DLN: 93493227034639 OMB No 1545-0047 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable MIDPEN HOUSING CORPORATION ☐ Address change 23-7089977 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O $\,$ box if mail is not delivered to street address) 303 VINTAGE PARK DRIVE NO 250 ☐ Amended return □ Application pending (650) 356-2900 City or town, state or province, country, and ZIP or foreign postal code FOSTER CITY, CA $\,$ 94404 $\,$ G Gross receipts \$ 25,311,451 Name and address of principal officer H(a) Is this a group return for MATTHEW O FRANKLIN □Yes ☑No subordinates? 303 VINTAGE PARK DRIVE NO 250 H(b) Are all subordinates FOSTER CITY, CA 94404 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) ☐ 527 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW MIDPEN-HOUSING ORG L Year of formation 1970 M State of legal domicile CA K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities IN CONJUNCTION WITH RELATED ORGANIZATIONS, MIDPEN HOUSING CORPORATION'S MISSION IS TO PROVIDE SAFE, AFFORDABLE HOUSING OF HIGH QUALITY TO THOSE IN NEED, TO ESTABLISH STABILITY AND OPPORTUNITY IN THE LIVES OF RESIDENTS, AND TO FOSTER DIVERSE COMMUNITIES THAT ALLOW PEOPLE FROM ALL ETHNIC, SOCIAL AND ECONOMIC BACKGROUNDS TO LIVE IN DIGNITY, Activities & Governance HARMONY, AND MUTUAL RESPECT Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 15 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 0 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,260,601 9,677,723 Ravenue 5,503,957 11,288,033 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,978,698 3,236,517 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,163,322 1,327,564 31,164,397 25,272,018 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 174.036 1,536,750 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) 10,174,678 11,905,006 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 6,929,584 5,598,120 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 17,278,298 19,039,876 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 13,886,099 6,232,142 Assets or d Balances Beginning of Current Year End of Year 146,724,719 154,540,527 20 Total assets (Part X, line 16) . **21** Total liabilities (Part X, line 26) 12,181,390 15,174,277 Net assets or fund balances Subtract line 21 from line 20 . 134,543,329 139,366,250 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 2019-08-15 Signature of officer Date Sign Here MICHAEL J VERGURA CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01433887 **Paid** self-employed ► NOVOGRADAC & COMPANY LLP Firm's EIN > 94-3108253 Firm's name Preparer **Use Only** Firm's address ► 2033 NORTH MAIN STREET SUITE 400 Phone no (925) 949-4300 WALNUT CREEK, CA 94596 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (201	18)				Page 2
Pa	rt III S	Statement of Program S	ervice Accomplis	hments		
		Check if Schedule O contains a	response or note to	any line in this Part III .		🗹
1		lescribe the organization's mis				
HIGH	I QUALITY MUNITIES	TO THOSE IN NEED, TO EST	ABLISH STABILITY AN	ND OPPORTUNITY IN TH	MISSION IS TO PROVIDE SAFE, A E LIVES OF RESIDENTS, AND TO F ROUNDS TO LIVE IN DIGNITY, HA	OSTER DIVERSE
2	Did the	organization undertake any si	gnıfıcant program ser	vices during the year wh	nich were not listed on	
	the prio	r 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 condu	ıcts, any program	
		describe these changes on S				☐ Yes ☑ No
4	Describe Section	the organization's program s	ervice accomplishmei nizations are required	I to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code) (Expenses s	18,045,274	including grants of \$	1,536,750) (Revenue \$	12,615,597)
	See Addi	tional Data				
	-					
4b	(Code) (Expenses s	3	including grants of \$) (Revenue \$)
4c	(Code) (Expenses s	5	including grants of \$) (Revenue \$)
4d	Other p	rogram services (Describe in S	Schedule O)			
	(Expens	es \$	ıncludıng grants of	<u>'</u>) (Revenue \$)
4e	Total p	rogram service expenses 🕨	18,045,2	274		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 🗀 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 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? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Νo 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 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 14b Nο valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Νo b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

	Checklist of Required Schedules (continued)			
			Yes	No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
5	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
;	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
,	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
ı	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

No

Yes

64

0

1a

1b

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" respo	onse to	lines ✓
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
	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?	2		No
	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
	Did the organization have members or stockholders?	6		No
	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?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		\longrightarrow	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
1	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
	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?	16b	Yes	
Sec	tion C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed▶ CA			
	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

20

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 303 VINTAGE PARK DR SUITE 250 FOSTER CITY, CA 94404 (650) 356-2900

Form **990** (2018)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII 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

Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) BETH BARTLETT CHAIRPERSON	2 00	×		×				0	0	0	
(2) C MARK BATTEY DIRECTOR	2 00	х		х				0	0	0	
(3) DANIEL SEUBERT TREASURER	2 00	Х		×				0	0	0	
(4) ERIK DOYLE DIRECTOR	2 00	X						0	0	0	
(5) GINA DIAZ DIRECTOR	2 00	X						0	0	0	
(6) JULIA M BAIGENT SECRETARY	2 00	х		x				0	0	0	
(7) KIM LE VICE CHAIRPERSON	2 00	x		х				0	0	0	
(8) MONIQUE MOYER DIRECTOR	2 00	x						0	0	0	
(9) THERESE FREEMAN	2 00										

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40,668

Form **990** (2018)

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SECRETARY

(10) KEVIN BATES

(11) RENEE MCDONNELL

(12) ENRIQUE TORRES

(14) ERIC HARRISON

(15) ELISA JAGERSON

(17) JAN LINDENTHAL

(16) MATTHEW O FRANKLIN

PRESIDENT/ ASSISTANT SECRE

VP OF REAL ESTATE DEVELOPMENT/ ASSISTANT

(13) JESSICA GARCIA-HOHL

.......

(A)

900 BROKEN SOUND PARKWAY NW 200 BOCA RATON, FL 33487

compensation from the organization ▶ 11

Part VII

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

Page 8

	(A) Name and Title	Average hours per week (list any hours for related		ne b	ox, in of tor/t	unle: ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-	Estim amount comper from organiza	nated of other nsation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	-,,	MISC)	rela organiz	ted
·	IND JANINE				×					286,44	5	25,903
	F OPERATING OFFICER/ ASSISTANT SECRETARY ARTHUR FATUM	20 00 25 00									<u> </u>	
	FINANCIAL OFFICER/ A	20 00			×				(249,61	7	33,819
(20)	MARLAND TAYLOR	20 00			<u> </u>							
	ORATE BROKER/ ASSISTAN	25 00	••••		X					177,14		50,093
SENI	NILLIAMS MARVIN OR VICE PRESIDENT OF PROPERTY	0 10 44 90			x				(164,10	5	8,416
	GEMENT/ ASSI DEBRA SOBECK	0 10										
VP O	PROPERTY MANAGEMENT/	44 90			X				(142,68	3,012	
c T	Sub-Total	/II, Section A			•	;	-					
d	Total (add lines 1b and 1c) Total number of individuals (including but	t not limited to				/e) v	▶ vho re	ceıv	0 ed more than \$10	1,873,720		230,680
	of reportable compensation from the orga	anization ► 1										T
3	Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>			key (nighe	est compensated e	employee on	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations gr individual									the	l Yes	
5	Did any person listed on line 1a receive o services rendered to the organization? If '								ganization or indiv			No
Se	ction B. Independent Contractors	1									•	
1	Complete this table for your five highest of from the organization. Report compensation	ion for the caler								s tax year		
	Name and b	(A) ousiness address							Descri	(B) ption of services	Compe	
XANT	RION INC								DATA STORAG	GE/IT SERVICE		419,175
OAKL	HOMAS L BERKLEY WAY AND, CA 94612 JN INC								ARCHITECTUR	PAL SERVICE		374,465
PIER	56 1201 ALASKAN WAY 200 FLE, WA 98101								AKCHITECTOR	OL SERVICE		374,403
	NGINEERS								ENGINEERING PLANNING SE			269,293
REDV	HORELINE DRIVE 200 /OOD CITY, CA 94065											207.045
901 E	ARCHITECTS ATTERY STREET SUITE 300								ARCHITECTUE	KAL SEKVICE		207,045
	FRANCISCO, CA 94111 YNTEC CONSULTANTS INC								CONSULTING	SERVICE		198,295
											1	

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

(C)

(D)

(E)

(B)

Part		Statement of	Revenue									rage 3
		Check if Schedul	e O contains	a respo	onse or note to any							🗆
						(A) Total rev		Rela exe fun	ted or empt	(C) Unrelated business revenue		(D) Revenue excluded from a under sections
	1	.a Federated campaig	ns	1a	<u> </u>			rev	enue			512 - 514
nts nts		b Membership dues		1b	<u> </u>							
Gifts, Grants illar Amounts		c Fundraising events		1c	<u> </u>							
Š, (An		d Related organizatio		1d	9,644,985							
Giff Ilar		e Government grants (co		1e	19,988							
ıs,		f All other contributions	,	_ _	<u> </u>							
er S		and similar amounts n above		1f	12,750							
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a - 1f \$	ons included									
<u>ರ ಕ</u>		h Total. Add lines 1a	-1f	•	•	9,	,677,723					
ı					Business	Code	0.5	93.900	0.583	900		
- nn		a FEE INCOME				531390		82,899	9,582			
P.		B RENTAL INCOME				531110		56,398		,319		
ACE		MISC INCOME				531110		14,319		,279		
Ser.	•	d INCOME FROM PARTNER				531390		138		138		
un	•	e NET INCOME-SUBSIDIA	RY			531390		136		136		
Program Service Revenue	f	f All other program se	rvice revenue	:								
₫	g	JTotal. Add lines 2a-2	2f		11,	288,033						
		Investment income (i			interest, and other		2,991,222					2,991,222
		similar amounts) . Income from investme			ond proceeds •	`	2,331,222					2,331,222
												
		,	(ı) Rea		(II) Personal	<u> </u>						
	6	a Gross rents				1						
		b Less rental expenses				-						
	ľ	,				_						
	•	c Rental income or (loss)										
	,	d Net rental income o	r (loss)			_						
			(ı) Securit	ties	(II) Other							
	7:	a Gross amount from sales of		26,909								
		assets other than inventory										
		b Less cost or				1						
		other basis and sales expenses		27,622	·	_						
		Gain or (loss)Net gain or (loss)		-713	,	1	-12,524					-12,524
		a Gross income from f			<u> </u>	+	12,32	1				12,324
e T		(not including \$		of								
Other Revenue		contributions reporte See Part IV, line 18	ed on line 1c)	а	}							
Rev		b Less direct expense	s	b		1						
er	,	c Net income or (loss)	from fundrais	sing ev	ents							
Oth	9;	a Gross income from g See Part IV, line 19		ıes								
		,		а	1							
		b Less direct expense		b								
		c Net income or (loss) PaGross sales of invent		activit	iles •							
	10	returns and allowand			J							
				a		4						
		b Less cost of goods s		b								
		Net income or (loss) Miscellaneous		IIIveiii	Business Code							
	1:	1axfer debt btwn a	FFIL		53139	ō	1,327,564	ı	1,327,564			
	1	b										
	•	С										
		d All add										
		d All other revenue . e Total. Add lines 11a			•							
		2 Total revenue. See					1,327,564	1				
		- Total Tevellue, 566	ansu uctions	• •	• • • •		25,272,018	3	12,615,597		0 F	2,978,698 form 990 (2018)
												シェニニ マラび してひよびき

