

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MID-PENINSULA COALITTON BELLE HAVEN INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
303 VINTAGE PARK DRIVE 250

City or town, state or province, country, and ZIP or foreign postal code
FOSTER CITY, CA 94404

D Employer identification number
77-0047939

E Telephone number
(650) 356-2900

G Gross receipts \$ 430,131

F Name and address of principal officer:
MATTHEW O FRANKLIN
303 VINTAGE PARK DRIVE 250
FOSTER CITY, CA 94404

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
BELLE HAVEN, INC. OWNS AND OPERATES TWO RESIDENTIAL APARTMENT BUILDINGS, WHICH IT LEASES AT AFFORDABLE RENTS TO HOMELESS, HANDICAPPED ANDELDERLY INDIVIDUALS.

2 Check this box 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	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	168,437	174,436
9 Program service revenue (Part VIII, line 2g)	359,928	245,332
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-42,056	-56,374
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	9,621
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	486,309	373,015
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	58,055	67,348
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	411,773	356,768
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	469,828	424,116
19 Revenue less expenses. Subtract line 18 from line 12	16,481	-51,101
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,030,553	2,958,752
21 Total liabilities (Part X, line 26)	4,167,010	4,146,310
22 Net assets or fund balances. Subtract line 21 from line 20	-1,136,457	-1,187,558

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: 2022-10-14
MICHAEL J VERGURA CFO/ASSISTANT SECRETARY
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P01433887
Firm's name ▶ NOVOGRADAC & COMPANY LLP Firm's EIN ▶ 94-3108253
Firm's address ▶ 2033 N MAIN ST SUITE 400 Phone no. (925) 949-4300
WALNUT CREEK, CA 94596

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

IN CONJUNCTION WITH RELATED ORGANIZATIONS, MIDPEN HOUSING CORPORATION'S MISSION IS TO PROVIDE SAFE, AFFORDABLE HOUSING OF HIGH QUALITY TO THOSE IN NEED; TO ESTABLISH STABILITY AND OPPORTUNITY IN THE LIVES OF RESIDENTS; AND TO FOSTER DIVERSE COMMUNITIES THAT ALLOW PEOPLE FROM ALL ETHNIC, SOCIAL AND ECONOMIC BACKGROUNDS TO LIVE IN DIGNITY, HARMONY AND MUTUAL RESPECT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 50,314 including grants of \$) (Revenue \$)
 See Additional Data

4b (Code:) (Expenses \$ 223,148 including grants of \$) (Revenue \$ 20,673)
 See Additional Data

4c (Code:) (Expenses \$ 150,654 including grants of \$) (Revenue \$ 177,164)
 See Additional Data

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

4e Total program service expenses ▶ 424,116

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
11b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [checked]

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12. 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders. 11a
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b
c Enter the amount of reserves on hand. 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. 17

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b 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?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023 (1024 or 1024-A, 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, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 303 VINTAGE PARK DRIVE NO 250 FOSTER CITY, CA 94404 (650) 356-2900

