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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MIDPEN HOUSING CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

303 VINTAGE PARK DRIVE NO 250

City or town, state or province, country, and ZIP or foreign postal code

FOSTER CITY, CA 94404

F Name and address of principal officer

MATTHEW O FRANKLIN

303 VINTAGE PARK DRIVE NO 250

FOSTER CITY, CA 94404

D Employer identification number

23-7089977

E Telephone number

(650) 356-2900

G Gross receipts \$ 46,014,052

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: WWW MIDPEN-HOUSING.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1970

M State of legal domicile CA

Part I Summary

Activities & Governance

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, HARMONY, AND MUTUAL RESPECT

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

3 Number of voting members of the governing body (Part VI, line 1a) 15

4 Number of independent voting members of the governing body (Part VI, line 1b) 15

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0

6 Total number of volunteers (estimate if necessary) 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 9,677,723

9 Program service revenue (Part VIII, line 2g) 11,288,033

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 2,978,698

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,327,564

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,272,018

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 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) 11,905,006

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 5,598,120

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19,039,876

19 Revenue less expenses Subtract line 18 from line 12 6,232,142

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 154,540,527

21 Total liabilities (Part X, line 26) 15,174,277

22 Net assets or fund balances Subtract line 21 from line 20 139,366,250

Part II Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

MICHAEL J VERGURA CFO

Type or print name and title

2020-08-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01433887

Firm's name NOVOGRADAC & COMPANY LLP

Firm's EIN 94-3108253

Firm's address 2033 NORTH MAIN STREET SUITE 400

Phone no (925) 949-4300

WALNUT CREEK, CA 94596

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 19,593,133 including grants of \$ 552,229 ) (Revenue \$ 27,733,940 )  
See Additional Data



















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

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

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

**4e** Total program service expenses ► 19,593,133

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	No
<b>23</b>	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 . . . . .	<b>23</b>	Yes
<b>24a</b>	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 . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</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 . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b>	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 . . . . .	<b>33</b>	Yes
<b>34</b>	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 . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</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 . . . . .	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No
<b>37</b>	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 . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	237
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">2a 0</div>			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>			
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>			
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<b>6a</b>			
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">7d</div>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">10a</div>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">10b</div>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<b>a</b> Gross income from members or shareholders . . . . .	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">11a</div>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">11b</div>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">12b</div>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">13b</div>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">13c</div>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N	<b>15</b>			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O	<b>16</b>			

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	15	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	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
<b>b</b>	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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</b>	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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</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)			
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: CA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETH BARTLETT CHAIRPERSON	2 00 ..... 0 80	X		X				0	0	0
(2) KIM LE VICE CHAIRPERSON	2 00 ..... 0 80	X		X				0	0	0
(3) DANIEL SEUBERT TREASURER	2 00 ..... 0 80	X		X				0	0	0
(4) JULIA M BAIGENT SECRETARY	2 00 ..... 0 80	X		X				0	0	0
(5) THERESE FREEMAN DIRECTOR	2 00 ..... 0 80	X						0	0	0
(6) MONIQUE MOYER DIRECTOR	2 00 ..... 0 80	X						0	0	0
(7) ERIK DOYLE DIRECTOR	2 00 ..... 0 80	X						0	0	0
(8) C MARK BATTEY DIRECTOR	2 00 ..... 0 80	X						0	0	0
(9) GINA DIAZ DIRECTOR	2 00 ..... 0 80	X						0	0	0
(10) KEVIN BATES DIRECTOR	2 00 ..... 0 80	X						0	0	0
(11) RENEE MCDONNELL DIRECTOR	2 00 ..... 0 80	X						0	0	0
(12) ENRIQUE TORRES DIRECTOR	2 00 ..... 0 80	X						0	0	0
(13) JESSICA GARCIA-HOHL DIRECTOR	2 00 ..... 0 80	X						0	0	0
(14) ERIC HARRISON DIRECTOR	2 00 ..... 0 80	X						0	0	0
(15) ELISA JAGERSON DIRECTOR	2 00 ..... 0 80	X						0	0	0
(16) MATTHEW O FRANKLIN PRESIDENT AND CHIEF EXECUTIVE OFFICER/ASSISTANT SE	25 00 ..... 20 00			X				0	544,172	53,091
(17) JAN LINDENTHAL CHIEF REAL ESTATE DEVELOPMENT OFFICER/ASSISTANT SE	44 80 ..... 0 20			X				0	377,703	43,031

