

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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

C Name of organization
PEOPLE'S SELF HELP HOUSING CORP

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1060 KENDALL ROAD

City or town, state or province, country, and ZIP or foreign postal code
SAN LUIS OBISPO, CA 93401

F Name and address of principal officer:
KENNETH TRIGUEIRO
1060 KENDALL ROAD
SAN LUIS OBISPO, CA 93401

D Employer identification number
95-2750154

E Telephone number
(805) 781-3088

G Gross receipts \$ 24,033,272

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ PSHHC.ORG

L Year of formation: 1970 **M** State of legal domicile: CA

K Form of organization: Corporation Trust Association Other ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE BUILD AFFORDABLE HOMES WITH SITE-BASED SERVICES THAT OFFER OPPORTUNITIES TO CHANGE LIVES AND STRENGTHEN COMMUNITIES ON THE CENTRAL COAST OF CALIFORNIA. ACTIVITIES INCLUDE SELF-HELP HOMEOWNERSHIP, AFFORDABLE RENTAL HOUSING DEVELOPMENT, SUPPORTIVE HOUSING SERVICES AND YOUTH DEVELOPMENT & EDUCATION PROGRAMS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	130
6 Total number of volunteers (estimate if necessary)	6	375
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,701,863	3,315,350
9 Program service revenue (Part VIII, line 2g)	11,665,528	20,398,559
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,095,119	319,363
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,462,510	24,033,272
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	109,332	156,612
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,914,782	8,530,867
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶423,660		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,944,636	4,924,090
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,968,750	13,611,569
19 Revenue less expenses. Subtract line 18 from line 12	3,493,760	10,421,703
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	120,107,045	133,211,546
21 Total liabilities (Part X, line 26)	47,749,080	51,221,999
22 Net assets or fund balances. Subtract line 21 from line 20	72,357,965	81,989,547

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2022-02-13
KENNETH TRIGUEIRO PRESIDENT/TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2022-02-13
Check if self-employed PTIN: P01250456
Firm's name: ▶ GRANT BENNETT ASSOCIATES Firm's EIN: ▶ 94-2692073
Firm's address: ▶ 10850 GOLD CENTER DR STE 260 RANCHO CORDOVA, CA 956705143 Phone no. (916) 922-5109

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:

WE BUILD AFFORDABLE HOMES WITH SITE-BASED SERVICES THAT OFFER OPPORTUNITIES TO CHANGE LIVES AND STRENGTHEN COMMUNITIES ON THE CENTRAL COAST OF CALIFORNIA.

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 \$ 4,746,914 including grants of \$ 156,612) (Revenue \$ 5,375,578)
See Additional Data




4b (Code:) (Expenses \$ 3,103,767 including grants of \$) (Revenue \$ 1,032,870)
See Additional Data

4c (Code:) (Expenses \$ 2,796,213 including grants of \$) (Revenue \$ 13,990,111)
See Additional Data

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

4e Total program service expenses ▶ 10,646,894

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: GRIFFIN MOORE 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 (805) 781-3088