Check if Schedule O contains a response or note to any	line in this Part IX			\square
Oo not include amounts reported on lines 6b, lb, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,536,750	1,536,750	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,734,994	9,734,994		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	521,397	521,397		
9 Other employee benefits	943,315	943,315		
LO Payroll taxes	705,300	705,300		
.1 Fees for services (non-employees)				
a Management	31,796	31,796		
b Legal	42,098		42,098	
c Accounting	95,462		95,462	
d Lobbying	375,000		375,000	
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 0)	340,374		340,374	
2 Advertising and promotion	66,896	66,896		
3 Office expenses	240,573	240,573		
4 Information technology				
5 Royalties				
6 Occupancy	623,381	623,381		
7 Travel	239,338	239,338		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings				
0 Interest	152,346	152,346		
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	343,082	343,082		
3 Insurance	221,918	221,918		
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 STAFF COSTS	1,224,594	1,224,594		
b COMPUTER EXPENSES	526,806	526,806		
c TAXES AND LICENSES	309,477	309,477		
d				
e All other expenses	764,979	623,311	141,668	
Total functional expenses. Add lines 1 through 24e	19,039,876	18,045,274	994,602	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

		(2018)					Page 11			
Р	art X	Balance Sheet					_			
		Check if Schedule O contains a response or not	e to any line	e in this Part IX			<u> </u>			
					(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing			1,050	1	1,000			
	2	Savings and temporary cash investments .	Savings and temporary cash investments							
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net			11,965,525	4	9,403,471			
	5	Loans and other receivables from current and for trustees, key employees, and highest compensor Part II of Schedule L	ated employ	ees Complete		5				
Assets	6	contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L							
se	7			-	86,350,664	7	83,842,692			
AS	8	Inventories for sale or use		_	100 751	8	207.000			
•	9	Prepaid expenses and deferred charges			132,751	9	387,623			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	13,962,725							
	b	Less accumulated depreciation	10b	5,083,108	8,835,423	10 c	8,879,617			
	11	Investments—publicly traded securities .			21,438,823	11	20,507,097			
	12	Investments—other securities See Part IV, line		12						
	13	Investments—program-related See Part IV, line		1,418,692	13	1,443,422				
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11	[2,454,440	15	5,318,171				
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	[146,724,719	16	154,540,527			
	17	Accounts payable and accrued expenses		1,796,451	17	3,011,146				
	18	Grants payable			18					
	19	Deferred revenue			2,871,478	19	3,237,048			
	20	Tax-exempt bond liabilities				20				
S	21	Escrow or custodial account liability Complete F	Part IV of Sch	hedule D		21				
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee								
æ		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrela	ited third pa	rties	7,107,290	23	8,594,670			
	24	Unsecured notes and loans payable to unrelated	third partie	es		24				
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		elated third parties,	406,171	25	331,413			
	26	Total liabilities. Add lines 17 through 25			12,181,390	26	15,174,277			
Fund Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33		here ▶ ☑ and						
<u>1</u>	27	Unrestricted net assets		<u> </u>	134,543,329	27	139,366,250			
ă	28	Temporarily restricted net assets			28					
Ē	29	Permanently restricted net assets	_			29				
		Organizations that do not follow SFAS 117	,							
S 01	30	check here ▶ ☐ and complete lines 30 the Capital stock or trust principal, or current funds				30				
Assets	31	Paid-in or capital surplus, or land, building or ed	ıuıpment fur	nd		31				
ĄŠ	32	Retained earnings, endowment, accumulated in	come, or oth	ner funds		32				

139,366,250

154,540,527 Form **990** (2018)

134,543,329

146,724,719

33

34

34

Total net assets or fund balances . .

Total liabilities and net assets/fund balances .

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

3a

3b

Yes

Yes (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

THE CORPORATION DEVELOPS AND OPERATES SAFE AND AFFORDABLE HOUSING OF HIGH QUALITY FOR LOW- AND VERY-LOW INCOME INDIVIDUALS AND FAMILIES,

EIN: 23-7089977

Name: MIDPEN HOUSING CORPORATION

INCLUDING FLDERLY AND DISABLED PERSONS

Form 990, Part III, Line 4a:

Form 990 (2018)

CHEDU Form 990 90EZ)		Com	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) mpt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018
epartment of t ternal Revenu	a Saruna	_	► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
lame of the IDPEN HOUS	e organizat ING CORPORA	ion TION					Employer identific	cation number
Part I	Reason f	or Public (harity Stat	us (All organization	s must comple	ete this part \ 9	23-7089977 See instructions	
				e it is (For lines 1 thro			oce manacions.	
1 🗆	A church, co	nvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2 🗆	A school de	scribed in se	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
· □	A hospital o	r a cooperati	ve hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).	
	A medical rename, city,		nization operat	ed in conjunction with	a hospital descr	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
		tion operated iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
	. , , , , ,		,	governmental unit de	scribed in secti	on 170(b)(1)(A	ı)(v).	
	section 17	D(b)(1)(A)(vi). (Complete			-	ınıt or from the gener	al public described ii
B	A communit	y trust descr	bed in sectio i	170(b)(1)(A)(vi)	(Complete Part 1	II)		
				escribed in 170(b)(1) ee instructions Enter				lege or university or
	from activiti investment	es related to income and i	its exempt fur inrelated busir	(1) more than 331/3% actions—subject to cer less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety	See section 509	(a)(4).	
ш	more public	ly supported	organizations :	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
	Type I. A so	upporting org	anızatıon oper	ated, supervised, or coappoint or elect a majo	ontrolled by its s	supported organiz	zation(s), typically by	
ш	managemer	it of the supp		pervised or controlled in ation vested in the sare and C.				
		•	-	supporting organizatio	•	•	, -	ated with, its
	Type III no functionally	on-functions integrated T	ally integrate he organizatio	 d. A supporting organi n generally must satis rt IV, Sections A and 	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
· 🗆	Check this b	ox if the org	- anızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
	-		on-functionally organizations	integrated supporting	organization			
Provid	e the follow	ng informatio	n about the s	pported organization(s)			
	ame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
		<u>'</u>						
+al								
otal				 nstructions for	Cat No 1128.	<u> </u>	 Schedule A (Form 9	22 222 57\ 224

▶□

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (d) 2017 (a) 2014 **(b)** 2015 (c) 2016 (e) 2018 (f) Total (or fiscal year beginning in) ▶

1	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)						
5	Public support. Subtract line 5 from line 4						
9	Section B. Total Support			•	,	1	•
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(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						

Total support. Add lines 7 through

supported organization

14 15 ightharpoonupand stop here. The organization qualifies as a publicly supported organization

11 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. 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 h 10%-facts-and-circumstances test—2017. 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

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 Schedule A (Form 990 or 990-EZ) 2018

F	(Complete only if you	checked the box	on line 10 of Pa	art I or if the org	ganization failed		er Part II. If
_	the organization fails t	o qualify under t	the tests listed b	pelow, please co	mplete Part II.)	
	ection A. Public Support Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,003,062	8,919,256	5,339,721	7,260,601	9,677,723	43,200,363
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 Gross receipts from activities that	8,349,031	7,845,437	9,432,218	5,503,957	11,288,033	42,418,676
4	are not an unrelated trade or business under section 513 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	20,352,093	16,764,693	14,771,939	12,764,558	20,965,756	85,619,039
7a	Amounts included on lines 1, 2, and						С
b	3 received from disqualified persons 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
С	Add lines 7a and 7b						(
8	Public support. (Subtract line 7c from line 6)						85,619,039
Se	ection B. Total Support	•	•	•	•	•	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9		20,352,093	16,764,693	14,771,939	12,764,558	20,965,756	85,619,039
10a		2,126,015	2,371,909	2,434,273	3,060,302	2,991,222	12,983,721
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,						

	1975		
С	Add lines 10a and 10b	2,126,015	2,
11	Net income from unrelated		
	business activities not included in		

line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital

assets (Explain in Part VI) Total support. (Add lines 9, 10c,

11, and 12)

14

16

20

54,839

22,532,947

b 33 1/3% support tests - 2017. 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

19,136,602

,371,909

2,434,273

15,824,860

3,060,302

2,991,222

15

16

17

23,956,978

Schedule A (Form 990 or 990-EZ) 2018

12,983,721

54,839

98,657,599

86 780 %

86 760 %

13 160 %

13 100 %

▶ ☑

ightharpoons

▶□

check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2017 Schedule A, Part III, line 15

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

17,206,212

Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17

- Investment income percentage from 2017 Schedule A, Part III, line 17 18 19a 331/3% support tests—2018. 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

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	art IV Supporting Organizations (continued)						
	cupper unit of game and (community)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
u	governing body of a supported organization?						
h	A family member of a person described in (a) above?	11a 11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
	Section B. Type I Supporting Organizations	110					
	ection B. Type I Supporting Organizations		Yes	No			
1	Did the 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? 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	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization						
	-						
5	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		163	NO			
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
S	Section D. All Type III Supporting Organizations						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?)					
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3					
S	ection 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 instruction)	ions)					
	a The organization satisfied the Activities Test Complete line 2 below						
	b The organization is the parent of each of its supported organizations Complete line 3 below						
	c	ınstru	ctions)				
2	Activities Test Answer (a) and (b) below.						
	· , · ,		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.	20					
	 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? Provide details in Part VI. 	3a					
	 b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 	26					

m	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion 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) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

Additional Data

Software ID: Software Version:

EIN: 23-7089977

Name: MIDPEN HOUSING CORPORATION

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part II.