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANINE LIND CHIEF OPERATING OFFICER/ A	25 00 20 00			X				0	347,477	35,387
(19) MICHAEL J VERGURA CHIEF FINANCIAL OFFICER	25 00 20 00			X				0	316,573	36,399
(20) MARVIN E WILLIAMS SENIOR VICE PRESIDENT OF P	0 10 44 90			X				0	225,452	16,904
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0	1,811,377	184,812

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **71**

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

**Section B. Independent Contractors**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
MITHUN INC PIER 56 1201 ALASKAN WAY 200 SEATTLE, WA 98101 BKF ENGINEERS	ARCHITECTURAL SERVICE	1,495,240
255 SHORELINE DRIVE 200 REDWOOD CITY, CA 94065 DAVID BAKER AND PARTNERS	ENGINEERING/SURVEYORS/PLANNING SERVICE	876,345
461 SECOND STREET LOFT C127 SAN FRANCISCO, CA 94107 STUDIO T SQ INC	ARCHITECTURAL SERVICE	562,115
1970 BROADWAY SUITE 500 OAKLAND, CA 94612 XANTRION INC	ARCHITECTURAL SERVICE	484,517
651 THOMAS L BERKLEY WAY OAKLAND, CA 94612	DATA STORAGE/ IT SERVICE	432,585
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>22</b>		



Form 990 (2019)		Page 9			
Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>					
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a			
	b Membership dues . . . . .	1b			
	c Fundraising events . . . . .	1c			
	d Related organizations	1d	14,331,429		
	e Government grants (contributions)	1e	711,077		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	69,250		
	g Noncash contributions included in lines 1a - 1f \$	1g			
	h Total. Add lines 1a-1f . . . . . ▶		15,111,756		
Program Service Revenue	2a FEE INCOME	Business Code 531390	16,772,629	16,772,629	
	b RENTAL INCOME	531110	959,961	959,961	
	c BAD DEBT RECOVERY	531110	589,925	589,925	
	d MISC INCOME	531110	52,752	52,752	
	e INCOME FROM PARTNERSHIP	531390	34,686	34,686	
	f All other program service revenue		26,319	26,319	
	g Total. Add lines 2a-2f. . . . . ▶		18,436,272		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,142,162		3,142,162
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
	6a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	26,194		
	b Less cost or other basis and sales expenses		26,357		
	c Gain or (loss)		-163		
	d Net gain or (loss) . . . . . ▶		-163		-163
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	8a			
	b Less direct expenses . . . . .	8b			
	c Net income or (loss) from fundraising events . . . . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . . .	9a			
	b Less direct expenses . . . . .	9b			
	c Net income or (loss) from gaming activities . . . . . ▶				
10a Gross sales of inventory, less returns and allowances . . . . .	10a				
b Less cost of goods sold . . . . .	10b				
c Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue		Business Code			
11a XFER DEBT BTWN AFFIL	531390	9,297,668	9,297,668		
b					
c					
d All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . . ▶		9,297,668			
12 Total revenue. See instructions . . . . . ▶		45,987,695	27,733,940	0	3,141,999

Form 990 (2019)

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	552,229	552,229		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	11,283,320	11,283,320		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	524,969	524,969		
<b>9</b> Other employee benefits.	934,059	934,059		
<b>10</b> Payroll taxes.	816,602	816,602		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	2,675	2,675		
<b>b</b> Legal.	66,878		66,878	
<b>c</b> Accounting.	76,519		76,519	
<b>d</b> Lobbying.	5,000		5,000	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	594,174		594,174	
<b>12</b> Advertising and promotion.	57,265	57,265		
<b>13</b> Office expenses.	308,759	308,759		
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	658,759	658,759		
<b>17</b> Travel.	327,559	327,559		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	146,689	146,689		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	371,059	371,059		
<b>23</b> Insurance.	230,329	230,329		
<b>24</b> 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.)				
<b>a</b> STAFF COSTS	1,492,741	1,492,741		
<b>b</b> COMPUTER EXPENSES	638,881	638,881		
<b>c</b> TAXES AND LICENSES	289,420	289,420		
<b>d</b>				
<b>e</b> All other expenses	1,004,999	957,818	47,181	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	20,382,885	19,593,133	789,752	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,000	<b>1</b>	1,100
	<b>2</b> Savings and temporary cash investments . . . . .	24,757,434	<b>2</b>	36,863,319
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	9,403,471	<b>4</b>	13,895,032
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	83,842,692	<b>7</b>	95,526,056
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	387,623	<b>9</b>	157,553
	<b>10a</b> Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	<b>10a</b> 13,285,167		
	<b>b</b> Less—accumulated depreciation	<b>10b</b> 5,451,259		
		8,879,617	<b>10c</b>	7,833,908
	<b>11</b> Investments—publicly traded securities . . . . .	20,507,097	<b>11</b>	24,947,679
	<b>12</b> Investments—other securities—See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related—See Part IV, line 11 . . . . .	1,443,422	<b>13</b>	1,469,740
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets—See Part IV, line 11 . . . . .	5,318,171	<b>15</b>	6,461,332	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	154,540,527	<b>16</b>	187,155,719	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,011,146	<b>17</b>	4,800,943
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,237,048	<b>19</b>	3,522,729
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability—Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	8,594,670	<b>23</b>	11,038,797
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	331,413	<b>25</b>	262,796
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	15,174,277	<b>26</b>	19,625,265
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	139,366,250	<b>27</b>	167,530,454
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	139,366,250	<b>32</b>	167,530,454	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	154,540,527	<b>33</b>	187,155,719	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	45,987,695
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,382,885
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	25,604,810
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	139,366,250
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,017,738
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,458,344
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	167,530,454