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	156,612	156,612		
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	2,205,547	1,884,314	275,328	45,905
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	4,418,604	3,112,810	1,070,213	235,581
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	298,050	189,078	88,904	20,068
9 Other employee benefits	1,080,929	774,501	247,927	58,501
10 Payroll taxes	527,737	400,232	104,087	23,418
11 Fees for services (non-employees):				
a Management				
b Legal	9,542	9,542		
c Accounting	22,496		22,496	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	447,199	282,957	159,123	5,119
12 Advertising and promotion				
13 Office expenses	216,858	93,863	113,649	9,346
14 Information technology	107,469	73,461	30,382	3,626
15 Royalties				
16 Occupancy	283,892	67,754	214,438	1,700
17 Travel	33,704	32,526	712	466
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,262	23,557	1,361	344
20 Interest	682,112	647,167	32,243	2,702
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	995,777	946,742	43,939	5,096
23 Insurance	122,324	101,616	19,508	1,200
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RENTAL PROPERTIES	3,258,627	3,258,627		
b SUPPLIES	320,696	239,480	77,971	3,245
c WARRANTY	172,148	172,148		
d CAPITAL EXPENSE	-1,840,304	-1,840,304		
e All other expenses	66,288	20,211	38,734	7,343
25 Total functional expenses. Add lines 1 through 24e	13,611,569	10,646,894	2,541,015	423,660
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	4,603,013	2	5,611,469
	3 Pledges and grants receivable, net	174,259	3	196,875
	4 Accounts receivable, net	4,301,191	4	2,694,416
	5 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		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	21,409,630	7	28,596,520
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	196,490	9	258,664
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,003,917		
	b Less: accumulated depreciation	10b 17,769,263	24,539,116	10c 21,234,654
	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	5,010,233	13	5,847,177
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	59,873,113	15	68,771,771
16 Total assets. Add lines 1 through 15 (must equal line 33)	120,107,045	16	133,211,546	
Liabilities	17 Accounts payable and accrued expenses	2,505,990	17	1,793,188
	18 Grants payable		18	
	19 Deferred revenue	1,040,798	19	811,767
	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	40,209,612	23	44,994,307
	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	3,992,680	25	3,622,737
	26 Total liabilities. Add lines 17 through 25	47,749,080	26	51,221,999
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	68,855,393	27	79,991,163
	28 Net assets with donor restrictions	3,502,572	28	1,998,384
	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	72,357,965	32	81,989,547	
33 Total liabilities and net assets/fund balances	120,107,045	33	133,211,546	

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	24,033,272
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,611,569
3	Revenue less expenses. Subtract line 2 from line 1	3	10,421,703
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,357,965
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	-790,121
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	81,989,547

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 95-2750154

Name: PEOPLE'S SELF HELP HOUSING CORP

Form 990 (2020)

Form 990, Part III, Line 4a:

AFFORDABLE HOUSING RENTAL PROGRAM - THE AFFORDABLE HOUSING PROGRAM PROVIDES HOUSING TO QUALIFIED LOW-INCOME HOUSEHOLDS, INCLUDING FAMILIES, SENIORS, FARMWORKERS, AND OTHER SPECIAL NEEDS GROUPS. PSHHC OWNS 805 AFFORDABLE RENTAL UNITS IN THREE COUNTIES, PROVIDING AFFORDABLE HOUSING TO OVER 2,508 LOW-INCOME RESIDENTS. PSHHC AFFORDABLE HOUSING UNITS PROVIDE HOUSING TO 141 DISABLED RESIDENTS, 164 SENIOR RESIDENTS, 35 VETERAN RESIDENTS AND THEIR FAMILIES AND 133 PREVIOUSLY HOMELESS RESIDENTS IN SAN LUIS OBISPO, SANTA BARBARA AND VENTURA COUNTIES. PSHHC BELIEVES THE AFFORDABLE HOUSING PROGRAM PROVIDES ECONOMIC AND EDUCATIONAL OPPORTUNITIES TO THE LOW-INCOME RESIDENTS; LEADING TO SELF-SUFFICIENCY AND IMPROVING LOCAL COMMUNITIES.

Form 990, Part III, Line 4b:

AFFORDABLE HOUSING, TENANT ASSISTANCE, RESIDENT SERVICES, FINANCIAL LITERACY AND YOUTH EDUCATION PROGRAMS - THE RESIDENT SERVICES AND RESIDENT EDUCATION PROGRAMS PROVIDE FOR LOW-INCOME SENIORS AND FAMILIES, COUNSELING AND AFTER SCHOOL TUTORING PROGRAMS, HEALTH SCREENINGS, FINANCIAL LITERACY PROGRAMS, HOMEOWNERSHIP COUNSELING, FORECLOSURE COUNSELING, AND EMERGENCY FINANCIAL ASSISTANCE. THESE PROGRAMS ARE DESIGNED TO HELP LOW-INCOME PERSONS REMAIN HOUSED IN SAFE AND AFFORDABLE HOUSING AND TO PROVIDE EDUCATIONAL OPPORTUNITIES. PSHHC'S YOUTH EDUCATION PROGRAMS HAVE 264 PARTICIPANTS AND 111 PARTICIPANTS IN THE COLLEGE CLUB PROGRAM THAT AWARDED 15 SCHOLARSHIPS FOR PARTICIPANTS ATTENDING COLLEGES. IN ADDITION, PSHHC'S SUPPORTIVE HOUSING PROGRAM ASSISTED 1,275 RESIDENTS WITH CLINICAL CASE MANAGEMENT SERVICES.

