ALAMEDA AFFORDABLE HOUSING CORPORATION

701 Atlantic Avenue, Alameda, CA 94501

IF YOU WISH TO ADDRESS THE BOARD:

- 1. Please file a speaker's slip with the Executive Director, and upon recognition by the President, approach the rostrum and state your name; speakers are limited to 5 minutes per item.
- 2. If you need special assistance to participate in the meetings of the Board of Directors of Alameda Affordable Housing Corporation, please contact Stacey Wilson at (510) 747-4307 (TTY/TRS: 711) or swilson@alamedahsg.org. Notification 48 hours prior to the meeting will enable the Alameda Affordable Housing Corporation Board of Directors to make reasonable arrangements to ensure accessibility.

AGENDA SPECIAL MEETING OF THE BOARD OF DIRECTORS

DATE & TIME Wednesday, September 18, 2019 – 5:45 PM

LOCATION Independence Plaza, 703 Atlantic Avenue, Alameda, CA

Public Participation

Anyone wishing to address the Board on agenda items or business introduced by Directors may speak for a maximum of five minutes per agenda item when the subject is before the Board. Please file a speaker's slip with the Executive Director if you wish to address the Board of Directors.

PLEDGE OF ALLEGIANCE

- 1. ROLL CALL Board of Directors
- 2. Public Comment (Non-Agenda)
- 3. CONSENT CALENDAR

Consent Calendar items are considered routine and will be approved or accepted by one motion unless a request for removal for discussion or explanation is received from the Board of Directors or a member of the public.

3-A. Approve Minutes of the Annual Meeting of the Board of Directors held June 19, 2019, **page 1**





3-B. Accept Report on the Federal and State Tax Returns for the Fiscal Year Ending June 30, 2018, page 4

4. AGENDA

- 4-A. Adopt Resolution Authorizing Real Property Acquisition and Authorize the Executive Director, or her Designee, to Negotiate and Execute Property Transfer Documents, **page 44**
- 5. ORAL COMMUNICATIONS, Non-Agenda (Public Comment)
- 6. <u>DIRECTORS COMMUNICATIONS</u>, (Communications from the Directors)
- 7. ADJOURNMENT OF ANNUAL MEETING

* * * Note

If you need special assistance to participate in the meetings of the Board of Directors of Alameda Affordable Housing Corporation, please contact Stacey Wilson at (510) 747-4307 (TTY/TRS: 711) or swilson@alamedahsg.org. Notification 48 hours prior to the meeting will enable the Alameda Affordable Housing Corporation Board of Directors to make reasonable arrangements to ensure accessibility.

Documents related to this agenda are available for public inspection and copying at the Alameda Affordable Housing Corporation office, 701 Atlantic Avenue, during normal business hours.

KNOW YOUR RIGHTS UNDER THE Ralph M. Brown Act: Government's duty is to serve the public, reaching its decisions in full view of the public. The Board of Directors exists to conduct the business of its constituents. Deliberations are conducted before the people and are open for the people's review.

In order to assist the Alameda Affordable Housing Corporation's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the Alameda Affordable Housing Corporation accommodate these individuals.





ALAMEDA AFFORDABLE HOUSING CORPORTION

701 Atlantic Avenue, Alameda, CA 94501

DRAFT MINUTES

Annual Meeting of the Board of Directors Alameda Affordable Housing Corporation June 19, 2019

The Board of Directors Meeting was called to order at 9:50 p.m.

PLEDGE OF ALLEGIANCE

1. ROLL CALL -

Present: Kenji Tamaoki, John McCahan, Brad Weinberg, Sandra Kay, Stuart

Rickard, Bachir Hadid

Absent: Art Kurrasch

Staff Present: Vanessa Cooper, Kathleen Mertz, Valerie Mondo

2. Public Comment (Non-Agenda)

None.

3. CONSENT CALENDAR

Consent Calendar items are considered routine and will be approved or accepted by one motion unless a request for removal for discussion or explanation is received from the Board of Directors or a member of the public.

3-A. Approve Minutes of the Regular Meeting of the Board of Directors held June 20, 2018, page 1

Director Kay abstained. Director McCahan moved to approve the Consent Calendar and Director Rickard seconded the motion. The motion carried unanimously.

4. AGENDA

4-A. Accept Memo Regarding the Reconciliation of AAHC Property Purchases, page 4

Director Weinberg moved to accept the Memo Regarding the Reconciliation of AAHC Property Purchases and Director McCahan seconded the motion. The motion carried unanimously.





4-B. Accept Audited Financial Statements for the Housing Authority of the City of Alameda Showing AAHC's Financials as a Blended Component Unit and IRS Form 990, page 7

The IRS Form 990 was not reviewed at this time. Director Rickard moved to accept the Audited Financial Statements for the Housing Authority of the City of Alameda Showing AAHC's Financials as a Blended Component Unit and Director Hadid seconded the motion. The motion carried unanimously.

4-C. Revise the Regular Meeting Schedule, page 80

Director McCahan moved to Revise the Regular Meeting Schedule and Director Hadid seconded the motion. The motion carried unanimously.

4-D. Approve the FY2019-2020 Budget, page 81

Director Hadid moved to approve the FY2019-2020 Budget and Director Rickard seconded the motion. The motion carried unanimously.

5. ORAL COMMUNICATIONS, Non-Agenda (Public Comment)

None.