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)

Instructions)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

OMB No 1545-0047

DLN: 93493227034639

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

• 5	Section 527 organizations Complet	te Part I-A only						
		n Form 990, Part IV, Line 4, or Form 9						_
		t have filed Form 5768 (election under s						
		t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Ta)						
	xy Tax) (see separate instruction		i) (see separate i	iisti uctioi	15) 01 1 01111 3.	30-LZ, F	11 t V, 1111	1 6 330
	Section 501(c)(4), (5), or (6) organiz							
	me of the organization	·			Employer id	entificat	ion nun	nber
MID	PPEN HOUSING CORPORATION							
	Complete Stiller		- 504(-):-		23-7089977			
(c)	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a sectio	n 527 orga	nizatior	1.	
1	Provide a description of the orgar "political campaign activities")	nization's direct and indirect political can	npaign activities in	n Part IV (s	see instruction	s for defii	nition of	
2	Political campaign activity expend	ditures (see instructions)			>	\$		
3	Volunteer hours for political camp	paign activities (see instructions)						
Par	t I-B Complete if the orga	nization is exempt under section	n 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955		>	\$		
2	Enter the amount of any excise to	ax incurred by organization managers u	nder section 4955		>	\$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	hıs year?				Yes	□ No
4a	Was a correction made?						Yes	□ No
b	If "Yes," describe in Part IV							
		nization is exempt under sectio	n 501(c), exc	ept secti	on 501(c)(:	3).		
1	Enter the amount directly expend	led by the filing organization for section	527 exempt funct	tion activiti	ies 🕨	\$		
2	Enter the amount of the filing org	ganization's funds contributed to other o	rganizations for se	ection 527	exempt			
3		res Add lines 1 and 2 Enter here and or	n Form 1120-POL.	lıne 17b	,	ψ ——		
4	Did the filing organization file For		·			[⊉]	Yes	No
5			-IIti F27					
3	organization made payments For	employer identification number (EIN) of reach organization listed, enter the amo that were promptly and directly deliver	ount paid from the	e filing orga	anızatıon's fun	ds Also e	enter the	
		ee (PAC) If additional space is needed,						- 5 5
	(a) Name	(b) Address	(c) EIN		ount paid from			of political
				filing o	organization's If none, enter			s received
				Tunus	-0-		nd promp ctly deliv	vered to a
					-		eparate p	
						orga		If none,
							enter ·	-u -
L								
2								
3								
1								
				1				
5								
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500849	S Schedule	C (Form 9	90 or 99	0-EZ) 2018

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

5,000

250,000

375,000

250,000

Schedule C (Form 990 or 990-EZ) 2018

688,000

723,489

1,085,234

308,000

223,489

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493227034639 OMB No 1545-0047

Open to Public **Inspection** Employer identification number

TOLEN HORP	ING CORPORATION					23-7	089977		
	Organizations Maintaining Donor Advi					or Acc	ounts.		
	Complete if the organization answered "Ye	s" on Form 990, (a) Dono		_			(b)Eund	s and other	accounts
Total nur	mber at end of year	(a) Dono	auvis	<u>seu</u>	Tulius		(D) and	s and other	accounts
	e value of contributions to (during year)								
	e value of grants from (during year)								
Aggregat	te value at end of year								
	organization inform all donors and donor adviso ation's property, subject to the organization's ex			ets	held in donor ad	lvised f	unds are	_] Yes □ N
	organization inform all grantees, donors, and do le purposes and not for the benefit of the donor benefit?							missible]Yes □ N
art II (Conservation Easements. Complete if the	ie organization a	nswei	rec	"Yes" on Forr	n 990,	Part IV	, line 7.	
Purpose	(s) of conservation easements held by the organ	nization (check all t	hat ap	ply	')				
☐ Pre	eservation of land for public use (e g , recreation	or education)		Pr	eservation of an	histori	cally imp	ortant land	area
☐ Pro	otection of natural habitat			Pr	eservation of a	certified	l historic	structure	
☐ Pre	eservation of open space								
Complet	e lines 2a through 2d if the organization held a	qualified conservat	on co	ntr	bution in the for	rm of a	conserva	ation	
	nt on the last day of the tax year						Held a	t the End	of the Year
•	mber of conservation easements					2a			
	reage restricted by conservation easements		. ,			2b			
	of conservation easements on a certified histori		•	′		2c			
	of conservation easements included in (c) acqui e listed in the National Register	red after //25/06,	and no	ot c	n a historic	2d			
Number tax year	of conservation easements modified, transferre	d, released, exting	uished	d, o	r terminated by	the org	anızatıor	during the	
Number	of states where property subject to conservation	n easement is loca	ed ►						
	e organization have a written policy regarding the procement of the conservation easements it holds		ng, in:	spe	ection, handling	of viola	tions,	☐ Yes	Пио
Staff and ▶	d volunteer hours devoted to monitoring, inspec	ting, handling of vi	olation	ns,	and enforcing co	onserva	tion ease		ng the year
Amount ▶ \$	of expenses incurred in monitoring, inspecting,	handling of violation	ns, ar	nd e	enforcing conser	vation (easemen	ts during th	e year
	ch conservation easement reported on line 2(d)	above satisfy the r	equire	eme	ents of section 1	70(h)(4	l)(B)(ı)	☐ Yes	□ No
balance the orga	XIII, describe how the organization reports cons sheet, and include, if applicable, the text of the inization's accounting for conservation easemen	footnote to the org	in its anizat	re tior	venue and expe I's financial state	nse sta ements	tement, a that des	and cribes	
	Drganizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990,	Part 1	ΙV,	line 8.				
If the or	ganızatıon elected, as permitted under SFAS 11 orıcal treasures, or other sımılar assets held for								
art, hist	in Part XIII, the text of the footnote to its finar					urtificie	ince or pe	ablic Sci vice	‡ ,
art, histoprovide, If the or historica		cial statements tha 6 (ASC 958), to re	t desc ort in	crib i its	es these items revenue statem	nent an	d balance	sheet worl	ks of art,
art, hist provide, If the or historica following	in Part XIII, the text of the footnote to its finar ganization elected, as permitted under SFAS 11 il treasures, or other similar assets held for pub	cial statements tha 6 (ASC 958), to re	t desc ort in	crib i its	es these items revenue statem	nent an	d balance of public	sheet worl service, pro	ks of art,
art, histo provide, If the or historica following (i) Revenu	in Part XIII, the text of the footnote to its finar ganization elected, as permitted under SFAS 11 il treasures, or other similar assets held for pub g amounts relating to these items	cial statements tha 6 (ASC 958), to re	t desc ort in	crib i its	es these items revenue statem	nent an	d balance of public	e sheet worl service, pr	ks of art, ovide the
art, histoprovide, If the oriented following (i) Revenut (ii) Assets I	in Part XIII, the text of the footnote to its finar ganization elected, as permitted under SFAS 11 il treasures, or other similar assets held for pub g amounts relating to these items ie included on Form 990, Part VIII, line 1	cial statements that 6 (ASC 958), to re- ic exhibition, educa- cal treasures, or ot	t descont in ition, o	orib ori	es these items revenue statem research in furth ir assets for fina	nent and erance	d balance of public	e sheet worl	ks of art, ovide the
art, histing provide, If the orinitation following (i) Revenu (ii) Assets I If the orinitation following	in Part XIII, the text of the footnote to its finar ganization elected, as permitted under SFAS 11 if treasures, or other similar assets held for pub g amounts relating to these items included on Form 990, Part VIII, line 1 included in Form 990, Part X included in Form 990, Part X included in received or held works of art, historication received or held works of art, historication received or held works of art,	cial statements that 6 (ASC 958), to re- ic exhibition, educa- cal treasures, or ot	t descont in ition, o	orib ori	es these items revenue statem research in furth ir assets for fina	nent and erance	d balance of public	e sheet worl service, pro	ks of art, ovide the

Par	31111	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal Tı	reası	ıres, oı	Other	Similar A	ssets (c	ontinued)
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records,	check a	any of	the fo	llowing t	hat are a	significant	use of its	collectio	n
а		Public exhibition				d		Loan	or excha	ange prog	rams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	e generations											
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													
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forr	n 990	, Part	IV, lı	ne 9, oi	r reporte	ed an amo	unt on Fo	orm 990), Part
1a		e organization an agent ded on Form 990, Part I		an or other I	intermedia	ary for	contril	bution	s or othe	er assets i	not	☐ Yes	. 🗆	No
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table				1	Amount		
С	Begir	nnıng balance								1c				
d	Addıt	tions during the year								1d				
е	Dıstr	butions during the year	r							1e				
f	Endır	ng balance								1f				
2 a	Did t	he organization include:	an amount on Fo	rm 990, Par	t X, line 2	21, for	escrow	or cu	istodial a	ccount lia	ıbılıty?	☐ Yes	. 🗆	No
b	If "Ye	es," explain the arrange	ement in Part XIII	Check here	e if the ex	planatı	on has	been	provided	d in Part)	KIII	. 🗆		
	rt V	Endowment Fund												
				(a)Curren	t year	(b) Pi	rıor yea	r	(c)Two ye	ears back	(d)Three ye	ars back	(e) Four y	ears back
1a	Beginr	ning of year balance .												
		butions												
С	Net in	vestment earnings, gair	ns, and losses											
d	Grants	s or scholarships	•											
е		expenditures for facilitier of the contract of	es											
f	Admın	istrative expenses .												
g	End of	f year balance												
2	Provi	ide the estimated perce	ntage of the curre	ent year end	balance ((line 1g	g, colu	mn (a)) held a	s				
а	Boar	d designated or quasi-e	ndowment 🟲											
b	Perm	nanent endowment 🕨												
С	Tem	porarily restricted endov	wment 🟲											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100)%									
3a		here endowment funds: nization by	not in the posses	sion of the o	organizati	on that	t are h	eld an	d admını	stered fo	r the		Yes	s No
	_	inrelated organizations										За		, NO
		related organizations										3a(
b	• •	es" on $3a(\pi)$, are the rel		ns listed as r	equired o	n Sche	dule R	, .				. 3		
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds						I	
Pa	rt VI													
		Complete if the or												· loo
	Descr	uption of property	(a) Cost or oth (investme		(b) Cost o	Ji other	Dasis (ouner)	(c) Acc	uitiuiated d	lepreciation		I) Book va	nue
1a	Land						7,66	57,060						7,667,060
b	Buildir	ngs					1,93	35,451			1,856,017			79,434
c	Leasel	hold improvements					42	23,409			256,814			166,595
	-						2.00	36 761			2.040.041			046 930

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

19,708

20,336

Part VII Investments—Other Securities. Complete if the organi	zation answ	Page ered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)	(c) Method of valuation
(including name of security)	Book value	Cost or end-of-year market value
(1) Financial derivatives		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990		
(a) Description of investment (b)) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on I	Form 990 Par	t IV line 11d. See Form 990. Part X line 15
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. Complete if the organization answered	'Yes' on For	m 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Bo	ook value
(1) Federal income taxes		
SECURITY DEPOSITS ACCRUED INTEREST PAYABLE		25,101 306,312
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		331,413
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footr		·

Schedule D (Form 990) 2018

Page 4

Pa		venue per Audited Financial Statemo zation answered 'Yes' on Form 990, Pari			Return	
1	•	upport per audited financial statements .			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a	1		
ь	Donated services and use of facili	ties	2b		\dashv	
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
e	Add lines 2a through 2d		٠.		2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b		٠		4c	
5	Total revenue Add lines 3 and 46	. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari			r Return.	
1		dited financial statements			1	
2	Amounts included on line 1 but no					
а		ties	2a	1		
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
e	,		<u> </u>			
3	-				3	
4	Amounts included on Form 990, F					
а	<i>,</i>	d on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII) .	, , ,	4b			
С			<u> </u>			
5		Ic. (This must equal Form 990, Part I, line 18			5	
Pai	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			art V, line 4,	Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					
					_	

