

CHANGE OF ACCOUNTING PERIOD

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending DEC 31, 2020

Form sections B through M: B Check if applicable, C Name of organization (SYCAMORE GLEN, INC.), D Employer identification number (77-0140925), E Telephone number (510-582-1460), F Name and address of principal officer (DOUGLAS KUERSCHNER), G Gross receipts \$ (223,169), H(a) Is this a group return for subordinates? (No), H(b) Are all subordinates included? (No), I Tax-exempt status (501(c)(3)), J Website (N/A), K Form of organization (Corporation), L Year of formation (1987), M State of legal domicile (CA)

Part I Summary

Part I Summary rows 1-7: 1 Briefly describe the organization's mission or most significant activities (TO PROVIDE HOUSING FOR HANDICAPPED AND LOW INCOME ELDERLY PERSONS.), 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 (3), 4 Number of independent voting members of the governing body (3), 5 Total number of individuals employed in calendar year 2020 (0), 6 Total number of volunteers (2), 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0), 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 (0)

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (263,154 / 172,621), 9 Program service revenue (80,222 / 50,508), 10 Investment income (116 / 40), 11 Other revenue (0 / 0), 12 Total revenue - add lines 8 through 11 (343,492 / 223,169)

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (36,169 / 22,873), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (0 / 0), 17 Other expenses (299,289 / 193,783), 18 Total expenses - Add lines 13-17 (335,458 / 216,656), 19 Revenue less expenses - Subtract line 18 from line 12 (8,034 / 6,513)

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) (5,086,780 / 6,007,745), 21 Total liabilities (Part X, line 26) (5,447,137 / 6,361,589), 22 Net assets or fund balances - Subtract line 21 from line 20 (<360,357.> / <353,844.>)

Part II Signature Block

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

Signature Block: Signature of officer (Tatiana Blank), Date (5/14/21), Preparer's name (ALEXIS H. WONG), Preparer's signature (Alex Wong), Date (5/13/2021), PTIN (P00604756), Firm's name (LINDQUIST, VON HUSEN & JOYCE LLP), Firm's EIN (94-1250261), Firm's address (301 HOWARD STREET, SUITE 850, SAN FRANCISCO, CA 94105), Phone no (415) 957-9999

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Handwritten initials: B/S

RECEIVED stamp: MAY 24 2021, OGDEN, UT, IRS-OSC

RECEIVED stamp: JAN 05 2022, OGDEN, UT, IRS-OSC

Vertical stamp: SCANNED JUN 17 2022

Handwritten number: 956

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
TO PROVIDE HOUSING FOR HANDICAPPED AND LOW INCOME ELDERLY PERSONS.

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 \$ 198,532. including grants of \$ _____) (Revenue \$ 50,508.)
PROVIDED 20 UNITS OF AFFORDABLE HOUSING TO HANDICAPPED AND ELDERLY PERSONS IN MORGAN HILL, CA.

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

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

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

4e Total program service expenses **198,532.**

ABWJRO

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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*
- 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*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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*
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
 - c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
 - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- b Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*
- 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*
- 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*
- 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*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b 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*

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		
21		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
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?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?		X
	4a		
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)		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
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?		X
	6a		
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?		X
	7a		
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?		X
	7c		
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?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 instructions and file Form 4720, Schedule N	15	X
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	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15a	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 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 on Schedule O)
- 19** Describe on 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 **TATIANA BLANK - 510-582-1460**
22645 GRAND STREET, HAYWARD, CA 94541

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	172,621.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		172,621.			
Program Service Revenue	2 a RENTAL INCOME	Business Code				
		531110	39,776.	39,776.		
	b OTHER INCOME	531110	10,732.	10,732.		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		50,508.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		40.		40.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	(ii) Personal		
		b Less rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
		b Less direct expenses	8b			
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	9a				
b Less direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue See instructions		223,169.	50,508.	0.	40.	