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KIM LE CHAIR	0.20 2.60	X		X			0	0	0	
(2) DAN SEUBERT TREASURER	0.20 2.60	X		X			0	0	0	
(3) ERIC HARRISON VICE CHAIR	0.20 2.60	X		X			0	0	0	
(4) GINA DIAZ SECRETARY	0.20 2.60	X		X			0	0	0	
(5) BETH BARTLETT DIRECTOR	0.20 2.60	X					0	0	0	
(6) MARK BATTEY DIRECTOR	0.20 2.60	X					0	0	0	
(7) MONIQUE MOYER DIRECTOR	0.20 2.60	X					0	0	0	
(8) TERRY FREEMAN DIRECTOR	0.20 2.60	X					0	0	0	
(9) RENEE MCDONNELL DIRECTOR	0.20 2.60	X					0	0	0	
(10) ENRIQUE TORRES DIRECTOR	0.20 2.60	X					0	0	0	
(11) JESSICA GARCIA-HOHL DIRECTOR	0.20 2.60	X					0	0	0	
(12) ELISA DE LAET JAGERSON DIRECTOR	0.20 2.60	X					0	0	0	
(13) JENNIFER HICKS DIRECTOR	0.20 2.60	X					0	0	0	
(14) FAY SIEN GOON DIRECTOR	0.20 2.60	X					0	0	0	
(15) JENNIFER MARTINEZ DIRECTOR	0.20 2.60	X					0	0	0	
(16) MATTHEW O FRANKLIN PRESIDENT/ASST SECRETARY	0.50 44.50			X			0	584,596	49,779	
(17) JAN LINDENTHAL CHIEF REAL ESTATE DEV /ASST. SECRETARY	0.00 45.00			X			0	445,194	47,030	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) MICHAEL J VERGURA CFO/ASST. SECRETARY	0.50 44.50			X				0	417,105	52,165
(19) JANINE LIND COO / ASST. SECRETARY	1.00 44.00			X				0	422,487	38,344
(20) LANCE SMITH VP / CORPORATE COUNSEL & BROKER / ASST. SECRETARY	0.00 45.00			X				0	312,026	40,294
(21) MARVIN WILLIAMS SVP OF PROPERTY MGMT/ASST. SECRETARY	0.00 45.00			X				0	262,542	4,824
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	2,443,950	232,436

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	49,951	49,951		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,153	3,153		
9 Other employee benefits	10,041	10,041		
10 Payroll taxes	4,203	4,203		
11 Fees for services (non-employees):				
a Management	28,436	28,436		
b Legal				
c Accounting	11,905	11,905		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	83,136	83,136		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,315	58,315		
23 Insurance	19,712	19,712		
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 OPERATING & MAINTENANCE	48,478	48,478		
b UTILITIES	37,781	37,781		
c ADMINISTRATIVE	31,816	31,816		
d ASSET MANAGEMENT FEE	17,000	17,000		
e All other expenses	20,189	20,189		
25 Total functional expenses. Add lines 1 through 24e	424,116	424,116	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,227	1	6,140
	2 Savings and temporary cash investments	228,543	2	173,716
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,425	4	9,244
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,056	9	2,779
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,595,550		
	b Less: accumulated depreciation	1,244,956		
	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	346,240	15	416,279
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,030,553	16	2,958,752	
Liabilities	17 Accounts payable and accrued expenses	86,474	17	29,369
	18 Grants payable		18	
	19 Deferred revenue	1,991	19	4,083
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,825,330	23	2,860,241
	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	1,253,215	25	1,252,617
	26 Total liabilities. Add lines 17 through 25	4,167,010	26	4,146,310
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-1,136,457	27	-1,187,558
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-1,136,457	32	-1,187,558	
33 Total liabilities and net assets/fund balances	3,030,553	33	2,958,752	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	373,015
2	Total expenses (must equal Part IX, column (A), line 25)	2	424,116
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,101
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,136,457
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 32, column (B))	10	-1,187,558

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 77-0047939

Name: MID-PENINSULA COALITION BELLE HAVEN INC

Form 990 (2021)

Form 990, Part III, Line 4a:

BELLE HAVEN, INC. OWNS AND LEASES REAL PROPERTY TO OTHER NONPROFIT ORGANIZATIONS AND GOVERNMENTAL AGENCIES TO PROVIDE AFFORDABLE HOUSING AND HOMELESS SHELTERS.

Form 990, Part III, Line 4b:

BELLE HAVEN JESSIE STREET APARTMENTS OWNS & OPERATES 14 RESIDENTIAL APARTMENT UNITS, WHICH IT LEASES AT AFFORDABLE RENTS TO HOMELESS, HANDICAPPED & ELDERLY INDIVIDUALS.

Form 990, Part III, Line 4c:

BELLE HAVEN SUNDIAL APARTMENTS OWNS & OPERATES 11 RESIDENTIAL APARTMENT UNITS, WHICH IT LEASES AT AFFORDABLE RENTS TO HOMELESS, HANDICAPPED & ELDERLY INDIVIDUALS.