Form 990, Part III, Line 4c:

AFFORDABLE HOUSING DEVELOPMENT - DURING THE CURRENT YEAR, PSHHC BEGAN COMPLETED CONSTRUCTION EFFORTS ON 7 AFFORDABLE SELF-HELP HOMES IN KING CITY, CA. PSHHC CONTINUED TO PURSUE ENTITLEMENTS TO DEVELOP 10 AFFORDABLE SELF-HELP HOMES IN NIPOMO, CA AND 15 AFFORDABLE SELF-HELP HOMES IN SAN MIGUEL, CA. PSHHC BEGAN CONSTRUCTION EFFORTS AT A 40 UNIT FAMILY AFFORDABLE HOUSING PROJECT IN SAN LUIS OBISPO, CA AND A 36 UNIT SENIOR AFFORDABLE HOUSING PROJECT IN TEMPLETON, CA. ADDITIONALLY, REHABILITATION EFFORTS BEGAN AT A 56 MULTIFAMILY AFFORDABLE HOUSING PROJECT IN ISLA VISTA, CA. CONSTRUCTION WAS COMPLETED FOR A 38 UNIT MULTIFAMILY AFFORDABLE FARMWORKER RENTAL PROJECT IN GUDADLUPE, CA AND A 40 UNIT SENIOR AFFORDABLE RENTAL PROJECT IN SANTA MARIA, CA. PSHHC COMPLETED REHABILITATION ON A 7 UNIT AFFORDABLE HOUSING PROJECT IN SANTA BARBARA, CA. IN ADITION TO THE EXPENDITURES SHOWN, ADDITIONAL COSTS OF 1,840,304 WERE CAPITALIZED AS CONSTRUCTION COSTS FOR AFFORDABLE RENTAL HOUSING AND SELF-HELP OWNERSHIP PROJECTS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN FOWLER FORMER PRESI	40.00			X				219,704	0	24,295
KENNETH TRIGUEIRO PRESIDENT/TR	40.00			X				174,496	0	30,462
TODD BROUSSARD ASST. SECRET	40.00			X				139,914	0	24,064
GRIFFIN MOORE CFO/TREASURE	40.00			X				142,596	0	19,084
MORGEN BENEVEDO FORMER MHD D	40.00					X		137,083	0	18,577
NICOLE RAMOS HR DIRECTOR	40.00					X		127,080	0	17,952
SHERYL FLORES ASST. SEC.	40.00			X				132,661	0	10,853
RICHARD GULINO DIR. RES. SV	40.00					X		116,561	0	26,360
BILL LOAR SR. CONST SU	40.00					X		131,322	0	10,581
JOE MANGIARDI II SR. CONST. S	40.00					X		118,719	0	22,347

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNA MILLER COO/ ASST. T	30.00 10.00			X				11,613	108,562	20,614
ANNETTE SCHLOSSER SECRETARY	40.00			X				108,490	0	20,286
CINDY MAGLIARI ASST. TRSR.	40.00			X				97,510	0	18,169
JOE THOMPSON FORMER COO	40.00			X				90,866	0	15,600
JAMES SHAMMAS ASST. SECTY.	40.00			X				76,960	0	14,068
MONICA DEMALLEVILLE FORMER ASST.	40.00			X				48,291	0	15,469
CHRISTI WARE ASST. TRSR.	40.00			X				0	53,412	9,909
YESENIA BEAS DIRECTOR	1.00	X						0	0	0
KEVIN CLERICI DIRECTOR	1.00	X						0	0	0
HAZEL DAVALOS DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIETER ECKERT DIRECTOR	1.00	X						0	0	0
JOSE FLORES DIRECTOR	1.00	X						0	0	0
VITO GIOIELLO VICE CHAIR	1.00	X						0	0	0
SHELLY HIGGINBOTHAM CHAIR	1.00	X		X				0	0	0
PAULA JOHNSON DIRECTOR	1.00	X						0	0	0
SONIA KROTH DIRECTOR	1.00	X						0	0	0
ROBERT PEARSON DIRECTOR	1.00	X						0	0	0
JULISSA PENA DIRECTOR	1.00	X						0	0	0
KAROL SCHULKIN DIRECTOR	1.00	X						0	0	0
NICK TOMPKINS DIRECTOR	1.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PEOPLE'S SELF HELP HOUSING CORP

