Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

inter	nal Reven	ue Service The organization may have to use a copy of this return to sausty st	tate report	ung require	ernerus.	liispecti	Ori
A		2012 calendar year, or tax year beginning , 2012, and	ending			, 20	
В	Check if	applicable: C Name of organization MIDTOWN PARK CORPORATION	·		D Employe	er identification nu	nber
	Address	change Doing Business As MIDTOWN PARK CORPORATION				94-1686946	
	Name ch	nange Number and street (or P.O. box if mail is not delivered to street address) Ro	com/suite		E Telephor	ne number	
	Initial ret	um c/o The John Stewart Company, 1388 Sutter St., 11th Floor		l l		415-345-4400	
\Box	Termina						
$\overline{\Box}$	Amende				G Gross re	ceipts \$ 1	197,020
$\overline{\Box}$		on pending F Name and address of principal officer: Marchell Johnson, President				for affiliates? Yes	
_	Applicat	on pending 1. Tamo are assess of principal cines. Marchen Johnson, President				cluded? Yes	
_	Tay ava	mpt status				list. (see instruction	
÷	Website		527				٠,
7				H(c) Group			
K			formation.	1968	M State	of legal domicile.	CA
P	art I	Summary					
	1	Bnefly describe the organization's mission or most significant activities: $\underline{\textbf{L}}$	OW-MOD	ERATE IN	ICOME H	OUSING	
φ	1	•••••••••••••••••••••••••••••••••••••••					
Ę							
Ē							
Activities & Governance	2	Check this box ▶☐ if the organization discontinued its operations or dispo	osed of m	nore than	25% of	its net assets.	
<u>ت</u> ~	3	Number of voting members of the governing body (Part VI, line 1a)			3		9
88	4	Number of independent voting members of the governing body (Part VI, line	ne 1b) .		4		9
ŧ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a	a)		5		4
尝	6	Total number of volunteers (estimate if necessary)	-		6		0
ď	7a				7a		0
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	-	0
	 	The division between the second transfer and transfer	ii	Prior Ye		Current Ye	
	8	Contributions and grants (Part VIII, line 1h)	1	,180,110	-		
Revenue	9						
6	į.				700	-	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	1	,180,810		
	13	Grants and similar amounts paigaratty, column (A), lines 1-3)	·				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>				
8	15	Salaries, other compensation employee benefits (Part IX, column (A), lines 5-1			123,953		
Expenses	16a	Professional fundraising tees (Paretx, column (A), line 11e)	· L_				
ã	b	Total fundraising expenses (Part IX, column D), line 25) ▶					
ű	17	Other expenses (Part IX) delumn (A), lines 1 a-11d, 11f-24e)	. [1	,228,071		
	18	Other expenses (Part IX delumn (A), lines 1 a-11d, 11f-24e) Total expenses. Add lines 13-17 (must ocual Part IX, column (A), line 25) Revenue less expenses, subtract line 18 from line 12		1	,350.024		
	19	Revenue less expenses Subtract-line 18 mom line 12	. 🗀	(169,214)		
- 6		<u> </u>	Begi	inning of Cu		End of Yea	ır
Assets or	20	Total assets (Part X, line 16)	. 🗀		284,416		
Ass	21	Total liabilities (Part X, line 26) 100 V			138,739		
ž	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>		145,877		
Đ	art II	Signature Block	· · · · ·		, , 0,017		
		alties of penury, I declare that I have examined this return, including accompanying schedules and	d etatomon	te and to th	no boot of r	my knowledge, and	boliaf it is
		it, and complete Declaration of preparer (other than officer) is based on all information of which p				ily knowledge and	Dellei, II IS
_	-		-	<u> </u>	-		
Sig	an	Signature of officer		L Dat			
	_	PRESIDENT		Da	· 4/	11/12	
пе	ere					"/15	
		Type or print name and title	- In			lone.	
Pa	aid	Print/Type preparer's name Preparer's signature	Date		Check		
	epare	er Landstein	<u>l</u>		self-em	ployed	
	se On			Firm	ı's EIN ▶		
		Firm's address ▶		Pho	ne no.		
Ma	ay the I	RS discuss this return with the preparer shown above? (see instructions) .	<u> </u>			🗌 Yes	☐ No
Fo	r Paper	work Reduction Act Notice, see the separate instructions.	Cat No 1	1282Y		Form 9	90 (2012)