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

# Additional Data

Software ID:

Software Version:

EIN: 23-7089977

Name: MIDPEN HOUSING CORPORATION

Form 990 (2019)

**Form 990, Part III, Line 4a:**

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

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization  
MIDPEN HOUSING CORPORATION

Employer identification number  
23-7089977

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,919,256	5,339,721	7,260,601	9,677,723	15,111,756	46,309,057
<b>2</b> 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	7,845,437	9,432,218	5,503,957	11,288,033	18,514,938	52,584,583
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	16,764,693	14,771,939	12,764,558	20,965,756	33,626,694	98,893,640
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						98,893,640

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	16,764,693	14,771,939	12,764,558	20,965,756	33,626,694	98,893,640
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,371,909	2,434,273	3,060,302	2,991,222	3,142,162	13,999,868
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,371,909	2,434,273	3,060,302	2,991,222	3,142,162	13,999,868
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	19,136,602	17,206,212	15,824,860	23,956,978	36,768,856	112,893,508

**14 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, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	87.600 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	86.780 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	12.400 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	13.160 %

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2019 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions			
<b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 23-7089977  
Name: MIDPEN HOUSING CORPORATION

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

Facts And Circumstances Test

<b>SCHEDULE C</b> <b>(Form 990 or 990-EZ)</b>  Department of the Treasury Internal Revenue Service	<b>Political Campaign and Lobbying Activities</b>  <b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>  ▶ <b>Complete if the organization is described below.</b> ▶ <b>Attach to Form 990 or Form 990-EZ.</b> ▶ <b>Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	OMB No 1545-0047  <b>2019</b>  <b>Open to Public Inspection</b>

**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)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MIDPEN HOUSING CORPORATION	<b>Employer identification number</b> 23-7089977
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated group  
totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a. If zero or less, enter -0-

**i** Subtract line 1f from line 1c. If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount	893,957	1,000,000	1,000,000		2,893,957
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,340,936
<b>c</b> Total lobbying expenditures	308,000	5,000	375,000	5,000	693,000
<b>d</b> Grassroots nontaxable amount	223,489	250,000	250,000		723,489
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,085,234
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization  
MIDPEN HOUSING CORPORATION

Employer identification number  
23-7089977

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

(i) Revenue included on Form 990, Part VIII, line 1  
(ii) Assets included in Form 990, Part X

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

a Revenue included on Form 990, Part VIII, line 1  
b Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No****Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No****b** If "Yes," explain the arrangement in Part XIII and complete the following table**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No****b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐**Part V Endowment Funds.**

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as**a** Board designated or quasi-endowment ▶**b** Permanent endowment ▶**c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by**(i)** unrelated organizations . . . . .**(ii)** related organizations . . . . .**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		6,208,714		6,208,714
<b>b</b> Buildings . . . . .		1,971,862	1,840,085	131,777
<b>c</b> Leasehold improvements		434,078	288,738	145,340
<b>d</b> Equipment . . . . .		4,630,469	3,299,241	1,331,228
<b>e</b> Other . . . . .		40,044	23,195	16,849
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				7,833,908

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(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 Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	262,796

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

Schedule D (Form 990) 2019

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7089977  
**Name:** MIDPEN HOUSING CORPORATION