Employer identification number
95-2750154

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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 ▶ <input type="checkbox"/>						

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 for 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	3,730,387	25,169,007	2,872,682	4,701,863	3,315,350	39,789,289
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	11,719,854	13,525,382	11,216,341	11,665,528	20,398,559	68,525,664
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	15,450,241	38,694,389	14,089,023	16,367,391	23,713,909	108,314,953
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						108,314,953

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.	15,450,241	38,694,389	14,089,023	16,367,391	23,713,909	108,314,953
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	348,042	266,667	311,361	1,095,119	319,363	2,340,552
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	348,042	266,667	311,361	1,095,119	319,363	2,340,552
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.)	15,798,283	38,961,056	14,400,384	17,462,510	24,033,272	110,655,505

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	97.880 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	97.730 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	2.000 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	2.000 %

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

Section A. All Supporting Organizations

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

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?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 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-- <i>explain in Part VI</i>). 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 e			
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. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 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).

Facts And Circumstances Test

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

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

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.

Name of the organization: PEOPLE'S SELF HELP HOUSING CORP Employer identification number: 95-2750154

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate value. Rows 5-6 for donor and grantee notification questions.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation types, a table for conservation details (2a-2d), and questions about monitoring and expenses.

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	187,368	184,898	181,901	180,150	177,890
b Contributions	997	1,013	1,050	1,380	1,896
c Net investment earnings, gains, and losses	629	1,457	1,947	371	364
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	188,994	187,368	184,898	181,901	180,150

- 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 ▶ 100.000 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|--------------------------|
| 3a(i) Unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a(ii) Related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		7,246,386		7,246,386
b Buildings		30,563,702	17,032,671	13,531,031
c Leasehold improvements				
d Equipment		1,193,829	736,592	457,237
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				21,234,654

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	68,771,771

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONSTRUCTION WARRANTY RESERVE	3,090,439
(3) PROPERTY DEVELOPMENT RESERVE	267,358
(4) SECURITY DEPOSITS	264,940
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,622,737

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	
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	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-2750154

Name: PEOPLE'S SELF HELP HOUSING CORP

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
PROPERTY IN DEVELOPMENT - CURENT	24,851,719
PROPERTY IN DEVELOPMENT	16,309,491
BOOK VALUE OF SUBSIDIARIES	12,775,335
CD'S	3,710,328
CASH-RENTALS	3,089,952
CASH PROPERTY RESERVES	2,575,935
CONTRACTS RECEIVABLE	2,411,074
CONTRACTS RECEIVABLE CURRENT	2,354,704
CASH RESTRICTED	443,763
ENDOWMENT	188,994
CASH RESIDENTIAL ASSISTANCE	60,476

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	EARNINGS TO BE USED FOR OPERATING EXPENSES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	PSHHC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE CALIFORNIA FRANCHISE TAX BOARD CODE SECTION 23701(D). THE INTERNAL REVENUE SERVICE HAS ALSO DETERMINED THAT PSHHC IS NOT A PRIVATE FOUNDATION UNDER IRS CODE SECTION 509(A). MANAGEMENT BELIEVES PSHHC HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PEOPLE'S SELF HELP HOUSING CORP

Employer identification number

95-2750154

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERG. MED, DENTAL RENT	458	125,253			
(2) SCHOLARSHIPS	12	31,359			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	GRANTS ARE PAID DIRECTLY TO THE LANDLORD OR UTILITY COMPANY. SCHOLARSHIPS ARE BASED ON CRITERIA SUCH AS PROOF OF ENROLLMENT AND LEVEL OF GPA
SCHEDULE I, PAGE 4, PART IV	PART III LINE 1. GRANTS FROM THE RESIDENT ASSISTANCE FUND ARE APPROVED BY COMMITTEE BASED ON NEED. GRANTS ARE FOR SHORT TERM NEEDS SUCH AS UNPAID RENT, UTILITIES, MEDICAL AND TRANSPORTAION. THE GRANTS ARE PAID DIRECTLY TO THE LANDLORD, UTILITY COMPANY, ETC., NOT TO THE RESIDENT. PART III LINE 2. SCHOLARSHIPS ARE AWARDED BY A COMMITTEE BASED ON NEED AND MERIT. SCHOLARSHIPS ARE PROVIDED TO RECIPIENTS BASED ON CRITERIRA SUCH AS PROOF OF ENROLLMENT AND LEVEL OF GPA.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PEOPLE'S SELF HELP HOUSING CORP