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	17,925.	17,925.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,725.	3,725.		
10 Payroll taxes	1,223.	1,223.		
11 Fees for services (nonemployees)				
a Management	9,234.	9,234.		
b Legal				
c Accounting	18,124.		18,124.	
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses	5,445.	5,445.		
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	24.	24.		
20 Interest	103,324.	103,324.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,159.	16,159.		
23 Insurance	2,848.	2,848.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	12,068.	12,068.		
b CONTRACTS	11,014.	11,014.		
c MISC. ADMIN EXP	5,606.	5,606.		
d GARBAGE/TRASH REMOVAL	5,604.	5,604.		
e All other expenses	4,333.	4,333.		
25 Total functional expenses. Add lines 1 through 24e	216,656.	198,532.	18,124.	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,762,965.	1	1,962,919.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	878.	4	7,018.
	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	3,506.	9	1,041.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,968,730.		
	10b	Less accumulated depreciation	1,061,612.	10c	2,907,118.
	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	2,253,308.	15	1,129,649.
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,086,780.	16	6,007,745.	
Liabilities	17	Accounts payable and accrued expenses	152,023.	17	1,101,165.
	18	Grants payable		18	
	19	Deferred revenue	7.	19	51.
	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	5,268,090.	23	5,225,669.
	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	27,017.	25	34,704.
	26	Total liabilities. Add lines 17 through 25	5,447,137.	26	6,361,589.
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	<360,357.>	27	<353,844.>
	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	<360,357.>	32	<353,844.>	
33	Total liabilities and net assets/fund balances	5,086,780.	33	6,007,745.	

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	223,169.
2	Total expenses (must equal Part IX, column (A), line 25)	2	216,656.
3	Revenue less expenses Subtract line 2 from line 1	3	6,513.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<360,357.>
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 on 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	<353,844.>

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2020.** 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

b **10% -facts-and-circumstances test - 2019.** 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

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

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	174,493.	179,870.	172,654.	263,154.	172,621.	962,792.
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	84,461.	78,066.	93,048.	80,222.	50,508.	386,305.
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	258,954.	257,936.	265,702.	343,376.	223,129.	1349097.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						1349097.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	258,954.	257,936.	265,702.	343,376.	223,129.	1349097.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	64.	68.	61.	116.	40.	349.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	64.	68.	61.	116.	40.	349.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	259,018.	258,004.	265,763.	343,492.	223,169.	1349446.

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 2020 (line 8, column (f), divided by line 13, column (f))	15	99.97 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.91 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.03 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.03 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in 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? 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.		
2b		
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? If "Yes" or "No" provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 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 0 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 (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI) 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 (provide details in Part VI) See instructions	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI) See instructions	*	
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder Subtract lines 3g, 3h, and 3i from line 3f		
4	Distributions for 2020 from Section D, line 7 \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder Subtract lines 4a and 4b from line 4		
5	Remaining underdistributions for years prior to 2020, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions		
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2021. Add lines 3j and 4c		
8	Breakdown of line 7		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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)

PART III, SHORT YEAR EXPLANATION:

THE ORGANIZATION CHANGED ITS ACCOUNTING PERIOD TO ALIGN ITS FISCAL YEAR
END WITH OTHER RELATED ORGANIZATIONS FOR GOVERNANCE AND MANAGEMENT
PURPOSES.

Multiple horizontal lines for providing additional information.

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

2020

Open to Public
Inspection

Name of the organization

SYCAMORE GLEN, INC.

Employer identification number

77-0140925

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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 make 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 program
- 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

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

	Amount
1c	
1d	
1e	
1f	

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 on 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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		255,708.		255,708.
b Buildings		1,311,563.	1,052,505.	259,058.
c Leasehold improvements				
d Equipment		10,340.	9,107.	1,233.
e Other		2,391,119.		2,391,119.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				2,907,118.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (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)		
Total (Col. (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	7,977.
(2) REPLACEMENT RESERVES	42,096.
(3) MINIMUM CAPITAL INVESTMENT	11,690.
(4) RESIDUAL RECEIPTS RESERVE	160,523.
(5) FUNDED RESERVES	907,363.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,129,649.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) TENANT SECURITY DEPOSIT	7,978.
(3) ACCRUED INTEREST CONSTRUCTION	16,161.
(4) ACCRUED INTEREST DEFERRED PAYMENT	10,565.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	34,704.