SCHEDULE A
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
MID-PENINSULA COALITION BELLE HAVEN INC

Employer identification number
77-0047939

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	114,075	130,052	145,232	168,437	174,436	732,232
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	114,075	130,052	145,232	168,437	174,436	732,232
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						732,232

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .	114,075	130,052	145,232	168,437	174,436	732,232
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	982	1,010	2,631	1,248	742	6,613
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						738,845
12 Gross receipts from related activities, etc. (see instructions)						12
13 First 5 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 2021 (line 6, column (f) divided by line 11, column (f))	14	99.100 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	88.300 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. 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—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization MID-PENINSULA COALITION BELLE HAVEN INC

Employer identification number 77-0047939

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,665,456		1,665,456
b Buildings		1,639,967	1,131,101	508,866
c Leasehold improvements				
d Equipment		95,082	93,742	1,340
e Other		195,045	20,113	174,932
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,350,594

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TENANT SECURITY DEPOSITS	25,503
(2) REPLACEMENT RESERVES	242,762
(3) OPERATING RESERVES	148,014
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	416,279

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	1,208,483
(3) TENANT SECURITY DEPOSITS	24,457
(4) PAYABLE TO AFFILIATES	19,677
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,252,617

2. Liability for uncertain tax positions. 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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	430,131
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	57,116	
e	Add lines 2a through 2d		2e	57,116
3	Subtract line 2e from line 1		3	373,015
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	373,015

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	481,232
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	57,116	
e	Add lines 2a through 2d		2e	57,116
3	Subtract line 2e from line 1		3	424,116
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	424,116

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 77-0047939

Name: MID-PENINSULA COALITION BELLE HAVEN INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE CORPORATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE CORPORATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2017 THROUGH 2020 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON DISPOSAL OF FIXED ASSETS 57,116.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON DISPOSAL OF FIXED ASSETS 57,116.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
MID-PENINSULA COALITION BELLE HAVEN INC

Employer identification number
77-0047939

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MATTHEW O FRANKLIN PRESIDENT/ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	471,834	110,440	2,322	17,400	32,379	634,375	0
2 JAN LINDENTHAL CHIEF REAL ESTATE DEV /ASST. SECRETA	(i)	0	0	0	0	0	0	0
	(ii)	360,099	82,773	2,322	17,400	29,630	492,224	0
3 MICHAEL J VERGURA CFO/ASST. SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	329,034	81,213	6,858	17,400	34,765	469,270	0
4 JANINE LIND COO / ASST. SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	338,412	82,833	1,242	17,400	20,944	460,831	0
5 LANCE SMITH VP / CORPORATE COUNSEL & BROKER / AS	(i)	0	0	0	0	0	0	0
	(ii)	272,136	38,600	1,290	17,400	22,894	352,320	0
6 MARVIN WILLIAMS SVP OF PROPERTY MGMT/ASST. SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	229,282	31,483	1,777	0	4,824	267,366	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	COMPENSATION SURVEY OR STUDY AND FORM 990 OF OTHER ORGANIZATIONS WERE USED TO ESTABLISH COMPENSATION OF RELATED ORGANIZATION'S CEO/CFO, OFFICERS AND KEY EMPLOYEES. BOARD OF COMPENSATION COMMITTEE'S APPROVAL IS ALSO REQUIRED.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