Employer identification number
95-2750154

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> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes	4b No 4c No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No 5b No	
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No 6b No	
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN FOWLER FORMER PRESIDENT	(i)	219,704			15,258	9,037	243,999	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 KENNETH TRIGUEIRO PRESIDENT/TREASURER	(i)	174,496			12,826	17,636	204,958	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 TODD BROUSSARD ASST. SECRETARY	(i)	139,914			10,097	13,967	163,978	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 GRIFFIN MOORE CFO/TREASURER	(i)	142,596			9,992	9,092	161,680	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 MORGEN BENEVEDO FORMER MHD DIRECTOR	(i)	137,083			9,605	8,972	155,660	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	PSHHC OFFERS A WELLNESS PROGRAM FOR ALL EMPLOYEES. EMPLOYEES MUST FILL OUT A WELLNESS REIMBURSEMENT FORM THAT EXPLAINS THE MAXIMUM BENEFIT OF 200 FOR ONE YEAR TO BE PAYABLE THROUGH TAXABLE WAGES FOR ELIGIBLE EXPENSES INCLUDING: ANNUAL OR MONTHLY GYM MEMBERSHIP FEES, WEIGHT LOSS PROGRAM FEES, SMOKING CESSATION PROGRAM FEES, NUTRITIONAL COUNSELING NOT COVERED BY INSURANCE, ANNUAL PHYSICAL EXAM FEES NOT COVERED BY INSURANCE AND HOME OFFICE SUPPLIES.
SCHEDULE J, PAGE 1, PART I, LINE 4	JOHN FOWLER 215,870 0 0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PEOPLE'S SELF HELP HOUSING CORP

Employer identification number
95-2750154

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,900	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6,263	6,263	OPINION OF EXPERTS
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS)	X	3	2,050	COST
26 Other ▶ (VARIOUS)	X	5	30,570	COST
27 Other ▶ (VARIOUS)	X	1	100	COST
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	PART 1 LINE 19, 25, 26, 27 THE ORGANIZATION IS PROVIDING THE NUMBER OF CONTRIBUTIONS RECEIVED. PART 1 LINE 25. CONSISTS OF SUPPLIES PROVIDED TO THE ORGANIZATION FOR VARIOUS GROUND BREAKING AND OTHER ORGANIZATIONAL EVENTS DURING THE YEAR. PART 1 LINE 26. CONSISTS OF NON-HOUSEHOLD SUPPLIES PROVIDED TO TENANTS AT THE AFFORDABLE HOUSING PROJECTS OWNED BY THE ORGANIZATION. PART 1 LINE 27. CONSISTS OF HOLIDAY MEALS PROVIDED TO TENANTS OF AFFORDABLE HOUSING PROJECTS.

SCHEDULE O
(Form 990 or 990-EZ)