Form 99	D (2012)			Page 2
Part	Statement of Program Service Check if Schedule O contains a r	Accomplishments response to any question in this Part		
1	Briefly describe the organization's missi			
		SING		••
2	Did the organization undertake any sign prior Form 990 or 990-EZ?	nificant program services during the ye	ar which were not listed on the	
3	If "Yes," describe these new services or Did the organization cease conducting services?	g, or make significant changes in h		∕es ☑No
4	If "Yes," describe these changes on Sch Describe the organization's program se expenses. Section 501(c)(3) and 501(c)(the total expenses, and revenue, if any,	ervice accomplishments for each of its (4) organizations are required to report		
4a	(Code:) (Expenses \$SINCE 1968, MPC CONTINUE TO OPERAT	1,242,234 including grants of \$) (Revenue \$ 1,19	97,020) PROVIDING
	AFFORDABLE HOUSING TO LOW-MODER			
4b	(Code:) (Expenses \$) (Revenue \$	
4-	(Ooder) (Farmer 6	including grants of \$) /Povenue ¢	
4c	(Code:) (Expenses \$	Ricidumg grants of \$) (nevenue \$	
4d	Other program services (Describe in Sci (Expenses \$ including of		\$)	
4e	Total program service expenses			

Form **990** (2012)

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Part	V Checklist of Required Schedules			, <u>.</u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	İ		
	complete Schedule A	_1_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u></u>	1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a	T	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	0 (2012)		ا	Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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			
04-	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeate any tax exempt bonds?	24b		√
đ	to defease any tax-exempt bonds?	24c 24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<i>,</i>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		1
С	Schedule L, Part IV	28b		1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		∀
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	1
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,</i>	30		
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

	V Statements Degarding Other IDS Filings and Tay Compliance			Page
Part				
	Check if Schedule O contains a response to any question in this Part V	· · ·	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	i	ļ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		١,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	/	-
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		\ <u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	i	1
b	If "Yes," enter the name of the foreign country: >			Γ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_	<u> </u>	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	-
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	00	-	ľ
	gifts were not tax deductible?	6b	l	l
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	ļ	/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 - -	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		 ✓
a	If "Yes," indicate the number of Forms 8282 filed during the year	7c		 V
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	_	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		†
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.	00		
a b	Did the organization make any taxable distributions under section 4966?	9a 9b	 	-
10	Section 501(c)(7) organizations. Enter:	36	┢─	
а	Initiation fees and capital contributions included on Part VIII, line 12	Ì	ĺ	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	ł
11	Section 501(c)(12) organizations. Enter:	1	1	
а	Gross income from members or shareholders]		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	┨	Ì	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	—	\vdash
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	\vdash	\vdash
а	Is the organization licensed to issue qualified health plans in more than one state?	134	 	+
h	Enter the amount of reserves the organization is required to maintain by the states in which	1	l	1

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization have members or stockholders? Did the organization become aware during the year of a significant diversion of the organization's asserts? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Bid the organization for walling address? If "res", provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) If "ves," did the organization have written policies and procedures governing the activities of such chapters, bridging the year by the following the year of the process of schedule of complex poly of this Fome 900. Did the organization have a written	Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b g 2 Did any officer, director, trustee, or key employees to a family relationship or a business relationship with any other officer, director, trustee, or key employees or a management company or other person? 4 Did the organization delegate control over management duties customarly performed by or under the direct supervision of efficers, directors, or furstees, or key employees to a management company or other person? 4 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization the members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 10 Leach committee with authority to act on behalf of the governing body? 11 Each committee with authority to act on behalf of the governing body? 12 Leach bornmittee with authority to act on behalf of the governing body? 13 Leach committee with authority to act on behalf of the governing body? 14 Each committee with authority to act on behalf of the governing body? 15 Leach committee with authority to act on behalf of the governing body? 16 Leach comm	•				
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If there are material differences in voting rights among members of the governing body, or if the governing body delegated troad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 9 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 employees to a management company or other preson? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other preson? 4 Did the organization favore members or stockholders? 5 Did the organization have members or stockholders? 7 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? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? c the organization is mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requires information about policies not required by the Internal Revenue Code) 5 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have a written policies and procedures governing body before fling the form? 11 Describe in Schedule O the process, if any, used by the organization is exempt purposes? 12 Did the organization have a written policies and procedures governing body before fling the form? 13 Did the organizati	1a	Enter the number of voting members of the governing body at the end of the tax year.		{	
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Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official					
a The organization's CEO, Executive Director, or top management official					1
b Other officers or key employees of the organization		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
b Other officers or key employees of the organization	а	The organization's CEO, Executive Director, or top management official	15a		
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			15b		1
with a taxable entity during the year?					
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a	· · · · · · · · · · · · · · · · · · ·			ĺ
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		• • •	16a		✓
organization's exempt status with respect to such arrangements?	þ		[
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the			l i		Ì
 List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 			16b		<u> </u>
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 					
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 ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 	10		1 301(ပ္ပ(၁)၆	o orny)
 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 		·			
 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 	10		f inter	est r	odicy
20 State the name, physical address, and telephone number of the person who possesses the books and records of the	.5			F	· · · · · · · · · · · · · · · · · ·
	20		of the	•	
		organization: ► Justine Minnis, The John Stewart Company, 1388 Sutter St., San Francisco, CA 94109, Phone (415) 3			

