	7/15/11		13,797							13,797	985	S/L	7		1,971
106	FURNITURE - PACIFIC	1/12/11		4,150							4,150	593	S/L	7		593
107	FURNITURE - PACIFIC	5/13/11		5,050							5,050	451	S/L	7		721
108	FURNITURE	9/21/11		6,100							6,100	218	S/L	7		218
109	FURNITURE-650 WESTMINSTER	10/04/11		2,990							2,990	107	S/L	7		427
110	FURNITURE - 5026 SLAUSON	10/08/11		3,995							3,995	143	S/L	7		571
111	FURNITURE-650 WESTMINSTER	12/01/11		2,081							2,081	25	S/L	7		297
112	FURNITURE-650 WESTMINSTER	12/17/11		3,700							3,700	22	S/L	7		529

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VENICE COMMUNITY HOUSING CORPORATION

95-4200761

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113	FURNITURE - PACIFIC	12/31/11		31,702							31,702		S/L	7		4,529
121	FURNITURE - CENTINELA	4/09/12		7,175							7,175		S/L	7		769
123	FURNITURE - HORIZON	4/10/12		2,743							2,743		S/L	7		196
124	FURNITURE - HORIZON	10/01/12		12,672							12,672		S/L	7		905
TOTAL FURNITURE AND FIXTURE				168,474		0	0	0	0	0	168,474	60,815				16,135
LAND																
5	LAND - 5032 SLAUSON	2/28/95		152,336							152,336					0
6	LAND - BROOKS	9/01/94		140,000							140,000					0
11	LAND - 6TH AVENUE	9/01/97		120,861							120,861					0
12	LAND - 5026 SLAUSON	7/01/94		42,228							42,228					0
21	LAND - ROSE	6/09/98		380,421							380,421					0
24	LAND - 4816 SLAUSON	11/29/00		216,504							216,504					0
25	LAND - 640 WESTMINSTER	1/12/00		308,213							308,213					0
26	LAND - 200 LINCOLN	3/31/00		179,751							179,751					0
53	LAND - PACIFIC	2/11/03		278,231							278,231					0
78	LAND - CENTINELA	8/27/07		1,123,955							1,123,955					0
103	LAND - HORIZON	7/15/11		2,738,067							2,738,067					0
116	LAND - 13368 BEACH	10/01/12		549,000							549,000					0
TOTAL LAND				6,229,567		0	0	0	0	0	6,229,567	0				0
MACHINERY AND EQUIPMENT																
33	EQUIPMENT	7/18/00		15,777							15,777	15,777	S/L	5		0
34	EQUIPMENT	8/23/00		3,572							3,572	3,572	S/L	5		0
35	EQUIPMENT	10/12/00		9,290							9,290	9,290	S/L	5		0

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VENICE COMMUNITY HOUSING CORPORATION

95-4200761

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
36	EQUIPMENT - 5032 SLAUSON	4/24/00		2,850							2,850	2,850	S/L	5		0
37	EQUIPMENT	7/01/00		5,307							5,307	5,307	S/L	5		0
39	AUTOMOBILE	5/02/01		10,416							10,416	10,416	S/L	5		0
49	COMPUTER	9/16/02		13,744							13,744	13,744	S/L	5		0
62	EQUIPMENT - 4816 SLAUSON	6/25/03		3,000							3,000	3,000	S/L	5		0
69	EQUIPMENT	3/18/05		1,475							1,475	1,475	S/L	5		0
70	EQUIPMENT	12/31/05		1,243							1,243	1,243	S/L	5		0
71	EQUIPMENT	12/31/05		1,306							1,306	1,306	S/L	5		0
72	AUTOMOBILE	9/26/05		40,190							40,190	40,190	S/L	5		0
75	EQUIPMENT - 5032 SLAUSON	2/11/06		3,775							3,775	3,775	S/L	5		0
76	EQUIPMENT	6/19/06		3,952							3,952	3,952	S/L	5		0
77	EQUIPMENT - PACIFIC	11/16/06		4,295							4,295	4,295	S/L	5		0
81	EQUIPMENT - 5026 SLAUSON	9/01/07		3,101							3,101	2,688	S/L	5		413
82	EQUIPMENT - WESTMINSTER	8/20/07		6,663							6,663	5,807	S/L	5		856
83	EQUIPMENT - 200 LINCOLN	2/13/07		7,995							7,995	7,795	S/L	5		0
90	EQUIPMENT - 5026 SLAUSON	2/05/08		5,298							5,298	4,010	S/L	5		1,060
91	EQUIPMENT	6/19/08		3,246							3,246	2,275	S/L	5		649
92	EQUIPMENT - PACIFIC	12/30/08		4,780							4,780	2,916	S/L	5		956
98	EQUIPMENT - 5026 SLAUSON	9/02/09		2,500							2,500	1,250	S/L	5		500
99	EQUIPMENT - 4816 SLAUSON	9/17/09		3,000							3,000	1,500	S/L	5		600
118	EQUIPMENT	1/01/12		5,335							5,335		S/L	5		1,067
119	EQUIPMENT	1/03/12		6,664							6,664		S/L	5		1,333
120	EQUIPMENT	2/16/12		7,154							7,154		S/L	5		1,192
122	EQUIPMENT	12/31/12		7,174							7,174		S/L	5		0
TOTAL MACHINERY AND EQUIPME				183,102		0	0	0	0	0	183,102	148,433				8,626
TOTAL DEPRECIATION				13,356,124		0	0	0	0	0	13,356,124	1,988,510				227,170

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VENICE COMMUNITY HOUSING CORPORATION

95-4200761

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	GRAND TOTAL AMORTIZATION			290,482		0	0	0	0	0	290,482	34,006				30,562
	AMORTIZATION ASSETS SOLD			47,073		0	0	0	0	0	47,073	19,624				27,449
	AMORT REMAINING ASSETS			243,409		0	0	0	0	0	243,409	14,382				3,113
	GRAND TOTAL DEPRECIATION			<u>13,356,124</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,356,124</u>	<u>1,988,510</u>				<u>227,170</u>

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