**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 FINANCIAL STATEMENTS THE FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2015 THROUGH 2018 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY

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

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MIDPEN HOUSING CORPORATION

Employer identification number

23-7089977

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 5

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION MONITORS THE USE OF GRANTS AS PART OF OUR MONTHLY, QUARTERLY, AND ANNUAL FINANCIAL STATEMENT REVIEW PROCESS



Additional Data

Software ID:  
Software Version:  
EIN: 23-7089977  
Name: MIDPEN HOUSING CORPORATION

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

(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
MIDPEN RESIDENT SERVICES CORP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	91-2090479	501(C)(3)		60,000	BOOK		ACAP GRANT
MP COASTSIDES INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	94-3239542	501(C)(3)		31,519	BOOK		PARTIAL RETURN OF PRIOR YEAR DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HELLO HOUSING 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	14-1870357	501(C)(3)		300,000	BOOK		COVER THE OPERATING SHORTAGE
MIDPEN RESIDENT SERVICES CORP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	91-2090479	501(C)(3)		100,000	BOOK		RELATED TO MIDWAY PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MIDPEN RESIDENT SERVICES CORP 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	91-2090479	501(C)(3)		9,000	BOOK		RELATED TO OWENS TRUST

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2019
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization MIDPEN HOUSING CORPORATION	Employer identification number 23-7089977
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Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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

Schedule J (Form 990) 2019

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

MIDPEN HOUSING CORPORATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

23-7089977

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, MOST SIGNIFICANT ACTIVITIES DURING 2019	<p>PROPERTIES PLACED IN SERVICE IN 2019 CHESTNUT SQUARE SENIOR ASSOCIATES, 72 UNITS, KOTTING ER GARDENS PHASE 2 54 UNITS, STEVENSON PLACE 80 UNITS, CELESTINA GARDEN APARTMENTS 40 UNIT S, MOSAIC GARDENS (FORMERLY ATHERTON COURT) 55 UNITS, SUNSET CREEK 74 UNITS AND POSOLMI PL ACE (FORMERLY EIGHT TREES) 24 UNITS PROPERTIES IN CONSTRUCTION DURING 2019 CHESTNUT SQUA RE SENIOR HOUSING 72 UNITS, KOTTINGER GARDENS PHASE II 54 UNITS, MOON GATE PLAZA 90 UNITS, POSOLMI PLACE REHABILITATION 24 UNITS, MOSAIC GARDEN REHABILITATION 55 UNITS, SUNSET CREE K REHABILITATION 76 UNITS, STEVENSON PLACE 80 UNITS, VIVENTE I REHABILITATION 29 UNITS, CE LESTINA GARDEN APARTMENTS 40 UNITS, PASEO ESTERO 9% (BROOKLYN BASIN I) 41 UNITS, VISTA EST ERO (BROOKLYN BASIN II) 110 UNITS, AND PASEO ESTERO 4% (BROOKLYN BASIN V) 60 UNITS, CHESTN UT SQUARE FAMILY HOUSING 42 UNITS, SHOREBREEZE EXPANSION 62 UNITS, AND ARROYO GREEN APARTM ENT (FORMERLY BRADFORD SENIOR) 117 UNITS PROPERTIES PLANNED IN 2019 AND WILL START CONSTR UCTION IN 2020 FIREHOUSE SQUARE BELMONT 66 UNITS AND FOON LOK WEST 130 UNITS PROPERTIES PLANNED IN 2019 AND WILL START CONSTRUCTION IN 2021 AVANCE (FORMERLY SUNFLOWER HILL LIVER MORE) 45 UNITS, FAIR HAVEN COMMONS (1700 SANTA MONICA) 72 UNITS, WEEKS STREET 136 UNITS, I MMANUEL EVANGELICAL LUTHERAN CHURCH 108 UNITS, MIDWAY PHASE 1 180 UNITS, ONE CALISTOGA 95 UNITS, 414 N PETALUMA 40 UNITS, FRANCIS SCOTT KEY (SAN FRANCISCO TEACHERS) 98 UNITS PROPE RTIES PLANNED IN 2019 AND WILL START CONSTRUCTION IN 2022 AND BEYOND GATEWAY FAMILY (1300 BLOCK WILLOW) 141 UNITS, WILLOW GREENRIDGE 45 UNITS, LAZULI LANDING 81 UNITS, 17TH AND CA PITOLA 57 UNITS, MILES LANE 61 UNITS, VERANO FAMILY 80 UNITS, FOOD LOK EAST 124 UNITS, DOW NTOWN SAN MATEO 164 UNITS, NAPA PIPE PHASE 1 50 UNITS, BROADWAY PLAZA 120 UNITS AND TREEHO USE MORGAN HILL 76 UNITS</p>