MID-PENINSULA COALITION BELLE HAVEN INC

Employer identification number

77-0047939

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A AND 2B:	THE ORGANIZATION HAS NO EMPLOYEES. SALARIES AND WAGES REPORTED IN PART IX, FUNCTIONAL EXPENSES, WERE REIMBURSEMENTS TO MIDPEN PROPERTY MANAGEMENT CORPORATION. THE AMOUNT WAS LISTED TO CONFORM WITH THE REQUIREMENTS OF FEDERAL AND/OR STATE REGULATORY AGENCIES AND/OR LENDERS ON AUDITED FINANCIAL STATEMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ACCOUNTING MANAGER COMPLETES THE 990 QUESTIONNAIRE AND ACCUMULATES ALL SUPPORTING DOCUMENTATION. THEN THE ASSISTANT CONTROLLER REVIEWS THE QUESTIONNAIRE AND SUPPORTING DOCUMENTATION. THE ASSISTANT CONTROLLER RETURNS THE QUESTIONNAIRE TO THE ACCOUNTING MANAGER WITH QUESTIONS OR COMMENTS. ONCE THE CHANGES ARE MADE AND COMMENTS HAVE BEEN ADDRESSED, THE QUESTIONNAIRE IS SENT TO THE TAX PROFESSIONALS FOR THEIR PREPARATION OF THE TAX RETURNS. THE DRAFT 990 TAX RETURN GOES THROUGH THE REVIEW OF THE MIDPEN MANAGEMENT. UPON THE CHIEF FINANCIAL OFFICER'S APPROVAL, THE TAX RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE IS SUBMITTED ANNUALLY TO THE BOARD OF DIRECTORS AND KEY EMPLOYEES, WHO COMPLETE AND RETURN THE FORMS DISCLOSING ANY CONDITIONS OF POTENTIAL OR ACTUAL CONFLICT OF INTEREST. THE DISCLOSURES ARE REVIEWED BY THE CORPORATE COUNSEL AND THE CFO. A SUMMARY OF THE DISCLOSURES IS PRESENTED TO THE GOVERNANCE COMMITTEE, WHICH ASSESSES IF ANY CONFLICT OF INTEREST ACTUALLY EXISTS. ANY CONDITIONS WHICH WARRANT ELEVATION TO THE BOARD OF DIRECTORS IS DONE SO ON A CASE-BY-CASE BASIS. AS OF THE REPORTING DATE, THERE HAS BEEN NO REPORTABLE CONDITION OF CONFLICT OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE VP OF HUMAN RESOURCES PREPARES COMPENSATION INFORMATION AND INDEPENDENT SURVEY DATA FOR REVIEW AND DISCUSSION WITH THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND THEN AGAIN FOR THE BOARD EXECUTIVE SESSION. THE VP OF HUMAN RESOURCES MAKES A RECOMMENDATION TO THE GOVERNANCE COMMITTEE BASED ON THE SURVEY DATA (GOVERNANCE COMMITTEE COMPLETES THE PRESIDENT'S ANNUAL PERFORMANCE EVALUATION BEFORE ANY COMPENSATION IS DISCUSSED), AND THE COMMITTEE TAKE THEIR RECOMMENDATION FORWARD TO THE BOARD FOR APPROVAL. THE ONLY EXECUTIVE COMPENSATION REVIEWED AND APPROVED BY THE BOARD IS THE PRESIDENT AND CFO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	PROCESS IS UNCHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
MID-PENINSULA COALITION BELLE HAVEN INC

Employer identification number

77-0047939

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) MAIN STREET PARK I LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4943578	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
(2) MID-PENINSULA NEW COMMUNITIES INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3361619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
(3) MID-PENINSULA OROYSOM INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3287957	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
(4) MID-PENINSULA SHORELINE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3287959	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
(5) MP WILLOW GARDENS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3303619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
(6) SHARMON PALMS LANE LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-3411397	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
(7) UNION CITY TOD BLOCK 4 MAINTENANCE ASSOCIATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-4050345	TO PROVIDE MGMT, ADMIN, AND MAINT SERVICES	CA	N/A	C					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 77-0047939
Name: MID-PENINSULA COALITION BELLE HAVEN INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-2910860	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-2791688	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 14-1870357	TO PROVIDE SUPPORT HOUSING, PROGRAMS AND SERVICES FOR UNDERSERVED POPULATION	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0164512	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3297850	TO SUPPORT DEVELOPING & OPERATING AFFORDABLE HOUSING FOR LOW INCOME PERSONS	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0151312	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0132850	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 23-7089977	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-1738105	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-2090479	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0316333	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0325449	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3188698	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 23-7349437	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-2556973	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3239542	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3198805	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0262053	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3188806	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0292344	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3292584	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3346915	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3197473	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0295718	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0283619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3234468	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0469649	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0430914	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0313112	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3197474	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0323473	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3346280	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0185730	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253425	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0222294	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0232941	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0283355	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0234676	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0199866	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0280070	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3225882	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3234317	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3228212	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3319924	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3382075	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253673	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 11	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-1747752	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0058052	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3291257	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(2)	N/A	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0066443	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	PF	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0066498	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-2560166	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MIDPEN HOUSING CORPORATION	Yes	