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 FASB 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	223,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	223,169.
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	223,169.

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	216,656.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	216,656.
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	216,656.

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.

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 INFORMATION RETURN FOR THE YEARS 2016 THROUGH 2019 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

**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

2020

Open to Public Inspection

Name of the organization

SYCAMORE GLEN, INC.

Employer identification number

77-0140925

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%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
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	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2										
<p>3 Indicate which, if any, of the following the 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%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
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:											
a Receive a severance payment or change-of-control payment?	4a		X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X								
c Participate in or receive payment from an equity-based compensation arrangement?	4c		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
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:											
a The organization?	5a		X								
b Any related organization?	5b		X								
If "Yes" on line 5a or 5b, describe in Part III.											
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:											
a The organization?	6a		X								
b Any related organization?	6b		X								
If "Yes" on line 6a or 6b, describe in Part III.											
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X								
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.	8		X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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.

PART 1, LINE 3:

THE CEO RECEIVES COMPENSATION FROM A RELATED ORGANIZATION. THE COMPENSATION IS DETERMINED BY AN INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, AND COMPENSATION SURVEY OR STUDY WERE USED TO ESTABLISH COMPENSATION OF RELATED ORGANIZATION'S CEO/CFO, OFFICERS AND KEY EMPLOYEES. BOARD OR COMPENSATION COMMITTEE'S APPROVAL IS ALSO REQUIRED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2020

Open to Public
Inspection

Name of the organization

SYCAMORE GLEN, INC.

Employer identification number

77-0140925

FORM 990, PART VI, SECTION B, LINE 11B:

THE CORPORATE CONTROLLER AND CFO CONDUCT A DETAILED REVIEW OF THE RETURN BEFORE IT IS FILED. DETAILED REVIEW INCLUDES AGREEING NUMBERS TO AUDIT REPORT, REASONABLENESS TESTS ON DATA, AND REVIEWING SALARY INFORMATION. EACH MEMBER OF THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS REVIEW THE FORM 990 AND SUBMIT COMMENTS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE ANNUALLY. IF A BOARD MEMBER HAS ANY CONFLICT OF INTEREST, THE BOARD MEMBER WOULD NEED TO RECUSE HIMSELF FROM ANY DECISIONS REGARDING A CONFLICT AREA.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICERS ARE FULL TIME EMPLOYEES OF EDEN HOUSING, INC., A RELATED 501(C)(3) CHARITABLE NONPROFIT ORGANIZATION. INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY AND FORM 990 OF OTHER ORGANIZATIONS WERE USED TO ESTABLISH THE COMPENSATION OF ORGANIZATION'S CEO/CFO, OFFICERS AND KEY EMPLOYEES, BOARD OR COMPENSATION COMMITTEE'S APPROVAL IS ALSO REQUIRED.

FORM 990, PART VI, SECTION C, LINE 19:

THE 990 IS AVAILABLE UPON REQUEST OR FOR VIEW AT GUIDESTAR.ORG.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR ITS SELECTION PROCESS DURING THE TAX YEAR.

Part II Continuation of 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 52(b)(13) controlled organization?	
						Yes	No
CHARLES APARTMENTS HOUSING CORPORATION - 77-0418640, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X
CHYNOWETH HOUSING, INC. - 94-3314302 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
CONTRA COSTA COUNTY HOUSING CORPORATION - 94-3200158, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
CORONA CRESCENT, INC. - 94-3174331 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
CORONA-ELY RANCH, INC. - 94-3166354 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
E.C. MAGNOLIA COURT, INC. - 94-3093802 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X
EDEN ALVARADO NILES, INC. - 94-3256819 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
EDEN DEVELOPMENT, INC. - 59-3803314 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
EDEN HOUSING MANAGEMENT, INC. - 94-2946400 22645 GRAND STREET HAYWARD, CA 94541	MANAGE AFFORDABLE/DISABLED HOUSING COMMUNITIES	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
EDEN HOUSING RESIDENT SERVICES, INC. - 94-3315887, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE/COORDINATE SERVICES FOR AFFORDABLE/DISABLED	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
EDEN HOUSING, INC. - 23-1716750 22645 GRAND STREET HAYWARD, CA 94541	BUILD AND MANAGE HIGH-QUALITY AFFORDABLE/DISABLED	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X
EDEN/HOPE ESPERANZA, INC. - 77-0445086 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE/COORDINATE SERVICES FOR AFFORDABLE/DISABLED	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X