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

Department of the Treasury

Name of the Organization

PEOPLE'S SELF HELP HOUSING CORP

Employer identification number

95-2750154

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	AFFORDABLE HOUSING, TENANT ASSISTANCE, RESIDENT SERVICES, FINANCIAL LITERACY AND YOUTH EDUCATION PROGRAMS - THE RESIDENT SERVICES AND RESIDENT EDUCATION PROGRAMS PROVIDE FOR LOW-INCOME SENIORS AND FAMILIES, COUNSELING AND AFTER SCHOOL TUTORING PROGRAMS, HEALTH SCREENING S, FINANCIAL LITERACY PROGRAMS, HOMEOWNERSHIP COUNSELING, FORECLOSURE COUNSELING, AND EMERGENCY FINANCIAL ASSISTANCE. THESE PROGRAMS ARE DESIGNED TO HELP LOW-INCOME PERSONS REMAIN HOUSED IN SAFE AND AFFORDABLE HOUSING AND TO PROVIDE EDUCATIONAL OPPORTUNITIES. PSHHC'S YOUTH EDUCATION PROGRAMS HAVE 264 PARTICIPANTS AND 111 PARTICIPANTS IN THE COLLEGE CLUB PROGRAM THAT AWARDED 15 SCHOLARSHIPS FOR PARTICIPANTS ATTENDING COLLEGES. IN ADDITION, PSHHC'S SUPPORTIVE HOUSING PROGRAM ASSISTED 1,275 RESIDENTS WITH CLINICAL CASE MANAGEMENT SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	AFFORDABLE HOUSING DEVELOPMENT - DURING THE CURRENT YEAR, PSHHC BEGAN COMPLETED CONSTRUCTION EFFORTS ON 7 AFFORDABLE SELF-HELP HOMES IN KING CITY, CA. PSHHC CONTINUED TO PURSUE ENTITLEMENTS TO DEVELOP 10 AFFORDABLE SELF-HELP HOMES IN NIPOMO, CA AND 15 AFFORDABLE SELF-HELP HOMES IN SAN MIGUEL, CA. PSHHC BEGAN CONSTRUCTION EFFORTS AT A 40 UNIT FAMILY AFFORDABLE HOUSING PROJECT IN SAN LUIS OBISPO, CA AND A 36 UNIT SENIOR AFFORDABLE HOUSING PROJECT IN TEMPLETON, CA. ADDITIONALLY, REHABILITATION EFFORTS BEGAN AT A 56 MULTIFAMILY AFFORDABLE HOUSING PROJECT IN ISLA VISTA, CA. CONSTRUCTION WAS COMPLETED FOR A 38 UNIT MULTIFAMILY AFFORDABLE FARMWORKER RENTAL PROJECT IN GUDADLUPE, CA AND A 40 UNIT SENIOR AFFORDABLE RENTAL PROJECT IN SANTA MARIA, CA. PSHHC COMPLETED REHABILITATION ON A 7 UNIT AFFORDABLE HOUSING PROJECT IN SANTA BARBARA, CA. IN ADITION TO THE EXPENDITURES SHOWN, ADDITIONAL COSTS OF 1,840,304 WERE CAPITALIZED AS CONSTRUCTION COSTS FOR AFFORDABLE RENTAL HOUSING AND SELF-HELP OWNERSHIP PROJECTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 3	THE BOARD OF DIRECTORS HAS HIRED THE DUNCAN GROUP TO PROVIDE DAY TO DAY MANAGEMENT AND ACCOUNTING FOR THE RENTAL HOUSING PROJECTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATIONS PRESIDENT AND CHIEF FINANCIAL OFFICER REVIEW THE FORM 990 AND A COPY IS PROVIDED TO EACH BOARD MEMBER FOR THEIR COMMENTS BEFORE THE RETURN IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	AN ANNUAL CONFLICT OF INTEREST LETTER IS PROVIDED TO AND SIGNED BY OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES AND PROVIDED TO CORPORATE AUDITORS. THE BOARD REVIEWS CONFLICTS OF INTEREST, IF ANY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION FOR THE PRESIDENT IS REVIEWED AND APPROVED BASED ON A COMPETITIVE ASSESSMENT PREPARED BY A GLOBAL RESOURCE CONSULTANT COMPANY ALONG WITH ONLINE SALARY SURVEYS AVAILABLE TO NON-PROFIT ORGANIZATIONS. IN ADDITION THE PRESIDENTS SALARY IS REVIEWED WITH A HIRING CONSULTANT FOR NON-PROFIT EXECUTIVES WHO ADVISES THE BOARD OF DIRECTORS BASED ON THEIR EXPERIENCE IN THE INDUSTRY. COMPENSATION IS SET AND APPROVED WITHIN A RANGE CONFIRMED BY THESE REPORTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION FOR THE OFFICERS IS REVIEWED AND APPROVED BASED ON A COMPETITIVE ASSESSMENT PREPARED BY A GLOBAL RESOURCE CONSULTANT COMPANY ALONG WITH ONLINE SALARY SURVEYS AVAILABLE TO NON-PROFIT ORGANIZATIONS. IN ADDITION THE OFFICERS SALARY IS REVIEWED WITH A HIRING CONSULTANT FOR NON- PROFIT EXECUTIVES WHO ADVISES THE BOARD OF DIRECTORS BASED ON THEIR EXPERIENCE IN THE INDUSTRY. COMPENSATION IS SET AND APPROVED WITHIN A RANGE CONFIRMED BY THESE REPORTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE GUIDESTAR WEBSITE.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PEOPLE'S SELF HELP HOUSING CORP

Employer identification number

95-2750154

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

See Additional Data Table

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

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

See Additional Data Table

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

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.