**990 Schedule O, Supplemental Information**

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



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 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 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 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 BEFORE FILING THE FORM

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DATA FROM AN EXTERNAL COMPENSATION SURVEY IS REVIEWED AND DISCUSSED WITH THE BOD

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER TO AFFILIATE -1,458,344

# 990 Schedule O, Supplemental Information

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization  
MIDPEN HOUSING CORPORATION

Employer identification number  
23-7089977

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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	CA	926	2,006,911	MIDPEN HOUSING CORPORATION

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> 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	C					No
<b>(2)</b> 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	C					No
<b>(3)</b> 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 HOUSING CORPORATION	C					No
<b>(4)</b> 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 HOUSING CORPORATION	C					No
<b>(5)</b> 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 HOUSING CORPORATION	C					No
<b>(6)</b> 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-PENINSULA PALMS II INC	C					No
<b>(7)</b> 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 HOUSING CORPORATION	C					No



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

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

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

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

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

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.

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-7089977

Name: MIDPEN HOUSING CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3292584	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 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							
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						Yes	No
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3225882	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3234317	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3228212	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3319924	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3382075	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253673	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 12A, I	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-1747752	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0058052	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3291257	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(2)	N/A	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0066443	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	PF	MIDPEN HOUSING CORPORATION	Yes	
303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0066498	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
APTOS BLUE ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-5623896	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA THE FARM INC	RELATED				No			No	
ARBOR PARK COMMUNITY LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0546772	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP SANTA CLARA INC	RELATED				No			No	
ASTER PARK LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0288393	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP COALITION ASTER PARK CORP AND MP SAN RAMON CORP	RELATED				No			No	
BRIDGEWAY EAST LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 86-1096849	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PRESERVATION INC	RELATED				No			No	
BROOKLYN BASIN ASSOCIATES I LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-5426901	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP BROOKLYN BASIN I LLC	RELATED				No			No	99 990 %
BROOKLYN BASIN ASSOCIATES II LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-2169535	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA PICKERING INC	RELATED				No			No	99 990 %
CARROLL STREET ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0325450	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA CARROLL STREET INC AND MP CARROLL INN LLC	RELATED				No			No	
CHESTNUT SQUARE FAMILY ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-3364963	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP CHESTNUT SQUARE FAMILY LLC	RELATED				No			No	0 100 %
CHESTNUT SQUARE SENIOR ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-0638841	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP CHESTNUT SQUARE SENIOR LLC	RELATED				No			No	
CITY CENTER PLAZA LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-5477009	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP CITY CENTER PLAZA LLC	RELATED				No			No	0 100 %
COASTSIDE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3254614	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA COASTSIDE INC AND MP MOONRIDGE I LLC	RELATED				No			No	
EPA WOODLANDS ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0199078	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP WOODLANDS CORP AND MP SAN RAMON CORP	RELATED				No			No	
FREMONT MAIN STREET VILLAGE LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-1080806	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PRESERVATION INC	RELATED				No			No	
GARLAND PLAZA ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-0893466	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	GARLAND PLAZA LLC	RELATED				No			No	
GINZTON ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0292945	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP GINZTON INC AND MP SAN RAMON CORP	RELATED				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
GLORIA WAY ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3225883	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP CAN DO INC AND BAY OAKS LLC	RELATED				No			No	
HALF MOON VILLAGE ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-0984174	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	HALF MOON VILLAGE I LLC	RELATED				No			No	
HALF MOON VILLAGE PHASE II ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-3580823	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP HALF MOON VILLAGE II LLC	RELATED				No			No	1 000 %
HERMANAS ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3231236	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA HERMANASINC	RELATED				No			No	
HERMANAS II ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3363820	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA COASTSIDE INC	RELATED				No			No	
HOLY FAMILY ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0294887	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP HOLY FAMILY CORP AND MP SAN RAMON CORP	RELATED				No			No	
KOTTINGER GARDENS PHASE 1 ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4025314	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	KOTTINGER GARDENS PHASE 1 LLC	RELATED				No			No	0 100 %
KOTTINGER GARDENS PHASE 2 ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-0638514	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	KOTTINGER GARDENS PHASE 2 LLC	RELATED				No			No	
LAGUNA COMMONS ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-1128572	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP LAGUNA COMMONS LLC	RELATED				No			No	
LAUREOLA OAKS ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0323472	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA SAN CARLOS CORPORATION	RELATED				No			No	
MAIN STREET PARK I LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-3345954	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MAIN STREET PARK I LLC	RELATED				No			No	
MARYMEAD AFFORDABLE HOUSING LLC  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 56-2676936	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PRESERVATION INC	RELATED				No			No	
MARYMEAD AFFORDABLE HOUSING LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 56-2676938	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MARYMEAD AFFORDABLE HOUSING LLC	RELATED				No			No	
MEZES COURT ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3234778	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP MEZES INC AND MP SHOREBREEZE LLC	RELATED				No			No	
MIDPEN DONNER ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-0651105	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP DONNER LOFTS LLC	RELATED				No			No	