Part II Continuation of 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 organization?	
						Yes	No
EDEN INVESTMENTS, INC. - 94-2995223 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
EDEN ISSEI HOUSING, INC. - 94-2831241 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X
EDEN PALMS, INC. - 94-3208984 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
EDEN SOUTH BAY, INC. - 94-3166350 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
EDEN SOUTH COUNTY, INC. - 94-3148163 22645 GRAND STREET HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
ELLIS LAKE TOWNHOMES, INC. - 94-3139366 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X
FORD ROAD SUPPORTIVE HOUSING INC. - 27-4420563, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
FULLER LODGE, INC. - 94-3042624 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X
GARDELLA PLAZA, INC. - 71-0938046 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
MANTECA SENIOR HOUSING CORPORATION - 91-2129942, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
MONTEREY ROAD SUPPORTIVE HOUSING - 94-1716750, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
PACIFIC GROVE SUPPORTIVE HOUSING, INC. - 77-0364994, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X

Part II Continuation of 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 organization?	
						Yes	No
PEACE GROVE, INC. - 77-0309119 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
RVC INVESTMENTS, INC. - 94-3103846 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
SAN LEANDRO SUPPORTING HOUSING, INC. - 94-3401266, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X
SEQUOIA MANOR, INC. - 94-3039737 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
SPM AFFORDABLE HOUSING CORPORATION - 94-3297735, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
STEVENSON LAND CORPORATION - 68-0388269 22645 GRAND STREET HAYWARD, CA 94541	LAND LEASE HOLDER	CALIFORNIA	501(C)(2)		EDEN HOUSING, INC.		X
STONEV, INC. - 94-3144297 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
SYCAMORE GLEN SENIOR HOUSING, INC. - 94-2920527, 22645 GRAND STREET, HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 7	EDEN HOUSING, INC.		X
SYCAMORE SQUARE HOUSING CORP - 94-3306836 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
UC INDEPENDENT, INC. - 91-2159213 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	EDEN HOUSING, INC.		X
VIRGINIA LANE HOUSING, INC. - 94-3326393 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X
EDEN VACAVILLE HOUSING INC. - 94-3144296 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW-INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 12A, I	EDEN HOUSING, INC.		X

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	
819 NORTH RENGSTORFF STUDIO APARTMENTS LP - 46-2929523, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ALAMEDA POINT FAMILY LP - 83-0959006, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ALAMEDA POINT SENIOR LP - 83-0984365, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ANTIOCH EDEN RIVERTOWN LP - 68-0632311, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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
EDEN COMMERCIAL INC. - 94-3385134 22645 GRAND STREET HAYWARD, CA 94541	MANAGE COMMERCIAL SPACE	CA	EDEN HOUSING, INC.	C CORP					X
LIGHT TREE HOUSING CORPORATION - 94-3322099 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	EDEN HOUSING, INC.	C CORP					X
RENGSTORFF COMMERCIAL INC. - 46-4666131 22645 GRAND STREET HAYWARD, CA 94541	MANAGE COMMERCIAL SPACE	CA	EDEN HOUSING, INC.	C CORP					X
MISSION COURT MGP LLC - 82-1179104 22645 GRAND STREET HAYWARD, CA 94541	PROVIDE AFFORDABLE LOW INCOME HOUSING	CA	EDEN HOUSING, INC.	C CORP					X
EDEN MEADOWS HOLLY LLC - 82-2297178 22645 GRAND STREET HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	EDEN VACAVILLE HOUSING INC.	C CORP					X