See Additional Data Table

(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	

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

See Additional Data Table

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

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data**Software ID:****Software Version:****EIN:** 95-2750154**Name:** PEOPLE'S SELF HELP HOUSING CORP**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
VILLA LA ESPERANZA LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 81-2180768	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
VILLAGE AT LOS CARNEROS LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
PSHHC COLLEGE PARK LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0432811	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
SIERRA MADRE COTTAGES LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
HEATH HOUSE LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2740154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
BROAD STREET PLACE 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
CAMBRIA PINES APARTMENTS LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
DEL RIO RIDGE LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
FILLMORE TERRACE LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
ISLA VISTA APARTMENTS LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF HELP HOUSING CORPORATION
LOS ADOBES DE MARIA I LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH				PEOPLE'S SELF-HELP HOUSING CORPORATION
PISMO TERRACE LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
ROLLING HILLS III LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
SBCARP3 LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
TEMPLETON PLACE II LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH	CA			PEOPLE'S SELF-HELP HOUSING CORPORATION
TIBURON PLACE LLC 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 95-2750154	AH				PEOPLE'S SELF-HELP HOUSING CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0429830	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0386774	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0216911	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0429275	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0146572	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0210296	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0385185	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 31-1701719	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0152030	AH	CA	501C3	9	NA		No
10606 KENDALL OAD SAN LUIS OBISPO, CA 93401 77-0422724	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 31-1750560	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0432811	AH	CA	501C3	9	NA		No
1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 87-0756697	AH	CA	501C3	9	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BELRIDGE STREET ASSOCIATES LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0518504	AH	CA	N/A	RELATED	-3,994	984,573		No			No	99.990 %
CANYON CREEK LIMITED PARTNERSHIP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 68-0551791	AH	CA	N/A	RELATED	19,955	846,443		No		Yes		0.010 %
CASAS DE LAS FLORES 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 46-3509971	AH	CA	N/A	RELATED	22,599	520,696		No		Yes		0.010 %
CASAS LAS GRANADAS LTD PARTNERSHIP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 43-2100413	AH	CA	N/A	RELATED	4,269	58,315		No		Yes		0.010 %
COLLEGE PARK HOUSING ASSOCIATES LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 87-0756697	AH	CA	N/A	RELATED				No			No	
COURTLAND STREET APARTMENTS LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 46-1753365	AH	CA	N/A	RELATED	11,946	1,080,670		No		Yes		0.010 %
CRESTON GARDENS LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 47-3920449	AH	CA	N/A	RELATED	17,650	711,680		No		Yes		0.010 %
DAHLIA COURT II LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 45-3642851	AH	CA	N/A	RELATED	24,641	1,154,164		No		Yes		0.010 %
EL PATIO LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 26-1939551	AH	CA	N/A	RELATED	-29,006	5,332,216		No		Yes		99.000 %
GUADALUPE COURT LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 83-1806899	AH	CA	N/A	RELATED	19,812	8,496,418		No		Yes		0.010 %
JARDIN DE LAS ROSAS LP 1060 KENDALL RAOD SAN LUIS OBISPO, CA 93401 47-4394354	AH	CA	N/A	RELATED	21,239	1,139,361		No		Yes		0.010 %
JUNIPER STREET ASSOCIATES 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0468885	AH	CA	N/A	RELATED	-4,885	989,635		No			No	99.900 %
LACHEN TARA LIMITED PARTNERSHIP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 56-2602519	AH	CA	N/A	RELATED	11,040	67,740		No		Yes		0.010 %
LOS ADOBES DE MARIA II LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0585414	AH	CA	N/A	RELATED	-20	280,583		No		Yes		0.010 %
LOS ADOBES DE MARIA III LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 46-1923347	AH	CA	N/A	RELATED	20,650	773,833		No		Yes		0.010 %