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Page	•

Form		

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

Check if Schedule O contains a response to an	concetion in this Bort VII									
Check if Schedule O contains a response to an	question in this rait vii	•			•	•	•	•	•	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 no	r any related	d orga	<u>aniz</u>	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
- · ·	1					than o			1	Estimated
Name and Title	Average					is both		Reportable compensation	Reportable compensation from	amount of
	hours per week (list any	office	er and	dad	rect	or/trust		from	related	other
	hours for	익호	ᆵ	Q	줐	9.∓	ᄬ	the	organizations	compensation
	related	무불	∰	Officer	Ÿ O	불	Former	organization	(W-2/1099-MISC)	from the
	organizations	효율	I₩	~	릚	y st	4	(W-2/1099-MISC)		organization
	below dotted	옥둧	冒		Key employee	l "g		1	Ì	and related
	line)	Individual trustee or director	Institutional trustee		8	ᅙ				organizations
		8	St e			ി ജ	1			
			٥			Highest compensated employee				
(1) Marchell Johnson, President	1									
	1	✓		✓						
(2) Donald Griggs, Vice President	1									· ·
		✓		1						
(3) Olivia Geter, Secretary	1									
	T	1	}	✓						
(4) Maxine Caton, Treasurer	1									
(*) Maxine Caton, Treasurer	 	1		1		1				
(5) Myles Dixon	1									
(3) Myles Dixon	† -	1				1				
(6) Terry Majors	1									-
(4) 1011 y major 3	† 	1								
(7) Rufus Watkins	1	· ·								
1.7 Kalas Patkilis	 	1								
(8) Elvin Herbert	1		T		Г					
(4) Elvin Holbert	† -	√	l	ļ	{	ļ	l			l:
(9) Doris Lanier	1									
(17)		✓				1				
(10)										
\$237	1	1					1			
(11)										
2	<u> </u>	1			ļ	ĺ				
(12)										
	1	1								
(13)							Г			
3 <u>4</u>	T	1		ļ	ļ					
(14)		T		Γ						
1.4	·†	1	1			1	1	1		