Part III Continuation of 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	
ASHLAND VILLAGE APARTMENTS L.P. - 26-2203610, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
B GRAND LP - 45-5177304 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BRENTWOOD SENIOR COMMONS LP - 71-0987758, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BROOKWOOD TERRACE FAMILY APARTMENTS, L.P. - 26-4491862, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CAMPHORA ASSOCIATES LP - 46-5551376, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CATALONIA ASSOCIATES - 94-3191094, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CATALONIA TWO LP - 81-4161700 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHARLES CYPRESS LP - 81-5227216, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHESLEY AVENUE LIMITED PARTNERSHIP - 57-1176147, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of 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	
CHESLEY AVENUE LLC - 01-0838609, 22645 GRAND STREET, HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
CHP LP - 47-3656023 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
CHURCH & MONTEREY ROAD ASSOCIATES - 77-0572200, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
CHYNOWETH HOUSING ASSOCIATES - 94-3314303, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
CONNELL APARTMENTS LP - 81-4418953, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
CORRALITOS CREEK ASSOCIATES - 82-0566172, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
CREST AVENUE ASSOCIATES LP - 26-3879071, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
CRWC LP - 47-4961126 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
DEPOT WILLOWS LP - 83-2802903 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A

Part III Continuation of 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	
DOWNTOWN RIVER ASSOCIATES LP - 48-1292072, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
DUBLIN FAMILY LP - 47-3968395 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
DUBLIN SENIOR LIMITED PARTNERSHIP - 77-0617949, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EB LP - 47-3670612 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN ARROYO VISTA ASSOCIATES LP - 27-3546015, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN BAYWOOD APARTMENTS LP - 30-0324752, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN CAMBRIAN LP - 46-4955294 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN CORONADO TERRACE LP - 30-0871004, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN CORONADO TERRACE 2 LP - 81-4487215, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

Part III Continuation of 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	
EDEN CRIL LLC - 46-1524624 22645 GRAND STREET HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
EDEN DOUGHERTY LP - 27-1801458, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
EDEN FREEDOM INVESTORS LP - 85-0924932, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
EDEN LODGE LP - 27-3454190 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
EDEN OAK GROVE INVESTORS LP - 85-2786640, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
EDEN PALMS ASSOCIATES - 94-3208982, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
EDEN PRATT DEVELOPMENT LLC - 82-3750327, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
EDEN RIVERTOWN LIMITED PARTNERSHIP - 94-3362651, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
EDEN SOUTH HAYWARD LP - 46-2444399, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A

Part III Continuation of 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	
EDEN SURF ASSOCIATES LP - 45-3483479, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN SYCAMORE LP - 34-2003989 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN VICTORIA LIMITED PARTNERSHIP - 47-0867697, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN VISTA TERRACE 2 LP - 81-1018732, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDEN WOODSIDE COURT LP - 46-2851527, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EDMUNDSON ASSOCIATES LP - 77-0274293, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EHP EC MAGNOLIA LP - 46-1487548, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EHP FULLER LODGE - 45-5475786 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
EHP ISSEI TERRACE LP - 46-0689478, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

Part III Continuation of 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) Dispropor- tionate 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	
EHP OLIVE TREE PLAZA LP - 46-1499634, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A
EHP REDWOOD LODGE - 46-1481526, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A
EHP SEQUOIA MANOR - 45-5481596, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A
EL CERRITO SENIOR LP - 47-4599735, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A
ESTABROOK SENIOR HOUSING, L.P. - 68-0657314, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A
FIRESIDE AFFORDABLE HOUSING - 54-2131633, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A
FORD ROAD FAMILY HOUSING LP - 45-4586546, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A
GALLUP AND MESA LP - 84-3663102, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A
GATEWAY PALMS ASSOCIATES LP - 27-3220862, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A			N/A