(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) Disproprtionate 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	
LOS ROBLES TERRACE LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 46-4539752	AH	CA	N/A	RELATED	5,315	1,023,480		No		Yes		0.010 %
MARIPOSA REAL LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0472144	AH	CA	N/A	RELATED	161,955	5,453,459		No			No	99.900 %
OAK FOREST ASSOCIATE 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0429273	AH	CA	N/A	RELATED	-28,282	1,507,658		No			No	99.000 %
OCEAN VIEW MANOR LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 46-4526969	AH	CA	N/A	RELATED	5,628	94,544		No		Yes		0.010 %
OCEANO APARTMENTS ASSOCIATION LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0512176	AH	CA	N/A	RELATED	-19,802	1,366,938		No			No	99.990 %
OCEANSIDE GARDENS LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0385187	AH	CA	N/A	RELATED	-63,214	731,802		No			No	99.000 %
PISMO CREEK LP 1060 KENDALL RAOD SAN LUIS OBISPO, CA 93401 45-2909385	AH	CA	N/A	RELATED	12,316	47,731		No		Yes		0.010 %
RIO VISTA ASSOCIATES LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 33-0977453	AH	CA	N/A	RELATED	11,512	1,021,534		No		Yes		0.010 %
ROLLING HILLS II LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 47-4373168	AH	CA	N/A	RELATED	37	307,645		No		Yes		0.010 %
ROLLING HILLS HOUSING ASSOCIATES LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 26-2893904	AH	CA	N/A	RELATED	10,000	341,516		No		Yes		0.010 %
SCHOOLHOUSE LANE APARTMENTS LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0432812	AH	CA	N/A	RELATED	-28,087	1,357,761		No			No	99.880 %
SEQUOIA AFFORDABLE HOUSING LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0464619	AH	CA	N/A	RELATED	-9,135	964,212		No			No	99.900 %
SIERRA MADRE COTTAGES LP (DE) 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 83-2933386	AH	CA	N/A	RELATED	-2	10,622,017		No		Yes		0.010 %
STORKE RANCH APARTMENTS LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 77-0468921	AH	CA	N/A	RELATED	68,030	1,249,358		No			No	99.990 %
TEMPLETON PLACE LP 1060 KENDALL RAOD SAN LUIS OBISPO, CA 93401 77-0524984	AH	CA	N/A	RELATED	-31,346	1,730,791		No			No	99.990 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TEMPLETON PLACE II LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 83-1150460	AH	CA	N/A	RELATED		4,113,362		No		Yes		0.010 %
VALENTINE COURT LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 46-4516915	AH	CA	N/A	RELATED	10,930	100,406		No		Yes		0.010 %
VILLA LA ESPERANZA 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 47-1990425	AH	CA	N/A	RELATED	26,547	237,223		No		Yes		0.010 %
VILLAGE AT LOS CARNEROS LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 81-3250115	AH	CA	N/A	RELATED	21,273	859,205		No		Yes		0.010 %
VILLAS AT HIGUERA LP 1060 KENDALL ROAD SAN LUIS OBISPO, CA 93401 45-0540615	AH	CA	N/A	RELATED	11,374	886,783		No		Yes		0.010 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE DUNCAN GROUP	M	461,826	FMV
THE DUNCAN GROUP	L	65,838	FMV
THE DUNCAN GROUP	E	500,000	FMV
CRESTON GARDENS LP	L	564,152	FMV
JARDIN DE LAS ROSAS LP	L	754,628	FMV
LOS ADOBES DE MARIA III LP	L	636,455	FMV
ROLLING HILLS HOUSING ASSOCIATES LP	L	77,299	FMV
VILLAS AT HIGUERA LP	L	118,363	FMV
COLLEGE PARK LP	L	174,889	FMV
LOS ROBLES TERRACE LP	L	739,864	FMV
THE DUNCAN GROUP	C	200,000	FMV
GUADALUPE COURT LP	L	165,618	FMV
SIERRA MADRE COTTAGES LP	L	161,933	FMV