Total from continuation sheets to Part VII, Section A Total (add lines 1 b and 1 c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization or individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization or individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations and related organization or individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization of the organization and related organizations greater than \$150,0000 of responsation and related organizations greater than \$150,0000 of responsation from the organization of the sum of reportable compensation and other compensation from the organization from the organization from the organization from the organization of the sum of reportable compensation and other compensation from the organization Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the calendar year ending with or within the organization reganization. Report compensation for the calendar year ending with or within the organization.	Part	(A) Name and title	(B) Average hours per week (list any	(do n box, i office	ot ch unles	Pos eck s pe d a d	tion more rson rect	than one that the that the that the that the that the that the the that the the the the the the the the the th	one an ee)	(D) Reportable compensation from	(E) Reportab compensatior related	le ı from	Estu amo	(F) mated ount of ther	
115 116 117 118 119			related organizations below dotted	ndividual trustee ir director	nstitutional trustee	Micer	(ey employee	lighest compensated mployee	ormer	organization			from organ and	n the nzation related	
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 syear. (A) (B) (C)	(15)														
(18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A	(16)			ļ					-						
(29) (21) (22) (23) (24) (25) 1b Sub-total corrections to a continuation sheets to Part VII, Section A do total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual such and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual services rendered to the organization? If "Yes," complete Schedule J for such person services rendered to the organization? If "Yes," complete Schedule J for such person 5 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 year.	(17)			-											
[20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [21] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [20] [20] [20] [20] [20] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [22] [22	(18)			_					_						
[22] [23] [24] [25] 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	(19)			-			-		_			_	-		
[22] [23] [24] [25] 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	(20)														
(23) (24) (25) (25) (26) (27) (28) (29)				<u> </u>											
(23) (24) (25) 1b Sub-total				<u> </u>											
(24) 1b Sub-total															
1b Sub-total	(23)									•			_		
1b Sub-total	(24)														_
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	(25)														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	C	Total from continuation sheets to Part	VII, Sectio		•	•		l · ·	>						
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Total number of individuals (including bu	t not limited						e) w	ho received m	ore than \$1	00,000 c	of		
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former or	fficer, direc							-			3	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	porta an \$	ble (150,	000	npe)? <i>[</i>	nsatio	s, "	complete Sch	nedule J fo	r such			1
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 year. (A) (B) (C)	5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	un un	related organiz	zation or inc	dividual			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's year. (A) (B) (C)	Section		700,	p.										!	
	1	compensation from the organization. Re													ax
			dress								services	C			
			_												
									\vdash	<u></u> _					

Form 9	90 (201) VIII	<u> </u>					Page 9
· I. CII.	Vill	Check if Schedule O contains a res	ponse to any ques	tion in this Part V	M		
		Officer if Octicating a res	porise to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ıts	1a	Federated campaigns 1	а				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1	b				
Am A	С	Fundraising events					
ilar il	d	Related organizations 1			1		
ns,	е	Government grants (contributions) 1	e				
ntio er S	f	All other contributions, gifts, grants,	_				
혈환		and similar amounts not included above			Ì		
nd	9	Noncash contributions included in lines 1a-1f:					
	h	Total. Add lines 1a-1f	Business Code				
ău.	2a	Rental Income	521110	1,181,845	1,181,845		
Program Service Revenue	b	Loundry Incomo	521110	8,914	8,914		
9	c	Late Charges	531110	6,497	6,497		<u> </u>
e <u>r</u>	ď	Miscellaneous and Other Fees	531110	(360)	(360)	-	
S	е			(***-/			
gra	f	All other program service revenue.	-				
2	g	Total. Add lines 2a-2f		1,196,896			
	3	Investment income (including div					
		and other similar amounts)		124			124
	4	Income from investment of tax-exempt	•				
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6a	Gross rents		-			
	b	Less: rental expenses		-			
	C	Rental income or (loss) Net rental income or (loss)	•	1			
	d 7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	ြင	Gain or (loss)		1			
	d						
Other Revenue	8a	Gross income from fundraising events (not including \$					
er Re		of contributions reported on line 1c). See Part IV, line 18	а				
ŧ	b	•	b	_			
-	C	Net income or (loss) from fundraisi		 			
	9a	See Part IV, line 19	a				
	b	Less: direct expenses	b	1			1
	C	Net income or (loss) from gaming a					
	10a	Gross sales of inventory, les returns and allowances					
	١.		<u> </u>	-			
	b	Less: cost of goods sold Net income or (loss) from sales of	b	1			
	 	Miscellaneous Revenue	Business Code	+			
	11a			1 1			
	b		-				
	c		-				
	d	All other revenue	-				
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions.	•	1 197 020	1 196 896		124

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).

	Cheek if Cehedula O centains a reconses	o to one supetion i	n thin Dort IV		
	Check if Schedule O contains a respons			(0)	
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	43,472	43,472		
9	Other employee benefits	4,918	4,918		
10	Payroll taxes	6,489	6,489		
11	Fees for services (non-employees):	0,100	9,100		 -
	Management	72.050	72.050		
_		72,050	72,050		
b	Legal	1,175	1,175		
С	Accounting	7,980		7,980	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,250		2,250	
12	Advertising and promotion				
13	Office expenses	1,877		1,877	
14	Information technology				
15	Royalties				
16	Occupancy	1,015,373	1,015,373		
17	Travel	1,015,373	1,015,373		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization .				
23	Insurance	73,322	73.322		
24	Other expenses. Itemize expenses not covered	75,522	75,022		
24	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.)				
а	Office Supplies	3,287		3,287	
b	License, permits and fees	1,877		1,877	
	Telephone				
C C	Other General and Administrative Expense	6,180		6,180	_
ď		1,984		1,984	
e	All other expenses Total functional expenses. Add lines 1 through 24e				
25		1,242,234	1,216,799	25,435	 -
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if the only if the organization in the control in				
	following SOP 98-2 (ASC 958-720)				- 000 man