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 23-7089977

Name: MIDPEN HOUSING CORPORATION

ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEAR

Supplemental Information

Return Reference Explanation PART X, LINE 2 THE CORPORATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE COMBINED FINAN CIAL STATEMENTS. THE FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2014 THROUGH 2017

S AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY

DLN: 93493227034639 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number MIDPEN HOUSING CORPORATION 23-7089977 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018											
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)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)		,									
Part IV Supplemental Inform	mation. Provide the inf	formation required in	Part I, line 2; Part III	, column (b); and any other a	additional information.						
Return Reference Explanation											

PART I, LINE 2

Additional Data

SUITE 250

SUITE 250

FOSTER CITY, CA 94404

303 VINTAGE PARK DRIVE

FOSTER CITY, CA 94404

MP SEVEN TREES INC

		Software ID:					
		Software Version:					
		EIN:	23-7089977				
		Name:	MIDPEN HOUSING	CORPORATION			
To as 200 Cabadula I. Baut		Ottor Assistance to	D	ette on and Bancast			
Form 990, Schedule I, Part	II, Grants and r	Other Assistance to	Domestic Organiza	tions and Domesti	c Governments.	г	
(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 non-cash assistance	(h) Purpose of grant or assistance
	,	1	1				
MIDPEN RESIDENT SERVICES	91-2090479	501(C)(3)		60,000	воок		ACAP GRANT

14,500 BOOK

STATE OF CALIFORNIA

(CA PUBLIC UTILITIES

COMMISSION)

MIDPEN RESIDENT SERVICES 501(C)(3) CORPORATION 303 VINTAGE PARK DRIVE

77-0222294

501(C)(3)

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HELLO HOUSING 14-1870357 501(C)(3) 1.350.000 BOOK COVER THE OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 250

FOSTER CITY, CA 94404

303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404					SHORTAGE
MIDPEN RESIDENT SERVICES CORPORATION 303 VINTAGE PARK DRIVE	91-2090479	501(C)(3)	40,000	воок	RELATED TO MIDWAY PROJECT

efil	e GRAPHIC pr	int - DO NOT PROCESS	-	DLN: 934	9322	7034	639			
Schedule J		Compensation Information					OMB No 1545-0047			
(For	n 990)	For certain Officers, Directors, Tro		hest						
		Compensate ► Complete if the organization answe	ed Employees red "Yes" on Form 990, Part IV.	line 23.	2(1	18	₹			
_		► Attach t	to Form 990.			o Pul				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for i	nstructions and the latest inform	nation.		ectio				
	me of the organiza			Employer identificat	ion nu	ımber				
МІТО	PEN HOUSING CORP	OKATION		23-7089977						
Pa	rt I Questi	ns Regarding Compensation								
						Yes	No			
1a		piate box(es) if the organization provided any of t ection A, line 1a Complete Part III to provide any								
			Housing allowance or residence for							
	_	· —	Payments for business use of persoi							
		· · · · · · · · · · · · · · · · · · ·	Health or social club dues or initiation							
	LI Discretion	ary spending account LJ F	Personal services (e g , maid, chauf	reur, cher)						
b		es in line 1a are checked, did the organization foll Il of the expenses described above? If "No," comp		ent or reimbursement	1 b					
2		tion require substantiation prior to reimbursing or		1-2	2					
	directors, truste	es, officers, including the CEO/Executive Director,	regarding the items checked in line	· Ia'						
3		f any, of the following the filing organization used		ne						
	_	EO/Executive Director Check all that apply Do no d organization to establish compensation of the CE	•	n Part III						
			Month on a constant of the control of							
			Written employment contract Compensation survey or study							
		•	Approval by the board or compensa	tion committee						
		-								
4	related organiza	did any person listed on Form 990, Part VII, Sect tion	lion A, line 1a, with respect to the n	ling organization or a						
а	Receive a sever	nce payment or change-of-control payment?			4a		No			
b		receive payment from, a supplemental nonqualifi	ed retirement plan?		4b		No			
c	Participate in, o	receive payment from, an equity-based compens	ation arrangement?		4c		No			
	If "Yes" to any o	f lines 4a-c, list the persons and provide the appli	cable amounts for each item in Part	: III						
	Only 501(c)(3	, 501(c)(4), and 501(c)(29) organizations m	just complete lines 5-9.							
5		d on Form 990, Part VII, Section A, line 1a, did th								
	compensation c	ntingent on the revenues of								
а	The organization	7			5a		No			
b	Any related orga				5b		No			
	-	5a or 5b, describe in Part III								
6		d on Form 990, Part VII, Section A, line 1a, did th intingent on the net earnings of	ne organization pay or accrue any							
a	The organization				6a		No			
b	Any related orga				6b		No_			
_	•	6a or 6b, describe in Part III		_						
7	payments not d	d on Form 990, Part VII, Section A, line 1a, did th escribed in lines 5 and 67 If "Yes," describe in Part	: III	1	7		No			
8		nts reported on Form 990, Part VII, paid or accure utial contract exception described in Regulations se		escribe						
					8		No			
9	If "Yes" on line 53 4958-6(c)?	s, did the organization also follow the rebuttable p	resumption procedure described in	Regulations section	9					
For I		ction Act Notice, see the Instructions for For	m 990 Cat No. 5	i0053T Schedule 1		990)	2018			

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and other deferred compensation	1a, applicable column (D) (D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				column (B) reported as deferred on prior Form 990
MATTHEW O FRANKLIN SIDENT/ ASSISTANT	(i)	0	0	0	0	0	0	0
DE	ii)	390,144	102,625	1,242	16,500	52,269	562,780	0
AN LINDENTHAL (i	(i)	0	0	0	0	0	0	0
ELODMENT/ ACCTC	ii)	313,919	43,469	2,322	16,500	24,168	400,378	0
	(i)	0	0	0	0	0	0	0
ICTANT C	ii)	255,150	30,100	1,195	10,794	15,109	312,348	0
RTHUR FATUM EF FINANCIAL OFFICER/	(i)	0	0	0	0	0	0	0
· 1	ii)	207,319	36,502	5,796	15,018	18,801	283,436	0
MARLAND TAYLOR RPORATE BROKER/	(i)	0	0	0	0	0	0	0
ISTAN (i	ii)	168,659	4,785	3,701	11,426	38,667	227,238	0
	(i)	0	0	0	0	0	0	0
DEDTV MA	ii)	148,050	15,100	956	5,856	2,560	172,522	0
	\dashv							
	\dashv							
							Schedule	

Schedule J (Form 990) 2018	Page 3							
Part III Supplemental Inform	ation							
Provide the information, explanation, or	rovide 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 1 (Form 990) 2018

efile GRAPHI	C print	- DO NOT PROCESS	As Filed Data -		DLN:	93493227034639			
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	nental Information to Form 990 or 990-EZ to provide information for responses to specific questions on 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. o to www.irs.gov/Form990 for the latest information.						
Name of the organization o	CORPORAT	oplemental Information	1		23-7089977	fication number			
Return Reference				Explanation					
FORM 990, PART I, LINE 1, MOST SIGNIFICANT ACTIVITIES DURING 2018	PROPERTIES PLACED IN SERVICE IN 2018 PIPPIN ORCHARDS APARTMENTS 46 UNITS, VAN BUREN SENIO R HOUSING 19 UNITS, AND EDWINA BENNER PLAZA 66 UNITS PROPERTIES IN CONSTRUCTION DURING 20 18 CHESTNUT SQUARE SENIOR HOUSING 72 UNITS, KOTTINGER GARDENS PHASE II 54 UNITS, STEVENSO N PLACE 80 UNITS, VIVENTE I REHABILITATION 29 UNITS, MOON GATE PLAZA (FORMERLY CHINATOWN) 90 UNITS, CELESTINA GARDEN APARTMENTS 40 UNITS, MOSAIC GARDEN (FORMERLY ATHERTON COURT) 55 UNITS, EIGHT TREES 24 UNITS, PASEO ESTERO 9% (BROOKLYN BASIN I) 41 UNITS, VISTA ESTERO (B ROOKLYN BASIN II) 110 UNITS, AND PASEO ESTERO 9% (BROOKLYN BASIN V) 60 UNITS PROPERTIES P LANNED IN 2018 AND WILL START CONSTRUCTION IN 2019 CHESTNUT SQUARE FAMILY HOUSING 42 UNIT S, AND SHOREBREEZE FAMILY NEW CONSTRUCTION 62 UNITS, AND ARROYO GREEN APARTMENT (FORMERLY BRADFORD SENIOR) 117 UNITS PROPERTIES PLANNED IN 2019 AND WILL START CONSTRUCTION IN 2020 GATEWAY FAMILY NEW CONSTRUCTION 140 UNITS, JESS STREET 34 UNITS, BROOKLYN BASIN - PARCEL A1 FAMILY 130 UNITS, AND FIRE HOUSE 66 UNITS PROPERTIES PLANNED IN 2019 AND WILL START C ONSTRUCTION IN 2021 AND BEYOND 17TH AND CAPITOLA 61 UNITS, SUNFLOWER HILL LIVEMORE 41 UNITS, 1283 WILLOW ROAD 27 UNITS, PACIFIC WILLOW GARDENS 45 UNITS, BAY ROAD-SOBRATO 120 UNITS , DOWNTOWN SAN MATEO 162 UNITS, FSK(SAN FRANCISCO TEACHERS) 101 UNITS, MILES LANE 60 UNITS , CYPRESS POINT (FORMERLY MOSS BEACH) 71 UNITS, SOBRATO REDWOOD CITY 120 UNITS, ALAMEDA PO INT COLLABORATIVE 180 UNITS, ROSELAND VILLAGE 170 UNITS, BROOKLYN BASIN - PARCEL A2 124 UN ITS, 1700 SANTA MONICA 71 UNITS, MIDWAY VILLAGE 555 UNITS, AND NAPA PIPE PHASE II TO III 9								

990 Schedule O, Supplemental Information

Return Explanation

Peference

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CORPORATE ACCOUNTING MANAGER COMPLETES THE 990 QUESTIONNAIRE AND PULLS ALL SUPPORTING DOCUMENTATION THEN THE DIRECTOR OF ACCOUNTING REVIEWS THE QUESTIONNAIRES AND SUPPORTING DOCUMENTATION THE DIRECTOR OF ACCOUNTING RETURNS THE QUESTIONNAIRE TO THE ACCOUNTING MANAGER WITH QUESTIONS OR COMMENTS THE QUESTIONNAIRE IS THEN SENT TO THE CONTROLLER FOR ANOTHER ROUND OF REVIEW BEFORE THE QUESTIONNAIRE IS SENT TO THE TAX PROFESSIONALS FOR THEIR PREPARATION OF THE TAX RETURNS THE DRAFT 990 TAX RETURN GOES THROUGH THE REVIEW OF THE CORPORATE ACCOUNTING MANAGER, DIRECTOR OF ACCOUNTING, CONTROLLER, AND CFO THE FINAL DRAFT 990 TAX RETURN IS FURNISHED TO THE PRESIDENT AND SUBSEQUENTLY TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL UPON THE AUDIT COMMITTEE'S APPROVAL, A COMPLETE COPY OF THE FORM 990 IS DELIVERED TO ALL MEMBERS OF THE BOARD OF DIRECTORS

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

Return Explanation
Reference

LINE 15

FORM 990, DATA FROM AN EXTERNAL COMPENSATION SURVEY IS REVIEWED AND DISCUSSED WITH THE BOD PART VI, SECTION B.