(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	
APTOS BLUE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-5623896	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
ARBOR PARK COMMUNITY LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0546772	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
ASTER PARK LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0288393	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
BRIDGEWAY EAST LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 86-1096849	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
CARROLL STREET ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0325450	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
CITY CENTER PLAZA LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-5477009	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
COASTSIDE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3254614	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
EPA WOODLANDS ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0199078	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
FREMONT MAIN STREET VILLAGE LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-1080806	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
GARLAND PLAZA ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-0893466	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
GINZTON ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0292945	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
GLORIA WAY ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3225883	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
HALF MOON VILLAGE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-0984174	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
HALF MOON VILLAGE PHASE II ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-3580823	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
HERMANAS II ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3363820	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
HOLY FAMILY ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0294887	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
KOTTINGER GARDENS PHASE 1 ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4025314	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
LAGUNA COMMONS ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-1128572	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
LAUREOLA OAKS ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0323472	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MAIN STREET PARK I LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-3345954	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MARYMEAD AFFORDABLE HOUSING LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 56-2676936	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MARYMEAD AFFORDABLE HOUSING LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 56-2676938	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MIDPEN DONNER ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-0651105	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MID-PENINSULA CASTROVILLE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 71-0990643	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MID-PENINSULA SAN PEDRO ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3346317	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MOONRIDGE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3346919	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP CANDO UNIVERSITY AVENUE SENIOR HOUSING LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-3857247	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP DELAWARE PACIFIC ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-4816717	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP EAST MAUDE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-2980615	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP EDWINA BENNER ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4335408	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

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							Yes	No		Yes	No	
MP FAIR OAKS I LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3457125	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP FOSTER SQUARE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4634099	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP GREENRIDGE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3292585	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP HILLSDALE TOWNHOUSES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 26-3474067	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP HOMESTEAD PARK ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366881	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP ITALIAN GARDENS ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3297661	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP LATHAM ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3228467	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MANTECA AFFORDABLE HOUSING ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 55-0916775	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MANZANITA ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 36-4608203	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MILPITAS AFFORDABLE HOUSING ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 65-1249653	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MINTO ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 71-1030335	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MISSION ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 56-2299898	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MORSE COURT ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 74-3071458	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MURPHY'S ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3234472	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP NEW COMMUNITIES ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3361618	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

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							Yes	No		Yes	No	
MP OROYSOM LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3287958	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP PARKHURST ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-0750877	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP PIPPIN ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4012982	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP REDWOOD COURT ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366885	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP RUNNYMEDE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366887	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SAN ANDREAS ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3329955	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SAN MATEO TRANSIT ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-1719102	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SCOTTS VALLEY ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253429	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SHOREBREEZE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-2894880	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SHORELINE ASSOCIATES 304 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3275464	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SOUTH CITY II LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-2933010	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SOUTH CITY LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 26-3339253	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SPRINGS FAMILY ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-1079976	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SPRINGS SENIOR ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-1083449	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP ST STEPHENS ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4729076	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