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
	1	Cash—non-interest-bearing	46,049	1	37,248
	2	Savings and temporary cash investments	172,444	2	123,109
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	60,293	4	48,659
S	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	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	5,830	9	5,892
		other basis. Complete Part VI of Schedule D 1,260,267		1	
	þ	Less: accumulated depreciation 10b 1,260,267		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	284,616		214,908
	17	Accounts payable and accrued expenses	30,352		7,025
	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	
Liabilities	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	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	108,387	25	96,323
	26	Total liabilities. Add lines 17 through 25	138,739	26	103,348
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	156,774	27	111,560
Baj	28	Temporarily restricted net assets		28	
Ď	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
5		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ş	33	Total net assets or fund balances	145,877		111,560
	34	Total liabilities and net assets/fund balances	284,616	34	214,908

	Pa	ge 12
· ·	1,24 (4	7,020 2,234 5,214)
	14	5,877
	1	0,897
	11	1,560
<u> </u>		
	Yes	No
2a		✓

Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		_	1,19	7,020
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,24	2,234
3	Revenue less expenses. Subtract line 2 from line 1	3			(45	5,214)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			14	5,877
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			1	0,897
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	_	_	11	1,560
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		• •	• •	: i	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	nlain		1		ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piairi	"'	ł		ł
				2a	1	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com		· 1	24		V
	reviewed on a separate basis, consolidated basis, or both:	piled		1		
	Separate basis Consolidated basis Both consolidated and separate basis		1	İ		
	Were the organization's financial statements audited by an independent accountant?		-	2b		1
Ð	If "Yes," check a box below to indicate whether the financial statements for the year were audit	 ed on	· _	20		<u> </u>
	separate basis, consolidated basis, or both:	Ju 0	_			1
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versia	ht			
C	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		<u> </u>			
	Schedule O.					
За	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?		- 1	За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo ti				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		1	3b		
					. 000	(2012

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 **Employer identification number** MIC The

ND.	TOWN PARK CORPORATION c/o The John Stewart Company 94-1686946 94-1686946
Pa	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
he	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	= · · · · · · · · · · · · · · · · · · ·
3	C
4	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 33½% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
•	a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

	_		1	l	l		1				
			Yes	No	Yes	No	Yes	No			
	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	sted in your	the organ	nization in of your	organizat (i) organi	ion in col zed in the	l, -		netary
• •	•	•									
(iii) A 35% con	trolled entity of	a person described in	(i) or (ii) a	above?.					11g(iii)		
(ii) A family me	ember of a perso	on described in (i) abo	ve?						11g(ii)		
	•	-									No
following perso	ons?	,	•	•			•			V 1	NI=
_									•	-	g
or section 509	(a)(2).					_					
	organization, organization, organization, organization, organization, organization organization, organization organization, organization, organization	organization, check this box. Since August 17, 2006, has the following persons? (i) A person who directly or in (iii) below, the governing both (iii) A family member of a person (iii) A 35% controlled entity of Provide the following information of supported (ii) EIN	If the organization received a written determinated organization, check this box	If the organization received a written determination from to organization, check this box	If the organization received a written determination from the IRS to organization, check this box	If the organization received a written determination from the IRS that it is organization, check this box	If the organization received a written determination from the IRS that it is a Type organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from a following persons? (i) A person who directly or indirectly controls, either alone or together with persons (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Did you notify the organization in col. (i) listed in your governing document?	If the organization received a written determination from the IRS that it is a Type I, Type I organization, check this box	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) at (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iv) Did you notify the organization in col. (i) organization in col. (i) of your governing document? (iv) Did you notify the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supportant organization, check this box	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