Return Explanation
Reference

LINE 19

FORM 990, GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST PART VI, SECTION C.

Return Explanation

Kelefelice	
FORM 990,	THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED
PART XII,	FROM THE PRIOR YEAR
LINE 2C	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493227034639 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization MIDPEN HOUSING CORPORATION 23-7089977 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets

Hame, dadiess, and EM (II applicasie) of disregalded citely	Timely decivity	or foreign country)	Total medine	End of year assets	entity
(1) MP LAND HOLDINGS LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-0883863	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		-336	2,006,085	MIDPEN HOUSING CORPORATION
Part III Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year. See Additional Data Table	Complete if the organiz	ration answered "Ye	es" on Form 99	0, Part IV, line 34	because it had one or more

(b) (d) (e) (f) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

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	Predo income unre exclud tax i section	(e) dominant ne(related, related, ided from k under cons 512-	(f) Share of total income		Dispropr	(h) prtionate ations?		x mana partr	eral or aging	(k) Percentage ownership
	!	1	·	, ,,		514)	·		Yes	No	1	Yes	No	
				<u> </u>								-	\Box	
Part IV Identification of Related Organization	-tione Tayahle as a Co	tion	~~ Telli	-t Complete	f the	organi.	-ction and	wared "Ve	a" on F	- Crm C	200 Part IV		34	
because it had one or more related or							dtion answ	/ereu res	Ulift	:ל וווול	90, Pail IV,	IIIe .	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domic (state or f	a) gal icile foreign	(d) Direct contro entity	olling	(e) Type of er (C corp, S or trus	entity Shar S corp, II	(f) are of total income	Share	(g) re of end- year assets	d-of- Percer owne	h) entage ership	(13	(i) ection 512(b) 3) controlled entity?
(1)MAIN STREET PARK I LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4943578	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA		MID-PENINSULA HALF MOON BAY INC		<u>ε</u>							Ye	Yes No No
(2)MID-PENINSULA NEW COMMUNITIES INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3361619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA		MIDPEN HOUSING CORPORATION		С								No
(3)MID-PENINSULA OROYSOM INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3287957	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA		MIDPEN HOUSI CORPORATION		ē								No
(4)MID-PENINSULA SHORELINE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3287959	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA		MIDPEN HOUSI CORPORATION		С								No
(5)MP WILLOW GARDENS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3303619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA		MIDPEN HOUSI CORPORATION		С							<u></u>	No
(6)SHARMON PALMS LANE LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-3411397	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA		MID-PENINSUL PALMS II INC		С								No
(7)UNION CITY TOD BLOCK 4 MAINTENANCE ASSOCIATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-4050345	TO PROVIDE MGMT, ADMIN, AND MAINT SERVICES	CA		MIDPEN HOUSI CORPORATION		С								No

Schedule R (Form 990) 2018		Pa	age 3
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	. 1a	a Yes	
b Gift, grant, or capital contribution to related organization(s)	. 11	Yes	
c Gift, grant, or capital contribution from related organization(s)	10	c Yes	
d Loans or loan guarantees to or for related organization(s)	. 10	d Yes	
e Loans or loan guarantees by related organization(s)	16	3	No
f Dividends from related organization(s)	11	f	No
g Sale of assets to related organization(s)	10	<u> </u>	No
h Purchase of assets from related organization(s)	11	1	No
i Exchange of assets with related organization(s)	17	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1	<u> </u>	No
k Lease of facilities, equipment, or other assets from related organization(s)	11	k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
			1

h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	

 ${f r}$ Other transfer of cash or property to related organization(s) 1r Yes Yes 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 (d) Method of determining amount involved (b) (c) Transaction Amount involved type (a-s)

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?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	f Share of end-of-year assets	(h) Disproprtionate ar allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
					'		· · · · · · · · · · · · · · · · · · ·			Schedul	e R (Forn	ո 99	0) 2018						



Software ID: **Software Version:**

EIN: 23-7089977

Name: MIDPEN HOUSING CORPORATION

Form 990, Schedule R, Part II - Identification of Relate (a) Name, address, and EIN of related organization	d Tax-Exempt Organiza (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 Sectio (b)(contr enti	n 512 13) olled ty?
	TO PROVIDE	C^	E01/C)/3)	LINE 7	MIDDEN HOUGENO	Yes	No
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-2910860	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-2791688	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 14-1870357	TO PROVIDE SUPPORT HOUSING, PROGRAMS AND SERVICES FOR UNDERSERVED POPULATION	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0164512	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3297850	TO SUPPORT DEVELOPING & OPERATING AFFORDABLE HOUSING FOR LOW INCOME PERSONS	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0151312	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 10	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0132850	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-1738105	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 10	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-2090479	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12B, II	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0316333	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0325449	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 10	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3188698	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 23-7349437	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12B, II	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0047939	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-2556973	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3239542	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3198805	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0262053	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 10	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3188806	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0292344	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related (a) Name, address, and EIN of related organization	Tax-Exempt Organiza (b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling entity	Sectio	n 512
		or foreign country)		(If section 501(c) (3))	,	contr enti	olléd
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3292584	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3346915	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12B, II	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3197473	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 10	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0295718	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0283619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3234468	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0469649	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0430914	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0313112	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3197474	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12B, II	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0323473	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3346280	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12B, II	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0185730	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253425	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12B, II	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0222294	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0232941	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 10	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0283355	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0234676	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0199866	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12B, II	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0280070	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (b) (d) (f) (a) (c) (e) (g) Legal domicile Exempt Code Name, address, and EIN of related organization Public charity Primary activity Direct controlling Section 512 (state section status entity (b)(13)(if section 501(c) or foreign country) controlled (3)) entity? Yes No TO PROVIDE CA 501(C)(3) LINE 12A, I MIDPEN HOUSING Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME FOSTER CITY, CA 94404 INDIVIDUALS AND 94-3225882 **FAMILIES** TO PROVIDE CA 501(C)(3) LINE 12A, I MIDPEN HOUSING Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME FOSTER CITY, CA 94404 INDIVIDUALS AND 94-3234317 **FAMILIES** CA MIDPEN HOUSING TO PROVIDE 501(C)(3) LINE 12A, I Yes AFFORDABLE HOUSING CORPORATION FOR LOW INCOME 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 INDIVIDUALS AND 94-3228212 FAMILIES TO PROVIDE CA 501(C)(3) LINE 12A, I MIDPEN HOUSING Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME FOSTER CITY, CA 94404 INDIVIDUALS AND 94-3319924 FAMILIES MIDPEN HOUSING TO PROVIDE CA 501(C)(3) LINE 12A, I Yes AFFORDABLE HOUSING CORPORATION FOR LOW INCOME 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 INDIVIDUALS AND 94-3382075 FAMILIES MIDPEN HOUSING TO PROVIDE CA LINE 12A, I 501(C)(3) Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME FOSTER CITY, CA 94404 INDIVIDUALS AND FAMILIES 94-3253673 TO PROVIDE CA 501(C)(3) LINE 7 MIDPEN HOUSING Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME INDIVIDUALS AND FOSTER CITY, CA 94404 94-1747752 **FAMILIES** TO PROVIDE CA 501(C)(3) LINE 7 MIDPEN HOUSING Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME FOSTER CITY, CA 94404 INDIVIDUALS AND 77-0058052 **FAMILIES** TO PROVIDE CA 501(C)(2) N/A MIDPEN HOUSING Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME FOSTER CITY, CA 94404 INDIVIDUALS AND 94-3291257 **FAMILIES** CA TO PROVIDE 501(C)(3) MIDPEN HOUSING Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME FOSTER CITY, CA 94404 INDIVIDUALS AND 77-0066443 **FAMILIES** TO PROVIDE CA 501(C)(3) LINE 7 MIDPEN HOUSING Yes AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOR LOW INCOME

INDIVIDUALS AND

FAMILIES

FOSTER CITY, CA 94404

77-0066498

Form 990, Schedule R, Par	t III - Identification		ted Organizati	ons Taxable a	s a Partners	hip	1		1			
(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) Disproprti allocatio	ionate ons?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen 0	j) leral or aging ner?	(k) Percentage ownership
/1) ADTOC BLUE ACCOCIATES LD	TO PROVIDE	CA	MID-PENINSULA	RELATED			Yes	No		Yes	No	
(1) APTOS BLUE ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-5623896	AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		THE FARM INC	RELATED				No			INO	
(1) ARBOR PARK COMMUNITY LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0546772	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP SANTA CLARA INC	RELATED				No			No	
(2) ASTER PARK LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0288393	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP COALITION ASTER PARK CORP AND MP SAN RAMON CORP	RELATED				No			No	
(3) BRIDGEWAY EAST LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 86-1096849	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP PRESERVATION INC	RELATED				No			No	
(4) BROOKLYN BASIN ASSOCIATES I LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP BROOKLYN BASIN I LLC	RELATED				No			No	99 990 %
81-5426901 (5) BROOKLYN BASIN ASSOCIATES II LP 303 VINTAGE PARK DRIVE SUITE 250	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA PICKERING INC	RELATED				No			No	99 990 %
FOSTER CITY, CA 94404 82-2169535 (6) CARROLL STREET ASSOCIATES 303 VINTAGE PARK DRIVE	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND	CA	MID-PENINSULA CARROLL STREET INC AND MP CARROLL INN LLC	RELATED				No			No	
SUITE 250 FOSTER CITY, CA 94404 77-0325450	FAMILIES											
(7) CHESTNUT SQUARE FAMILY ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP CHESTNUT SQUARE FAMILY LLC	RELATED				No			No	0 100 %
FOSTER CITY, CA 94404 82-3364963 (8)	TO PROVIDE	CA	MP CHESTNUT	RELATED				No			No	
CHESTNUT SQUARE SENIOR ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	G.	SQUARE SENIOR LLC									
82-0638841 (9) CITY CENTER PLAZA LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-5477009	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP CITY CENTER PLAZA LLC	RELATED				No			No	0 100 %
(10) COASTSIDE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3254614	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MID-PENINSULA COASTSIDE INC AND MP MOONRIDGE I LLC	RELATED				No			No	
(11) EPA WOODLANDS ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0199078	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP WOODLANDS CORP AND MP SAN RAMON CORP	RELATED				No			No	
(12) FREMONT MAIN STREET VILLAGE LP 303 VINTAGE PARK DRIVE	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PRESERVATION INC	RELATED				No			No	
SUITE 250 FOSTER CITY, CA 94404 27-1080806			0.0.	DEL								
(13) GARLAND PLAZA ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND	CA	GARLAND PLAZA LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-0893466	FAMILIES											
(14) GINZTON ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0292945	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP GINZTON INC AND MP SAN RAMON CORP	RELATED				No			No	