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							Yes	No		Yes	No	
MID-PENINSULA CASTROVILLE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 71-0990643	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA TYRELLA CORPORATION INC	RELATED				No			No	
MID-PENINSULA CENTURY VILLAGE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3213101	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA CENTURY VILLAGE INC	RELATED				No			No	
MID-PENINSULA SAN PEDRO ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3346317	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA SAN PEDRO INC	RELATED				No			No	
MID-PENINSULA SHARMON PALMS ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0251433	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA PALMS II INC	RELATED				No			No	
MOONRIDGE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3346919	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA HALF MOON BAY INC	RELATED				No			No	
MP 21 SOLEDAD STREET LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-3136715	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP 21 SOLEDAD STREET LLC	RELATED				No			No	99 990 %
MP ACALANES ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-3474702	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP EIGHT TREES LLC	RELATED				No			No	99 990 %
MP BRADFORD ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-5372119	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP BRADFORD SENIOR HOUSING LLC	RELATED				No			No	99 900 %
MP CANDO UNIVERSITY AVENUE SENIOR HOUSING LLC  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-3857247	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA THE FARM INC	RELATED				No			No	
MP DELAWARE PACIFIC ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-4816717	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP DELAWARE PACIFIC LLC	RELATED				No			No	
MP EAST MAUDE ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-2980615	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP EAST MAUDE LLC	RELATED				No			No	
MP EDWINA BENNER ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4335408	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP 460 PERSIAN LLC AND MIDPEN HOUSING CORPORATION	RELATED				No			No	
MP FAIR OAKS I LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3457125	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA CARROLL STREET INC	RELATED				No			No	99 000 %
MP FOSTER SQUARE ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4634099	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP FOSTER SQUARE LLC	RELATED				No			No	
MP GREENRIDGE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3292585	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA GREENRIDGE INC AND MP GREENRIDGE LLC	RELATED				No			No	

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

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							Yes	No		Yes	No	
MP PARKHURST ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 87-0750877	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA THE FARM INC	RELATED				No			No	
MP PIPPIN ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4012982	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PINPPIN APARTMENTS LLC	RELATED				No			No	
MP REDWOOD COURT ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366885	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP COALITION MONTE VISTA TERRACE CORP AND MP SAN RAMON CORP	RELATED				No			No	
MP RUNNYMEDE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366887	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PRESERVATION INC	RELATED				No			No	
MP SAN ANDREAS ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3329955	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA THE FARM INC	RELATED				No			No	
MP SAN MATEO TRANSIT ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 84-1719102	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP MEZES INC	RELATED				No			No	
MP SCOTTS VALLEY ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253429	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA SCOTTS VALLEY INC AND MP EMERALD HILL LLC	RELATED				No			No	
MP SHOREBREEZE ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-2894880	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP SHOREBREEZE EXPANSION LLC	RELATED				No			No	
MP SHORELINE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3275464	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA SHORELINE INC AND MP SHOREBREEZE LLC	RELATED				No			No	
MP SOUTH CITY II LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-2933010	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA GREENRIDGE INC	RELATED				No			No	
MP SOUTH CITY LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 26-3339253	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA GREENRIDGE INC	RELATED				No			No	
MP SPRINGS FAMILY ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-1079976	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP SPRINGS FAMILY LLC	RELATED				No			No	
MP SPRINGS SENIOR ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-1083449	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP SPRINGS SENIOR LLC	RELATED				No			No	
MP ST STEPHENS ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4729076	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA CASTROVILLE LLC	RELATED				No			No	
MP SUNNY MEADOWS ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-3690931	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP 220 ROSS AVE LLC	RELATED				No			No	