18

·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 Gifts. grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2011 Schedule A, Part II, line 14 15 % 15 331/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 \Box 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

C1:	an A Bublic Current	under the tes	sts listed beit	w, piease co	inplete i art i	1.)	
	on A. Public Support	() 0000	# \ 0000	() 0040	1 D 0014	4-3-0040	(O. T. Il.
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	·					
_	sold or services performed, or facilities		l				
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose	1,166,538	1,187,589	1,193,161	1,180,110	1,196,896	5,924,294
3	unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the						
~	organization's benefit and either paid						
	to or expended on its behalf		ļ				
5	The value of services or facilities				- -		
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1,166,538	1,187,589	1,193,161	1,180,110	1,196,896	5,924,294
	Amounts included on lines 1, 2, and 3	1,100,000	1,107,000	1,100,101	1,100,110	1,100,000	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			İ	1		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						5,924,294
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,166,538	1,187,589	1,193,161	1,180,110	1,196,896	5,924,294
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
	· ·	1,967	2,603	1,447	700	124	6,841
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		:				
	Add lines 10a and 10b	1,967	2,603	1,447	700	124	6,841
11	Net income from unrelated business	1,507	2,003			124	0,041
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,168,505			1,180,810	1,197,020	5,931,135
14	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	· · · · ·	<u> </u>	<u>· · ▶ □</u>
	on C. Computation of Public Suppor	<u>~</u>					
15	Public support percentage for 2012 (line 8		-	3, column (f))		15	99.9 %
16	Public support percentage from 2011 Sch			 	<u></u>	16	99.9 %
	on D. Computation of Investment Inc				(0)	147	- 0/
17	Investment income percentage for 2012 (-		17	.1 %
18 19a	Investment income percentage from 2011 331/3% support tests—2012. If the organi					18 ore than 331a9	.1 %
138	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2011. If the organiz	-				=	
U	line 18 is not more than 331/3%, check this is						
20	Private foundation. If the organization di			•			_

 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).

SCHEDULE D · (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

MIDTO	WN PARK CORPORATION c/o The John Stewar	t Company		94-1686946
Par		or Advised Funds or Other Similar Fu	ınds or A	ccounts. Complete if the
	organization answered "Yes" to F			
		(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)			<u> </u>
4	Aggregate value at end of year			
5	Did the organization inform all donors and			
	funds are the organization's property, subject	_		
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gr	ant funds	can be used
	only for charitable purposes and not for the			
_	conferring impermissible private benefit?		<u> </u>	· · · · U Yes U No
Pari		plete if the organization answered "Yes	" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g.,	· _		
	☐ Protection of natural habitat	Preservation	of a certifi	ed historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the	form of a conservation
	easement on the last day of the tax year.		_	
			<u> </u>	Held at the End of the Tax Year
а				2a
b	Total acreage restricted by conservation eas			2b
С	Number of conservation easements on a ce			2c
d	Number of conservation easements include			}
_	historic structure listed in the National Regis		<u>_</u> :	2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated I	by the organization during the
	tax year ▶			
4	Number of states where property subject to			
5	Does the organization have a written po	· ·		
_	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	on easeme	nts during the year
_	American de la companya de la compan			li imaa tha i iaan
7	Amount of expenses incurred in monitoring, ►\$	inspecting, and enforcing conservation ea	sements d	luring the year
8	Does each conservation easement reported	Lon line 2(d) above satisfy the requirement	s of section	n 170(h)(/)(B)
0			5 01 500110	
•	In Part XIII, describe how the organization re			
9	balance sheet, and include, if applicable, the	eports conservation easements in its reven	ue anu exp financial et	tatements that describes the
	organization's accounting for conservation		ilitariolai 31	tatements that describes the
Part		ections of Art, Historical Treasures,	or Other	Similar Assets
all		vered "Yes" to Form 990, Part IV, line 8		Oliffica Addets.
1a	If the organization elected, as permitted un			statement and halance sheet
···	works of art, historical treasures, or other			
	public service, provide, in Part XIII, the text			
b	If the organization elected, as permitted u			
D	works of art, historical treasures, or other			
	public service, provide the following amount			,
	(i) Revenues included in Form 990, Part VIII			▶ \$
	(ii) Assets included in Form 990, Part X .	.,		S
2	If the organization received or held works	of art, historical treasures, or other simi	lar assets	. > \$
_	following amounts required to be reported u			manoiai gain, provide the
а	Revenues included in Form 990, Part VIII, lir			▶ \$
	Assets included in Form 990, Part X			• • •