Form 990, Schedule R, Par	t III - Identification		ted Organizati	ons Taxable as	s a Partners	hip		•	1			
(a) Name, address, and EIN of related organization	Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gend or Mana Partr	eral r agıng	(k) Percentage ownership
				512-514)			Yes	No	-	Yes	No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3225883	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		AND BAY OAKS LLC	RELATED				No			No	
HÁLF MOON VILLAGE ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		HALF MOON VILLAGE I LLC	RELATED				No			No	
ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP HALF MOON VILLAGE II LLC	RELATED				No			No	1 000 %
(3) HERMANAS ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MID-PENINSULA HERMANASINC	RELATED				No			No	
(4) HERMANAS II ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3363820	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		COASTSIDE INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP HOLY FAMILY CORP AND MP SAN RAMON CORP	RELATED				No			No	
ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		KOTTINGER GARDENS PHASE 1 LLC	RELATED				No			No	0 100 %
(7) KOTTINGER GARDENS PHASE 2 ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		KOTTINGER GARDENS PHASE 2 LLC	RELATED				No			No	
(8) LAGUNA COMMONS ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP LAGUNA COMMONS LLC	RELATED				No			No	_
(9) LAUREOLA OAKS ASSOCIATES 303 VINTAGE PARK DRIVE	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MID-PENINSULA SAN CARLOS CORPORATION	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MAIN STREET PARK I LLC	RELATED				No			No	
MARYMEAD AFFORDABLE HOUSING LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP PRESERVATION INC	RELATED				No			No	
HOUSING LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MARYMEAD AFFORDABLE HOUSING LLC	RELATED				No			No	
MEZES COURT ASSOCIATES 303 VINTAGE PARK DRIVE	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP MEZES INC AND MP SHOREBREEZE LLC	RELATED				No			No	
(14) MIDPEN DONNER ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP DONNER LOFTS LLC	RELATED				No			No	

Form 990, Schedule R, Part	III - Identification		ted Organizati	ons Taxable a	s a Partners	hip	1		1		: \	l
(a)	(b)	(c) Legal	(d)	(e) Predominant	(f)	(g)	(h Dispropi	rtionate	(i)	Gen	j) eral	(k)
Name, address, and EIN of related organization	Primary activity	Domicile (State	Direct Controlling Entity		Share of total Income	Share of end- of-year assets	lallocat	tions?	Code V-UBI amount in Box 20 of Schedule K-1	Mana		Percentage ownership
, o.a.o. o. ga .		or Foreign		excluded from tax under					(Form 1065)	Part	ner	, i
		Country)		sections 512-514)				I		<u></u>		
(31)	TO PROVIDE			RELATED			Yes	No No		Yes	No No	
MID-PENINSULA CASTROVILLE	AFFORDABLE HOUSING FOR LOW INCOME		TYRELLA CORPORATION									
	INDIVIDUALS AND		INC									
250 FOSTER CITY, CA 94404												
71-0990643	TO PROVIDE	CA	MID-PENINSULA	RELATED				No			No	
MID-PENINSULA CENTURY	AFFORDABLE HOUSING		CENTURY VILLAGE INC	11201120				""			"	
	INDIVIDUALS AND		VIED (OL INC									
250 FOSTER CITY, CA 94404												
94-3213101	TO PROVIDE		MID DENINCLUA	DEL ATED				NI-			NI-	
MÍD-PENINSULA SAN PEDRO	TO PROVIDE AFFORDABLE HOUSING		MID-PENINSULA SAN PEDRO INC	RELATED				No			No	
	FOR LOW INCOME INDIVIDUALS AND											
303 VINTAGE PARK DRIVE SUITE 250	FAMILIES											
FOSTER CITY, CA 94404 94-3346317												
	TO PROVIDE AFFORDABLE HOUSING		MID-PENINSULA PALMS II INC	RELATED				No			No	
	FOR LOW INCOME INDIVIDUALS AND											
303 VINTAGE PARK DRIVE SUITE 250	FAMILIES											
FOSTER CITY, CA 94404 77-0251433										L		
(),	TO PROVIDE AFFORDABLE HOUSING		HALF MOON BAY	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE			INC									
	FAMILIES											
(5) MP 21 SOLEDAD STREET LP	TO PROVIDE AFFORDABLE HOUSING		MP 21 SOLEDAD STREET LLC	RELATED				No			No	99 990 %
303 VINTAGE PARK DRIVE SUITE			STREET LLC									
	FAMILIES											
(6)	TO PROVIDE	CA	MP EIGHT TREES	RELATED				No			No	99 990 %
	AFFORDABLE HOUSING FOR LOW INCOME		LLC									
	FAMILIES											
FOSTER CITY, CA 94404 82-3474702												
(7) MP BRADFORD ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING		MP BRADFORD SENIOR	RELATED				No			No	99 900 %
303 VINTAGE PARK DRIVE SUITE	FOR LOW INCOME INDIVIDUALS AND		HOUSING LLC									
250 FOSTER CITY, CA 94404	FAMILIES											
81-5372119 (8)	TO PROVIDE	CA	MID-PENINSULA	RELATED				No			No	
MP CANDO UNIVERSITY AVENUE	AFFORDABLE HOUSING FOR LOW INCOME		THE FARM INC									
	INDIVIDUALS AND											
250 FOSTER CITY, CA 94404												
46-3857247	TO PROVIDE	CA	MP DELAWARE	RELATED				No			No	
MP DELAWARE PACIFIC	AFFORDABLE HOUSING FOR LOW INCOME		PACIFIC LLC					"			"0	
	INDIVIDUALS AND											
250 FOSTER CITY, CA 94404												
27-4816717	TO DROVIDE	C^	MP EAST MAUDE	DEL ATEN				N1			B.	
MP ÉAST MAUDE ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING		MP EAST MAUDE	NELA I ED				No			No	
	FOR LOW INCOME INDIVIDUALS AND											
250 FOSTER CITY, CA 94404	LAMILIES											
46-2980615	TO DECLETE		MD 460 DED 5511	DEL ATES						_		
	TO PROVIDE AFFORDABLE HOUSING		LLC AND MIDPEN	RELATED				No			No	
	FOR LOW INCOME INDIVIDUALS AND		HOUSING CORPORATION									
303 VINTAGE PARK DRIVE SUITE 250	LAMITTES											
FOSTER CITY, CA 94404 47-4335408												
` ,	TO PROVIDE AFFORDABLE HOUSING		MID-PENINSULA CARROLL STREET					No			No	99 000 %
	INDIVIDUALS AND		INC									
FOSTER CITY, CA 94404 94-3457125	FAMILIES					<u>L</u> _		L				
(13) MP FOSTER SQUARE	TO PROVIDE AFFORDABLE HOUSING		MP FOSTER SQUARE LLC	RELATED				No			No	
ASSOCIATES LP	FOR LOW INCOME INDIVIDUALS AND		, <u></u>									
303 VINTAGE PARK DRIVE SUITE 250												
FOSTER CITY, CA 94404 46-4634099												
(14)	TO PROVIDE AFFORDABLE HOUSING		MID-PENINSULA GREENRIDGE	RELATED				No			No	
	FOR LOW INCOME		INC AND MP									
	FAMILIES		GREENRIDGE LLC									
FOSTER CITY, CA 94404 94-3292585												

Form 990, Schedule R, Part	III - Identification		ted Organizatio	ons Taxable as	a Partnersh	nip			1	١ ,		ı
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		ieral or aging	(k) Percentage ownership
		Country)		tax under sections 512-514)			Yes	No	-	Yes	No	
(46) MP HILLSDALE TOWNHOUSES LP 303 VINTAGE PARK DRIVE SUITE	FOR LOW INCOME		MID-PENINSULA TYRELLA CORPORATION INC	RELATED				No			No	
250 FOSTER CITY, CA 94404 26-3474067	FAMILIES											
(1) MP HOMESTEAD PARK ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP PRESERVATION INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366881	FAMILIES											
(2) MP ITALIAN GARDENS ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP SANTA CLARA INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3297661	FAMILIES											
(3) MP LATHAM ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3228467	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP MEZES INC AND MP SHOREBREEZE LLC	RELATED				No			No	
(4) MP MANTECA AFFORDABLE HOUSING ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP MANTECA AFFORDABLE HOUSING LLC	RELATED				No			No	99 000 %
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 55-0916775												
(5) MP MANZANITA ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING		MID-PENINSULA THE FARM INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 36-4608203												
	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP MILPITAS AFFORDABLE HOUSING LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 65-1249653	FAMILIES											
(7) MP MINTO ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 71-1030335	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MID-PENINSULA THE FARM INC	RELATED				No			No	
(8) MP MISSION ASSOCIATES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 56-2299898	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MID-PENINSULA COASTSIDE INC	RELATED				No			No	
(9) MP MORSE COURT ASSOCIATES 303 VINTAGE PARK DRIVE SUITE	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	,	MP COALITION MONTE VISTA TERRACE CORP AND MP SAN	RELATED				No			No	
250 FOSTER CITY, CA 94404 74-3071458	FAMILIES		RAMON CORP									
(10) MP MOSAIC GARDEN ASSOCIATES LP 303 VINTAGE PARK DRIVE SUITE	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILES		MP ATHERTON COURT LLC (BECAME SOLE MEMBER LLC ON 1242017)	RELATED				No			No	0 100 %
250 FOSTER CITY, CA 94404 82-3763615			·									
(11) MP MOSS BEACH ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP MOSS BEACH HOMES LLC	RELATED				No			No	99 900 %
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-5293804	FAMILIES											
(12) MP MURPHYS ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING		MP MURPHY'S INC AND MP	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3234472			JARDINES DE VALLE LLC									
(13) MP NEW COMMUNITIES ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MID-PENINSULA SCOTTS VALLEY INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3361618												
(14) MP OROYSOM LP 303 VINTAGE PARK DRIVE SUITE 250	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MID-PENINSULA OROYSOM INC	RELATED				No			No	
FOSTER CITY, CA 94404 94-3287958	FAMILIES											