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							Yes	No		Yes	No	
MP TICE OAKS ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366888	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PRESERVATION INC	RELATED				No			No	
MP TRANSIT CENTER ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 56-2329976	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA THE FARM INC	RELATED				No			No	
MP TYRELLA ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3366889	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PRESERVATION INC	RELATED				No			No	
MP UNION CITY TOD I LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3457129	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	UNION TOD I LLC	RELATED				No			No	
MP UNION CITY TOD II LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-1929544	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	UNION TOD II LLC	RELATED				No			No	
MP VAN BUREN ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4378593	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP VAN BUREN APARTMENTS LLC	RELATED				No			No	
MP VINEYARD CROSSING LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 20-3868901	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP SANTA CLARA INC	RELATED				No			No	
MP WESTLAKE ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4530463	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP WESTLAKE LLC	RELATED				No			No	
NEW CENTURY VILLAGE LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 45-4998304	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP CENTURY VILLAGE LLC	RELATED				No			No	
NEW HOMESTEAD ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3385703	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA COASTSIDE INC	RELATED				No			No	
NEW SUNSET CREEK LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-1931415	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP SUNSET CREEK LLC	RELATED				No			No	
OPEN DOORS ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 77-0292950	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP GINZTON INC AND MP SAN RAMON CORP	RELATED				No			No	
PICKERING ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3213104	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP PICKERING INC AND MP COASTSIDE INC	RELATED				No			No	
RIVERWOOD GROVE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3382077	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP SANTA CLARA INC	RELATED				No			No	
RIVERWOOD PLACE ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3382078	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP SANTA CLARA INC	RELATED				No			No	

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							Yes	No		Yes	No	
SEQUOIA BELLE HAVEN ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4194569	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	SEQUOIA BELLE HAVEN LLC	RELATED				No			No	
SHARMON PALMS LANE ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-4077571	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	SHARMON PALMS LANE LLC	RELATED				No			No	
ST MATTHEW ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3253674	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP ST MATTHEW INC AND MP ST MATTHEW LLC	RELATED				No			No	
STEVENSON PLACE ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-4481361	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP STEVENSON PLACE LLC	RELATED				No			No	
SUNFLOWER HILL LIVERMORE LLC  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-5114788	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA PICKING INC 51 (SUNFLOWER HILL INC 49)	RELATED				No			No	
SUNFLOWER HILL LIVERMORE LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 81-4929830	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA PICKERING INC	RELATED				No			No	
SUNSET CREEK PARTNERS  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3191465	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA FAIRFIELD CORPORATION	RELATED				No			No	
THE FARM ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3146236	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP GINZTON INC AND MP SAN RAMON CORP	RELATED				No			No	
UNIVERSITY SENIOR APARTMENTS LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 47-5414368	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP CANDO UNIVERSITY AVENUE SENIOR HOUSING LLC	RELATED				No			No	
VISTA MEADOWS ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 27-1339674	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	VISTA MEADOWS LLC	RELATED				No			No	
WILLOW GARDENS HOUSING ASSOCIATES  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 94-3303620	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MID-PENINSULA SAN RAMON CORPORATION	RELATED				No			No	
WOODLANDS NEWELL ASSOCIATES LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 46-2662148	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	WOODLANDS NEWELL LLC	RELATED				No			No	
BROOKLYN BASIN ASSOCIATES V LP  303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 82-4350190	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP BROOKLYN BASIN I LLC	RELATED				No			No	
BROOKLYN BASIN ASSOCIATES III LP  304 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94405 82-4356855	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	BROOKLYN BASIN III LLC	RELATED				No			No	
BROOKLYN BASIN ASSOCIATES IV LP  305 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94406 82-4421030	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	BROOKLYN BASIN IV LLC	RELATED				No			No	

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							Yes	No		Yes	No	
MP FRANCIS SCOTT KEY 2 ASSOCIATES LP  306 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94407 83-1714628	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	MP FRANCIS SCOTT KEY 2 LLC	RELATED				No			No	