Par	2

Part								
3	'Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	rds, chec	k any of the	follow	ring that are a si	gnificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progr	ams	
ь	Scholarly research							
	Preservation for future generations							
4	Provide a description of the organization	on's collections a	and expl	ain how th	hey further tl	he org	anızatıon's exem	pt purpose in Part
	XIII.							
5	During the year, did the organization	solicit or receive	donatio	ns of art,	historical tre	asures	s, or other simila	r
	assets to be sold to raise funds rather	than to be mainta	ained as	part of the	e organizatio	n's co	llection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ngements. Co	mplete	if the org	anization a	nswei	ed "Yes" to Fo	rm 990, Part IV,
	line 9, or reported an amount	t on Form 990, I	Part X, I	ine 21.				
1a	Is the organization an agent, trustee,	custodian or oth	er interr	nediary fo	or contribution	ons or	other assets no	t
	included on Form 990, Part X?							🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the f	ollowing ta	able:			
							Ar	nount
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							
b	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the e	xplanatio	n has been p	provide	ed in Part XIII .	<u> </u>
Pari	V Endowment Funds. Comple							
		(a) Current year	(b) Pi	nor year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions		<u> </u>					
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance		<u> </u>	···-	L			
2	Provide the estimated percentage of the		nd balan	ce (line 1g	j, column (a))) held a	as:	
a	Board designated or quasi-endowmer		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%	200/					
20	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			ization th	at are hold a	nd ad	ministered for th	^
Ja	organization by:	possession or a	ie organ	iizalion in	at are rielu a	iliu au	itililistered for th	Yes No
								3a(i)
	(ii) related organizations					• •		3a(ii)
b	If "Yes" to 3a(ii), are the related organi				 Jula R2	• •		3b
4	Describe in Part XIII the intended uses							00
Pari								
	Description of property	(a) Cost or o			or other basis	(c)	Accumulated	(d) Book value
		(investm		1 ' '	other)		epreciation	
	Land							
b	Buildings			1				
C	Leasehold improvements			1				
d	Equipment							
е	Other				1,260,267		1,260,267	0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, columi	n (B), line 10((c).)	. .	0

Part VII	Investments – Other Securities	. See Form 990, Part X,	line 12.	
, (ε	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year man	
(1) Financia	I derivatives	<u> </u>	-	
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)			+	
(H)			· · · · · · · · · · · · · · · · · · ·	
<u>`´</u>				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments-Program Related	d. See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	•		
Part IX	Other Assets. See Form 990, Pa	art X line 15		
r are ix	· · · · · · · · · · · · · · · · · · ·	a) Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
				·
(8)				
(9)		-		
(10)	umn (b) must equal Form 990, Part X, c	ol (P) line 15)		
Part X	Other Liabilities. See Form 990.			
1.	(a) Description of liability	(b) Book value	T	
	I income taxes		-	
(2)			1	
(3)			7	
(4)			7	
(5)				
(6)]	
(7)				
(8)			_	
(9)			_	
(10)			-	
(11)				
	(A)		N Comment of the Comm	
	(b) must equal Form 990, Part X, col. (B) line 25.) SC 740) Footnote In Part XIII, provide the	toyt of the feetnets to the ex	ranization's financial atatements that a	poorts the organization's

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	um
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	j	
ь	Donated services and use of facilities		
С	Recovenes of pnor year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2 e	- 7
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
þ	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d	. 26	<u> </u>
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Part			- <u>-</u> -
Part V	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and /, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this panation.		
		- /	

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
,		
	•	
		•

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

MIDTOWN PARK CORPORATION, c/o THE JOHN STEWART COMPANY 94-1686946 FORM 990, PART VI, LINE 11b - The Organization Review Process A Board meeting is held on the 3rd Wednesday of the month from 6-8 pm, on site. Each Board member is provided a copy of the Federal Form 990, and the California Form 199 returns. The Returns are reviewed at the Board Meeting. The process is Discussion, Motion to Accept, Second the Motion, and Vote. If the Returns are accepted by the Board, the President will sign, date and file the Form 990, and the other tax reports. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE No Documents are available to the public.