Form 990, Schedule R, Part	III - Identification	of Rela	ted Organizatio	ons Taxable as	a Partnersh	nip			1			1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated,	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate	Code V-UBI amount in Box 20 of Schedule K-1	0 Mana	eral ir agıng	(k) Percentage ownership
		Foreign Country)		excluded from tax under sections 512-514)			Yes	No	(Form 1065)	Yes		
(61) MP PARKHURST ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING		MID-PENINSULA THE FARM INC	RELATED			103	No		103	No	
303 VINTAGE PARK DRIVE SUITE 250	FOR LOW INCOME INDIVIDUALS AND FAMILIES											
FOSTER CITY, CA 94404 87-0750877	FAMILIES											
(1) MP PIPPIN ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING		MP PINPPIN APARTMENTS LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4012982	FOR LOW INCOME INDIVIDUALS AND FAMILIES											
(2) MP REDWOOD COURT ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP COALITION MONTE VISTA TERRACE CORP AND MP SAN	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250			RAMON CORP									
FOSTER CITY, CA 94404 94-3366885												
(3) MP RUNNYMEDE ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		MP PRESERVATION INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250			line									
FOSTER CITY, CA 94404 94-3366887												
(4) MP SAN ANDREAS ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING		MID-PENINSULA THE FARM INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250	FOR LOW INCOME INDIVIDUALS AND FAMILIES											
FOSTER CITY, CA 94404 94-3329955	AMILIES											
(5) MP SAN MATEO TRANSIT ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND	CA	MP MEZES INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250												
FOSTER CITY, CA 94404 84-1719102												
(6) MP SCOTTS VALLEY ASSOCIATES	•		MID-PENINSULA SCOTTS VALLEY	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250	FOR LOW INCOME INDIVIDUALS AND FAMILIES		INC AND MP EMERALD HILL LLC									
FOSTER CITY, CA 94404 94-3253429	7.1.12223											
(7) MP SHOREBREEZE ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP SHOREBREEZE EXPANSION LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250												
FOSTER CITY, CA 94404 81-2894880												
(8) MP SHORELINE ASSOCIATES 303 VINTAGE PARK DRIVE SUITE	AFFORDABLE HOUSING		MID-PENINSULA SHORELINE INC AND MP	RELATED				No			No	
250 FOSTER CITY, CA 94404	INDIVIDUALS AND FAMILIES		SHOREBREEZE LLC									
94-3275464 (9) MP SOUTH CITY II LP	TO PROVIDE	CA	MID-PENINSULA	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE			GREENRIDGE INC									
250 FOSTER CITY, CA 94404 27-2933010	INDIVIDUALS AND FAMILIES											
(10) MP SOUTH CITY LP	TO PROVIDE AFFORDABLE HOUSING		MID-PENINSULA GREENRIDGE INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250	FOR LOW INCOME INDIVIDUALS AND											
FOSTER CITY, CA 94404 26-3339253	FAMILIES TO PROVIDE	C^	MD CDDINGS	DELATED				NI			NI -	
(11) MP SPRINGS FAMILY ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		MP SPRINGS FAMILY LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE	INDIVIDUALS AND											
250 FOSTER CITY, CA 94404 47-1079976												
(12) MP SPRINGS SENIOR ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		MP SPRINGS SENIOR LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE	INDIVIDUALS AND											
250 FOSTER CITY, CA 94404 47-1083449												
(13) MP ST STEPHENS ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		MID-PENINSULA CASTROVILLE LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE	INDIVIDUALS AND FAMILIES											
250 FOSTER CITY, CA 94404 46-4729076												
(14) MP SUNNY MEADOWS	TO PROVIDE AFFORDABLE HOUSING		MP 220 ROSS AVE LLC	RELATED				No			No	
ASSOCIATES LP	FOR LOW INCOME INDIVIDUALS AND											
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	FAMILIES											
45-3690931												

Form 990, Schedule R, Par	t III - Identification		ted Organizati	ons Taxable a	s a Partners	hip	ı		ı	1		1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Mana	eral r agıng	(k) Percentage ownership
		Country)		tax under sections 512-514)			Yes	No		Yes	No	
(76) MP TICE OAKS ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		MP PRESERVATION INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366888	INDIVIDUALS AND FAMILIES											
	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MID-PENINSULA THE FARM INC	RELATED				No			No	
SUITE 250 FOSTER CITY, CA 94404 56-2329976												
(2) MP TYRELLA ASSOCIATES	TO PROVIDE		MP	RELATED				No			No	
SUITE 250	AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		PRESERVATION INC									
303 VINTAGE PARK DRIVE SUITE 250	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND	CA	UNION TOD I LLC	RELATED				No			No	
FOSTER CITY, CA 94404 94-3457129	FAMILIES											
(4) MP UNION CITY TOD II LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	UNION TOD II LLC	RELATED				No			No	
27-1929544 (5) MP VAN BUREN ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING		MP VAN BUREN APARTMENTS LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4378593	FOR LOW INCOME INDIVIDUALS AND FAMILIES											
(6) MP VINEYARD CROSSING LP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP SANTA CLARA INC	RELATED				No			No	
20-3868901 (7)	TO PROVIDE	CA	MP WESTLAKE	RELATED				No			No	
	AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		LLC									
(8) NEW CENTURY VILLAGE LP 303 VINTAGE PARK DRIVE SUITE 250	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		MP CENTURY VILLAGE LLC	RELATED				No			No	
(9) NEW HOMESTEAD ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND	CA	MID-PENINSULA COASTSIDE INC	RELATED				No			No	
SUITE 250 FOSTER CITY, CA 94404 94-3385703	FAMILIES											
(10) NEW SUNSET CREEK LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		MP SUNSET CREEK LLC	RELATED				No			No	
SUITE 250	INDIVIDUALS AND FAMILIES											
(11) OPEN DOORS ASSOCIATES			MP GINZTON INC	RELATED				No			No	
SUITE 250	AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		AND MP SAN RAMON CORP									
(12) PICKERING ASSOCIATES LP			MP PICKERING	RELATED				No			No	
SUITE 250	AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		INC AND MP COASTSIDE INC									
94-3213104			ир с и =	DEL								
	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP SANTA CLARA INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3382077	FAMILIES											
ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MP SANTA CLARA INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3382078	FAMILIES											

Form 990, Schedule R, Part	t III - Identification		ted Organizati	ons Taxable a	s a Partners	hip	1			ا ر		ı
(a) Name, address, and EIN of related organization	(b) Primary activity	or	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat	rtionate	C	(j Gen o Mana Parti	eral r iging	(k) Percentage ownership
		Foreign Country)		tax under sections 512-514)			Yes	No		Yes	No	
(91) SEQUOIA BELLE HAVEN ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		SEQUOIA BELLE HAVEN LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4194569	FAMILIES											
(1) SHARMON PALMS LANE ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		SHARMON PALMS LANE LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4077571	FAMILIES											
(2) ST MATTHEW ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING		MP ST MATTHEW INC AND MP ST	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253674	FOR LOW INCOME INDIVIDUALS AND FAMILIES		MATTHEW LLC									
(3) STEVENSON PLACE ASSOCIATES LP	FOR LOW INCOME		MP STEVENSON PLACE LLC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4481361	INDIVIDUALS AND FAMILIES											
(4) SUNFLOWER HILL LIVERMORE LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MID-PENINSULA PICKING INC 51 (SUNFLOWER HILL INC 49)	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-5114788	FAMILIES											
(5) SUNFLOWER HILL LIVERMORE LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MID-PENINSULA PICKERING INC	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4929830	FAMILIES											
303 VINTAGE PARK DRIVE	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MID-PENINSULA FAIRFIELD CORPORATION	RELATED				No			No	
FOSTER CITY, CA 94404 94-3191465	FAMILIES											
(7) THE FARM ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING		MP GINZTON INC AND MP SAN	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3146236	FOR LOW INCOME INDIVIDUALS AND FAMILIES		RAMON CORP									
(8) UNIVERSITY SENIOR APARTMENTS LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		UNIVERSITY AVENUE SENIOR	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	INDIVIDUALS AND FAMILIES		HOUSING LLC									
<u>47-5414368</u> (9)	TO PROVIDE		VISTA MEADOWS	RELATED				No			No	
VISTA MEADOWS ASSOCIATES LP 303 VINTAGE PARK DRIVE	AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		LLC									
SUITE 250 FOSTER CITY, CA 94404 27-1339674												
(10) WILLOW GARDENS HOUSING ASSOCIATES	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		MID-PENINSULA SAN RAMON CORPORATION	RELATED				No			No	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3303620	FAMILIES											
(11) WOODLANDS NEWELL ASSOCIATES LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		WOODLANDS NEWELL LLC	RELATED				No			No	
	INDIVIDUALS AND FAMILIES											
46-2662148 (12)	TO PROVIDE	CA	MP BROOKLYN	RELATED				No			No	
BRÓOKLYN BASIN ASSOCIATES V LP	AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES		BASIN I LLC	KLLATED				NO			NO	
SUITE 250 FOSTER CITY, CA 94404 82-4350190												
III LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND		BROOKLYN BASIN III LLC	RELATED				No			No	
304 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94405	FAMILIES											
82-4356855 (14) BROOKLYN BASIN ASSOCIATES IV LP	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME		BROOKLYN BASIN IV LLC	RELATED				No			No	
	INDIVIDUALS AND FAMILIES											
FOSTER CITY, CA 94406 82-4421030												

(j) (c) (h) (e) General (d) (g) Legal Disproprtionate (k) (a) (b) Predominant Share of end-Direct Share of total Domicile or Code V-UBI amount in Managing allocations? Percentage Name, address, and EIN of lincome(related, Primary activity (State Controllina income of-vear assets ownership related organization unrelated. Box 20 of Schedule K-1 Entity

(Form 1065)

excluded from

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

Foreign

250

83-1714628

FOSTER CITY, CA 94407

		Country)		tax under sections							
				512-514)		Yes	No	Yes	No		
(106)	TO PROVIDE	CA	MP FRANCIS	RELATED				No		No	
MP FRANCIS SCOTT KEY 2	AFFORDABLE HOUSING		SCOTT KEY 2								
ASSOCIATES LP	FOR LOW INCOME		LLC								
	INDIVIDUALS AND										
306 VINTAGE DADK DDIVE SHITE	IEAMTITES.	1	1	I		l			1		