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

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ITALIAN GARDENS INC	A	131,925	FMV - ARMS LENGTH
MID-PENINSULA BAKER PARK INC	A	228,954	FMV - ARMS LENGTH
MP EDWINA BENNER ASSOCIATES LP	A	67,737	FMV - ARMS LENGTH
MID-PENINSULA THE FARM INC	A	58,514	FMV - ARMS LENGTH
MIDPEN RESIDENT SERVICES CORPORATION	B	60,000	FMV - ARMS LENGTH
SARATOGA COURT INC	C	2,575,035	FMV - ARMS LENGTH
MID-PENINSULA COUNTRY HILLS INC	C	508,637	FMV - ARMS LENGTH
MID-PENINSULA SAN RAMON CORPORATION	C	1,381,000	FMV - ARMS LENGTH
MID-PENINSULA CARROLL STREET INC	C	145,000	FMV - ARMS LENGTH
MID-PENINSULA SAN CARLOS CORPORATION	C	517,500	FMV - ARMS LENGTH
MP PRESERVATION INC	C	88,700	FMV - ARMS LENGTH
SAN VERON PARK CORP	C	690,880	FMV - ARMS LENGTH
MP MEZES INC	C	131,000	FMV - ARMS LENGTH
MIDPEN RESIDENTS SERVICE CORP	C	250,000	FMV - ARMS LENGTH
MP HALF MOON BAY INC	D	2,780,000	FMV - ARMS LENGTH
DENT COMMONS	D	255,279	FMV - ARMS LENGTH
ITALIAN GARDENS INC	D	3,585,457	FMV - ARMS LENGTH
MID-PENINSULA MURPHY'S INC	D	97,635	FMV - ARMS LENGTH
MP EDWINA BENNER ASSOCIATES	D	7,700,000	FMV - ARMS LENGTH
SEQUOIA BELLE HAVEN LP	D	1,013,135	FMV - ARMS LENGTH
MID-PENINSULA COASTSIDE INC	Q	132,000	FMV - ARMS LENGTH
SARATOGA COURT INC	Q	80,959	FMV - ARMS LENGTH
MID-PENINSULA THE FARM INC	Q	97,655	FMV - ARMS LENGTH
MID-PENINSULA SEVEN TREES INC	Q	206,304	FMV - ARMS LENGTH
SEQUOIA BELLE HAVEN ASSOCIATES LP	Q	463,300	FMV - ARMS LENGTH



Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
STEVENSON PLACE ASSOCIATES LP	Q	132,568	FMV - ARMS LENGTH
MP CANDO UNIVERSITY AVE SENIOR HOUSING LLC	Q	534,777	FMV - ARMS LENGTH
MIDPEN RESIDENT SERVICES CORPORATION	Q	200,000	FMV - ARMS LENGTH
MIDPEN PROPERTY MANAGEMENT CORP	Q	17,309,201	FMV - ARMS LENGTH
MIDPEN PROPERTY MANAGEMENT CORP	R	17,209,676	FMV - ARMS LENGTH
MIDPEN RESIDENT SERVICES CORPORATION	R	200,500	FMV - ARMS LENGTH
MID-PENINSULA SEVEN TREES INC	R	206,304	FMV - ARMS LENGTH
MID-PENINSULA SEVEN TREES INC	R	230,471	FMV - ARMS LENGTH
KOTTINGER PLACE PHASE I ASSOCIATES LP	R	1,418,403	FMV - ARMS LENGTH
SEQUOIA BELLE HAVEN ASSOCIATES LP	R	489,063	FMV - ARMS LENGTH
MP EDWINA BENNER ASSOCIATES LP	R	191,652	FMV - ARMS LENGTH
STEVENSON PLACE ASSOCIATES LP	R	270,940	FMV - ARMS LENGTH
MID-PENINSULA THE FARM INC	R	163,001	FMV - ARMS LENGTH
MP CANDO UNIVERSITY AVE SENIOR HOUSING LLC	R	869,115	FMV - ARMS LENGTH
MP ST STEPHENS ASSOCIATES LP	R	346,525	FMV - ARMS LENGTH
MP SPRINGS FAMILY ASSOCIATES LP	R	390,930	FMV - ARMS LENGTH
ITALIAN GARDENS INC	S	336,657	FMV - ARMS LENGTH
MP PRESERVATION INC	S	255,231	FMV - ARMS LENGTH
MID-PENINSULA THE FARM INC	S	1,750,162	FMV - ARMS LENGTH
MV CENTRAL PARK APARTMENTS INC	S	80,234	FMV - ARMS LENGTH
MP DONNER LOFT	S	1,300,000	FMV - ARMS LENGTH
MP EDWINA BENNER ASSOCIATES	S	7,450,227	FMV - ARMS LENGTH
MID-PENINSULA BAKER PARK INC	S	437,000	FMV - ARMS LENGTH