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							Yes	No		Yes	No	
MP SUNNY MEADOWS ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-3690931	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP TICE OAKS ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366888	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP TRANSIT CENTER ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 56-2329976	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP TYRELLA ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366889	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP UNION CITY TOD I LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3457129	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP UNION CITY TOD II LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-1929544	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP VAN BUREN ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4378593	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP VINEYARD CROSSING LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 20-3868901	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP WESTLAKE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4530463	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
NEW CENTURY VILLAGE LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-4998304	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
NEW HOMESTEAD ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3385703	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
OPEN DOORS ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0292950	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
PICKERING ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3213104	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
RIVERWOOD GROVE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3382077	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
RIVERWOOD PLACE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3382078	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

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							Yes	No		Yes	No	
SEQUOIA BELLE HAVEN ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4194569	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
SHARMON PALMS LANE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4077571	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
ST MATTHEW ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253674	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
STEVENSON PLACE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4481361	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
SUNSET CREEK PARTNERS 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3191465	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
THE FARM ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3146236	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
UNIVERSITY SENIOR APARTMENTS LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-5414368	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
VISTA MEADOWS ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-1339674	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
WILLOW GARDENS HOUSING ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3303620	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
WOODLANDS NEWELL ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-2662148	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP AVANCE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4929830	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP BRADFORD ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-5372119	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MOSS BEACH ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-5293804	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
CHESTNUT SQUARE SENIOR ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-0638841	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
KOTTINGER GARDENS PHASE 2 ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-0638514	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

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							Yes	No		Yes	No	
BROOKLYN BASIN ASSOCIATES I LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-5426901	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
NEW SUNSET CREEK LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-1931415	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
BROOKLYN BASIN ASSOCIATES II LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-2169535	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP 21 SOLEDAD STREET LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-3136715	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
CHESTNUT SQUARE FAMILY ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-3364963	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP ACALANES ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-3474702	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MOSAIC GARDEN ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-3763615	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
BROOKLYN BASIN ASSOCIATES V LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-4350190	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
BROOKLYN BASIN ASSOCIATES III LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-4356855	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
BROOKLYN BASIN ASSOCIATES IV LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-4421030	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP FRANCIS SCOTT KEY 2 ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 83-1714628	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP FIREHOUSE SQUARE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 83-3746303	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP DOWNTOWN SAN MATEO ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 83-3982958	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP 1700 SANTA MONICA ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 83-4428815	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP BROADWAY PLAZA AFFORDABLE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4007356	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

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							Yes	No		Yes	No	
MP LAZULI LANDING ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4180035	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP ONE CALISTOGA ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-3807979	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP LIVE OAK ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4028719	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MOORPARK ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4043092	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP GATEWAY FAMILY ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4156256	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP WILLOW GREENRIDGE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4058576	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP 965 WEEKS STREET ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4014654	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP ROSELAND VILLAGE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4221518	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP CANDO WEEKS STREET LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-4201386	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP WOOD STREET ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 85-1086922	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MIDWAY ASSOCIATES I LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 85-1178554	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP 414 PETALUMA ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 85-1223569	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MILES LANE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 85-1301334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP SONORA COURT ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 85-1206500	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP VERANO ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 85-1630013	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
MP BROADWALK ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 86-2685630	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MIDWAY ASSOCIATES 2 LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 86-2709441	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP BAY ROAD ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-1852145	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP BERRY FARMS ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-2859259	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP MAHONIA GLEN ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-3846206	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP NVHC SANDPIPER PLACE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-3986041	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP GOLDEN GATE AVENUE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-4083956	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	
MP TURK STREET ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-4061903	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MAIN STREET PARK I LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4943578	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
MID-PENINSULA NEW COMMUNITIES INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3361619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
MID-PENINSULA OROYSOM INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3287957	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
MID-PENINSULA SHORELINE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3287959	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
MP WILLOW GARDENS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3303619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
SHARMON PALMS LANE LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-3411397	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	N/A	C					No
UNION CITY TOD BLOCK 4 MAINTENANCE ASSOCIATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-4050345	TO PROVIDE MGMT, ADMIN, AND MAINT SERVICES	CA	N/A	C					No