Part III Continuation of 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) Dispropor- tionate 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	
GBGEH LP - 47-4941713 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
GILROY TRANSITIONAL HOUSING CENTER ASSOCIATES - 61-1447099, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
GOTTA HAVE FAITH LP - 82-3300162, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
GRAND C LIMITED PARTNERSHIP - 14-1979640, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
GRANITE RIDGE INVESTORS LP - 84-2829460, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
HEALDSBURG FAMILY LIMITED PARTNERSHIP - 26-2621118, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
HILLVIEW GLEN LIMITED PARTNERSHIP - 77-0345387, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
HISTORIC ALTENHEIM PARTNERS - 71-0988012, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
IRWIN WAY LIMITED PARTNERSHIP - 45-5530504, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A

Part III Continuation of 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	
JEWELL AVENUE ASSOCIATES - 43-1979751, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
JOSEPHINE LUM LODGE LP - 05-0608727, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LAFAYETTE SENIOR, L.P. - 27-0395689, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LIGHT TREE HOUSING PARTNERS - 94-3322121, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LIGHT TREE LAND LLC - 94-3346132, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND LEASE LAND FOR AFFORDABLE HOUSING	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LIGHT TREE THREE LP - 83-2776503, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LIGHT TREE TWO LP - 83-0638993, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LIVERMORE HOUSING ASSOCIATES - 94-3290814, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
LPSL LP - 47-3703889 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A

Part III Continuation of 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	
MARITIME APARTMENTS INVESTORS LP - 84-1982646, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MEADOWS HOLLY PARTNERS LP - 81-5383227, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MIRAFLORES SENIOR LLC - 81-3565536, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MIRAFLORES SENIOR LP - 47-5291929, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MISSION COURT FOUR LP - 82-1185312, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MISSION COURT NINE LP - 82-1180340, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MONTGOMERY PLAZA LP - 46-1961571, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MONICELLI HOUSING ASSOCIATES - 77-0582583, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MRW LP - 47-3312272 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A

Part III Continuation of 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) Dispropor- tionate 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	
NEW ALTENHEIM PARTNERS LP - 34-2055561, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
NEW DEL NIDO LP - 83-2683892 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
NUGENT SQUARE LIMITED PARTNERSHIP - 51-0461381, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
NUGENT SQUARE LLC - 16-1724089, 22645 GRAND STREET, HAYWARD, CA 94541	MANAGING GP OF PARTNERSHIP	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
ORVITO FAMILY APARTMENTS LP - 26-3878355, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
PACIFIC TERRACE ASSOCIATES - 77-0434292, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
PALO ALTO FAMILY L.P. - 26-3061581, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
PERALTA SENIORS, L.P. - 26-4541856, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
RANCHO RUSTIC LP - 47-4319703 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

Part III Continuation of 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	
REDWOODS WHEELER LP - 81-4149329, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
RENGSTORFF COMMERCIAL LLC - 61-1732288, 22645 GRAND STREET, HAYWARD, CA 94541	COMMERCIAL LEASE	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
RESEDA BOULEVARD ASSOCIATES - 68-0351290, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
RIDGEVIEW COMMONS ASSOCIATES LP - 94-3103847, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
RIDGEVIEW COMMONS II ASSOCIATES LP - 84-3045796, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
RIVERHOUSE ASSOCIATES - 77-0284021, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
ROYAL COURT ASSOCIATES - 65-1258504, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
RUBY STREET LP - 83-1014892 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
SAKLAN AVENUE LIMITED PARTNERSHIP - 42-1714673, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A

Part III Continuation of 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 of managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SALINAS ROAD ASSOCIATES - 56-2475377, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SAN LEANDRO PARROTT LP - 59-3803314, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SANTA ROSA HOUSING LIMITED PARTNERSHIP - 91-1813755, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SANTA ROSA QUAIL RUN LP - 83-1413924, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SARA CONNER COURT LP - 77-0654106, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SEACLIFF HIGHLANDS ASSOCIATES - 71-0969212, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SERENO VILLAGE ASSOCIATES - 94-3399898, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SJ AUZERAI LP - 83-3869989 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SKEELS VILLA LP - 83-2777348 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