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (b) (c) (d) (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Section 512 Percentage related organization domicile (C corp, S corp, (b)(13)entity income year ownership (state or foreign or trust) assets controlled country) entity? Yes No (1) MAIN STREET PARK I LLC TO PROVIDE CA MID-PENINSULA No 303 VINTAGE PARK DRIVE SUITE 250 AFFORDABLE HOUSING HALF MOON BAY INC FOR LOW INCOME FOSTER CITY, CA 94404 INDIVIDUALS AND 46-4943578 **FAMILIES** (1) MID-PENINSULA NEW COMMUNITIES INC TO PROVIDE CA MIDPEN HOUSING No AFFORDABLE HOUSING 303 VINTAGE PARK DRIVE SUITE 250 CORPORATION FOSTER CITY, CA 94404 FOR LOW INCOME 94-3361619 INDIVIDUALS AND FAMILIES (2) MID-PENINSULA OROYSOM INC TO PROVIDE CA MIDPEN HOUSING Nο 303 VINTAGE PARK DRIVE SUITE 250 AFFORDABLE HOUSING CORPORATION FOSTER CITY, CA 94404 FOR LOW INCOME 94-3287957 INDIVIDUALS AND **FAMILIES** CA MIDPEN HOUSING (3) MID-PENINSULA SHORELINE INC TO PROVIDE Nο AFFORDABLE HOUSING CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 FOR LOW INCOME 94-3287959 INDIVIDUALS AND **FAMILIES** CA MIDPEN HOUSING (4) MP WILLOW GARDENS INC TO PROVIDE No 303 VINTAGE PARK DRIVE SUITE 250 AFFORDABLE HOUSING CORPORATION FOSTER CITY, CA 94404 FOR LOW INCOME 94-3303619 INDIVIDUALS AND **FAMILIES** (5) SHARMON PALMS LANE LLC CA MID-PENINSULA Nο TO PROVIDE 303 VINTAGE PARK DRIVE SUITE 250 AFFORDABLE HOUSING PALMS II INC FOSTER CITY, CA 94404 FOR LOW INCOME 47-3411397 INDIVIDUALS AND FAMILIES MIDPEN HOUSING (6) TO PROVIDE MGMT. CA Nο UNION CITY TOD BLOCK 4 MAINTENANCE ADMIN, AND MAINT ICORPORATION 1 4 1 **ASSOCIATION** SERVICES 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-4050345

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) ITALIAN GARDENS INC Α 120,137 FMV - ARMS LENGTH (1) (1) WOODLAND NEWELL ASSOCIATES LP Α 89,632 FMV - ARMS LENGTH (2) MP 335 PIERCE LLC Α 83,400 FMV - ARMS LENGTH (3) MP 1283 WILLOW LLC Α 83,550 FMV - ARMS LENGTH В (4) MIDPEN RESIDENT SERVICES CORPORATION 60,000 FMV - ARMS LENGTH С SARATOGA COURT INC FMV - ARMS LENGTH (5) 109,406 COUNTRY HILLS С FMV - ARMS LENGTH (6) 690,500 С (7) MP SAN RAMON CORPORATION 1,306,000 FMV - ARMS LENGTH С MP HALF MOON BAY INC 209,000 FMV - ARMS LENGTH (8) MP PICKERING INC С (9) 1,403,000 FMV - ARMS LENGTH (10) MP GREENRIDGE INC С 92,500 FMV - ARMS LENGTH (11) MP BAKER PARK INC С 2,594,000 FMV - ARMS LENGTH С (12)MP CARROLL STREET INC 228,000 FMV - ARMS LENGTH С (13)MP COALITION ASTER PARK CORPORATION 50,000 FMV - ARMS LENGTH (14)MP GINZTON INC С 166,000 FMV - ARMS LENGTH MP MEZES INC С FMV - ARMS LENGTH (15)318,000 С (16)MP PRESERVATION INC 458,500 FMV - ARMS LENGTH С (17) MP SAN CARLOS CORP 474,000 FMV - ARMS LENGTH (18)MP COASTSIDE INC С 113,000 FMV - ARMS LENGTH С (19)MP MONTE VISTA TERRACE CORPORATION 72,000 FMV - ARMS LENGTH (20) MP SEVEN TREES INC С 135,000 FMV - ARMS LENGTH С (21) MP FAIRFIELD CORP 171,650 FMV - ARMS LENGTH С (22) SHARMON PALMS CORP 351,000 FMV - ARMS LENGTH (23)HELLO HOUSING D 130,000 FMV - ARMS LENGTH D (24)BROOKLYN BASIN I ASSOCIATES LP 343,000 FMV - ARMS LENGTH

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved D (26) BROOKLYN BASIN II ASSOCIATES LP 700,000 FMV - ARMS LENGTH D (1) BROOKLYN BASIN V ASSOCIATES LP 357,000 FMV - ARMS LENGTH MP ATHERTON COURT LLC D 172,442 FMV - ARMS LENGTH (2) D (3) NEW SUNSET CREEK LP 148,106 FMV - ARMS LENGTH (4) MP VAN BUREN ASSOCIATES LP D 270,000 FMV - ARMS LENGTH (5) MP 168 PACIFIC LLC D 326,831 FMV - ARMS LENGTH (6) MP OROYSOM INC D 100,000 FMV - ARMS LENGTH MP COASTSIDE INC D 916,291 FMV - ARMS LENGTH (7) (8) MP CENTURY VILLAGE LLC D 827,000 FMV - ARMS LENGTH MP COASTSIDES INC Q (9) 173,500 FMV - ARMS LENGTH (10) MP SANTA CLARA INC Q 96,484 FMV - ARMS LENGTH Q (11) MP SPRING FAMILY ASSOCIATES LP (FETTER) 1,923,035 FMV - ARMS LENGTH (12) MP SPRING SENIOR ASSOCIATES LP (CELESTINA GARDEN) Q 584,875 FMV - ARMS LENGTH Q (13) STEVENSON PLACE ASSOCIATES LP 743,946 FMV - ARMS LENGTH (14)MP 168 PACIFIC LLC Q 96,176 FMV - ARMS LENGTH Q (15)MP SHOREBREEZE ASSOCIATES LP (SHOREBREEZE EXPANSION) 69,432 FMV - ARMS LENGTH (16)PIPPIN ORCHARDS Q 239,066 FMV - ARMS LENGTH Q (17) MP ATHERTON COURT LLC 263,253 FMV - ARMS LENGTH MP VAN BUREN ASSOCIATES LP Q (18)3.289.287 FMV - ARMS LENGTH (19) 910,421 MP BRADFORD ASSOCIATES LP (ARROYO GREEN) Q FMV - ARMS LENGTH (20) CYPRESS POINT Q 348,057 FMV - ARMS LENGTH (21) CHESTNUT SQUARE SENIOR ASSOCIATES LP Q 421,289 FMV - ARMS LENGTH (22) KOTTINGER GARDENS PHASE 2 ASSOCIATES LP Q 366,985 FMV - ARMS LENGTH Q FMV - ARMS LENGTH (23) BROOKLYN BASIN I ASSOCIATES LP 1,132,819 Q (24)BROOKLYN BASIN II ASSOCIATES LP 837,702 FMV - ARMS LENGTH

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved (51) BROOKLYN BASIN V ASSOCIATES LP Q 297,258 FMV - ARMS LENGTH (1) NEW SUNSET CREEK LP Q 410,800 FMV - ARMS LENGTH CHESTNUT SQUARE FAMILY ASSOCIATES LP Q FMV - ARMS LENGTH (2) 100,000 (3) MP MOSAIC GARDEN ASSOCIATES LP Q 322,005 FMV - ARMS LENGTH (4) MP HERMANAS INC Q 50,000 FMV - ARMS LENGTH MP EIGTH TREES LLC Q 133,800 FMV - ARMS LENGTH (5) (6) THE FARM INC Q 166,056 FMV - ARMS LENGTH MIDPEN PROPERTY MANAGEMENT CORP Q (7) 18,255,860 FMV - ARMS LENGTH (8) MIDPEN PROPERTY MANAGEMENT CORP R 18,260,759 FMV - ARMS LENGTH R (9) MP SPRING SENIOR ASSOCIATES LP (CELESTINA GARDEN) 1,098,353 FMV - ARMS LENGTH MP EDWINA BENNER ASSOCIATES LP R FMV - ARMS LENGTH (10) 52,267 R (11) STEVENSON PLACE ASSOCIATES LP 719,335 FMV - ARMS LENGTH (12)MP SHOREBREEZE ASSOCIATES LP (SHOREBREEZE EXPANSION) R 984,483 FMV - ARMS LENGTH R (13) PIPPIN ORCHARDS 222,039 FMV - ARMS LENGTH (14)MP VAN BUREN ASSOCIATES LP R 3,386,512 FMV - ARMS LENGTH R (15)MP BRADFORD ASSOCIATES LP (ARROYO GREEN) 1,134,745 FMV - ARMS LENGTH (16)CYPRESS POINT R 341,928 FMV - ARMS LENGTH CHESTNUT SQUARE SENIOR ASSOCIATES LP R (17) 109,070 FMV - ARMS LENGTH R (18)KOTTINGER GARDENS PHASE 2 ASSOCIATES LP 228.595 FMV - ARMS LENGTH (19) BROOKLYN BASIN I ASSOCIATES LP R 684,088 FMV - ARMS LENGTH (20)BROOKLYN BASIN II ASSOCIATES LP R 957,544 FMV - ARMS LENGTH (21) BROOKLYN BASIN III ASSOCIATES LP R 56,591 FMV - ARMS LENGTH (22)BROOKLYN BASIN IV ASSOCIATES LP R 52,304 FMV - ARMS LENGTH R FMV - ARMS LENGTH (23) BROOKLYN BASIN V ASSOCIATES LP 421,730 R (24)NEW SUNSET CREEK LP 133,902 FMV - ARMS LENGTH

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved CHESTNUT SQUARE FAMILY ASSOCIATES LP 802,899 FMV - ARMS LENGTH (76) R MP MOSAIC GARDEN ASSOCIATES LP R 520,421 FMV - ARMS LENGTH (1) MP FRANCIS SCOTT KEY 1 LLC R 175,547 FMV - ARMS LENGTH (2) MP EIGHT TREE LLC 142,792 FMV - ARMS LENGTH (3) R (4) HELLO HOUSING S 130,000 FMV - ARMS LENGTH (5) BROOKLYN BASIN I ASSOCIATES LP S 343,000 FMV - ARMS LENGTH BROOKLYN BASIN II ASSOCIATES LP S FMV - ARMS LENGTH (6) 700,000 BROOKLYN BASIN V ASSOCIATES LP S 357,000 FMV - ARMS LENGTH (7) (8) KOTTINGER GARDENS PHASE 2 ASSOCIATES LP S 725,139 FMV - ARMS LENGTH MP ATHERTON COURT LLC S 934,320 FMV - ARMS LENGTH (9) NEW SUNSET CREEK LP S 438,690 FMV - ARMS LENGTH (10) (11) ITALIAN GARDENS INC S 241,227 FMV - ARMS LENGTH (12) MP 168 PACIFIC LLC S 96.174 FMV - ARMS LENGTH (13) MP SUNSET CREEK LLC S 100,000 FMV - ARMS LENGTH (14)MP SEVEN TREES INC S 521,273 FMV - ARMS LENGTH MP ARBOR PARK LLC S FMV - ARMS LENGTH (15) 449,072 MP THE FARM INC S 81,000 FMV - ARMS LENGTH (16)

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489,404

FMV - ARMS LENGTH

HOUSING FIRST LLC

(17)