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							Yes	No		Yes	No	
SOUTHPORT YOLO LP - AFFORDABLE 56-2293445, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SPM HOUSING ASSOCIATES - 94-3262417, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
STONE PINE MEADOW TWO LP - 31-4140283, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
STONEY CREEK TWO LP - 47-5009713, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
TENNYSON PRESERVATION LIMITED PARTNERSHIP - 94-3395860, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
TIENDA DRIVE SENIOR APARTMENTS LP - 81-1006063, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
TIERRA LINDA ASSOCIATES - 77-0330676, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
TIMBER STREET INVESTORS LP - 84-3335472, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
TOWER HOUSING PARTNERS LP - 47-2416366, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A			N/A		N/A	N/A

Part III Continuation of 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	
UNION COURT LIMITED	OWN AND MANAGE											
PARTNERSHIP - 94-3373628, 22645 GRAND STREET, HAYWARD, CA 94541	AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
UNIVERSITY VILLAGE ASSOCIATES - 11-3776776, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
VALLEJO PHS LP - 84-2453190 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
VILLA CIOLINO ASSOCIATES - 77-0529063, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
VILLA SPRINGS APARTMENT, L.P. - 65-1312439, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
VISTA VERDE HOUSING ASSOCIATES - 77-0490587, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
VL LP - 47-4106587 22645 GRAND STREET HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
WARM SPRINGS VILLAGE FOUR LP - 83-2405317, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A
WARM SPRINGS VILLAGE NINE LP - 83-2374572, 22645 GRAND STREET, HAYWARD, CA 94541	OWN AND MANAGE AFFORDABLE LOW-INCOME APARTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A	N/A

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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	Yes	No
1a						X
1b						X
1c						X
1d						X
1e						X
1f						X
1g						X
1h						X
1i						X
1j						X
1k						X
1l						X
1m					X	
1n						X
1o					X	
1p					X	
1q						X
1r						X
1s						X

(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

EDEN HOUSING RESIDENT SERVICES, INC.

PRIMARY ACTIVITY: PROVIDE/COORDINATE SERVICES FOR AFFORDABLE/DISABLED COMMUNITIES

NAME OF RELATED ORGANIZATION:

EDEN HOUSING, INC.

PRIMARY ACTIVITY: BUILD AND MANAGE HIGH-QUALITY AFFORDABLE/DISABLED HOUSING COMMUNITIES

NAME OF RELATED ORGANIZATION:

EDEN/HOPE ESPERANZA, INC.

PRIMARY ACTIVITY: PROVIDE/COORDINATE SERVICES FOR AFFORDABLE/DISABLED COMMUNITIES.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

819 NORTH RENGSTORFF STUDIO APARTMENTS LP

DIRECT CONTROLLING ENTITY: EDEN 819 NORTH RENGSTORFF STUDIOS LLC/ ROEM 819 NORTH RENGSTORFF STUDIOS LLC

NAME OF RELATED ORGANIZATION:

BROOKWOOD TERRACE FAMILY APARTMENTS, L.P.

DIRECT CONTROLLING ENTITY: EDEN BROOKWOOD LLC / ROEM BROOKWOOD FAMILY TERRACE LLC CO-MGPS

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

MIRAFLORES SENIOR LLC

DIRECT CONTROLLING ENTITY: EDEN INVESTMENTS INC./ COMMUNITY HOUSING
DEVELOPMENT CORPORATION

NAME OF RELATED ORGANIZATION:

ORVIETO FAMILY APARTMENTS LP

DIRECT CONTROLLING ENTITY: EDEN ORVIETO LLC/ ROEM ORVIETO FAMILY LLC

NAME OF RELATED ORGANIZATION:

SOUTHPORT YOLO LP

DIRECT CONTROLLING ENTITY: EDEN INVESTMENTS INC. /SAVANNAH HPET GP, LLC

NAME OF RELATED ORGANIZATION:

TROWER HOUSING PARTNERS LP

DIRECT CONTROLLING ENTITY: EDEN TROWER HOUSING LLC/TROWER HOUSING PARTNERS
LLC/IH ROCKY HILL VACAVILLE