6. DIRECTORS COMMUNICATIONS, (Communications from the Directors)

None.

7. ADJOURNMENT OF MEETING

There being no further business, the President adjourned the meeting at 9:58 p.m.



CERTIFICATE OF SECRETARY

I, Vanessa Cooper, hereby certify that I am the duly elected, qualified Secretary of Alameda Affordable Housing Corporation, a California nonprofit public benefit corporation, organized and existing under the laws of the State of California, and the foregoing minutes are true, full and correct copy of the minutes of the first meeting of the Board of Directors of said Corporation held on this June 19, 2019.

Dated:			
Vaness	a Cooper		
Secreta	ry		



ALAMEDA AFFORDABLE HOUSING CORPORATION

To:

Board of Directors

From:

Kathleen Mertz, Director of Housing and Community Development

Date:

September 18, 2019

Re:

Accept Report on the Federal and State Tax Returns for the Fiscal

Year Ending June 30, 2018

BACKGROUND

All tax exempt corporations must file an annual information tax return to the Internal Revenue Service (IRS), known as Form 990, and to the State of California, known as Form 199. Prior to filing the federal tax return form, the Board of Directors is required to receive a copy of the documentation for review and acceptance.

DISCUSSION

AAHC's auditor Citrin Cooperman & Company LLP prepared the IRS Form 990 and state Form 199 based on the audited financial statements. This is the first year tax returns, which was a partial year from AAHC inception, November 1, 2017 to June 30, 2018, and only includes operating activity from May 1 – June 30, 2018 when the property transfer occurred. Staff circulated the Federal return via email for Board review prior to filing, on August 6, 2019, per the attached off agenda memo.

FISCAL IMPACT

None.

RECOMMENDATION

Accept Report on the Federal and State Tax Returns for the Fiscal Year Ending June 30, 2018.

Respectfully submitted,

Kathleen Mertz

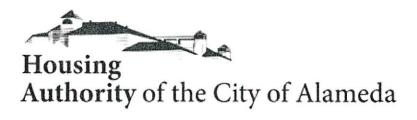
Director of Housing and Community Development

Attachment A: Off Agenda Memo dated August 5, 2019 with IRS Form 990

Attachment B: California Form 199







PHONE

(510) 747-4300

FAX

(510) 522-7848

TTY/TRS 711

701 Atlantic Avenue • Alameda, California 94501-2161

MEMORANDUM

OFF-AGENDA

August 5, 2019

TO:

Alameda Affordable Housing Corporation

Board of Directors and Executive Director

FROM:

Kathleen Mertz

Director of Housing and Community Development

RE:

Federal Tax Return for Fiscal Year Ending 6/30/2018

All tax exempt nonprofit corporations must file an annual information return to the Internal Revenue Service (IRS), known as Form 990, and to the State of California, known as Form 199. Prior to filing the federal tax return form, the Board of Directors is required to receive a copy of the documentation for review and acceptance.

AAHC's auditor Citron Cooperman & Company LLP has prepared the IRS Form 990 based on the audited financial statements, which were approved on June 19, 2019.

Respectfully submitted,

Kathleen Mertz

Director of Housing and Community Development

Attachment: IRS Form 990



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

ax year beginning NOV 1 , 2017 and ending JUN 30 .

OMB No. 1545-0047 2017 Open to Public Inspection

	Ji 111	e 2017 calefidal year, of tax year beginning 1407 1, 2017 and	rending t	<u>, , , , , , , , , , , , , , , , , , , </u>	2010			
B (Check if pplicab	C Name of organization		D Employe	er identifica	tion number		
	Addre	e ALAMEDA AFFORDABLE HOUSING CORPORATION	<u> </u>					
	Name				30-10	10896		
X	Initial return		Room/suite	E Telepho	ne number			
	Final	701 ATTANTTO AMENTE	- Troomy sure			47-4300		
	return termin ated			G Gross recei		290,267.		
	Amen	ded NTAMEDA CA 0/501			a group retu			
	return Appli	,						
	pending GARGE AG G A DOLLE							
			or 52	-		st. (see instructions)		
		te: WWW.ALAMEDAHSG.ORG/ABOUT_US/AAHC			exemption			
		forganization: X Corporation Trust Association Other	L Yea	of formation:	$201/ \mathbf{M} $	State of legal domicile: CA		
Pč	art I	Summary						
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: \underline{LOW} FOR FURTHER EXPLANATION.	INCOM	E HOUSII	NG, SEI	E PAGE 2		
rna	2	Check this box if the organization discontinued its operations or dispose	sed of more	e than 25% of	its net asset	S.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)				7		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	7		
တို	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)				0		
ij	6	Total number of volunteers (estimate if necessary)				0		
ċį	7a	Total unrelated business revenue from Part VIII, column (C), line 12				0.		
ď		Net unrelated business taxable income from Form 990-T, line 34				0.		
				Prior Ye	·····	Current Year		
	8	Contributions and grants (Part VIII, line 1h)				0.		
Revenue	9					280,178.		
Ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)				10,089.		
Be	1					0.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				290,267.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				0.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	^			0.		
Ž	b	Total fundraising expenses (Part IX, column (D), line 25)				0.60 000		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				263,083.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				263,083.		
	19	Revenue less expenses. Subtract line 18 from line 12				27,184.		
Net Assets or			В	eginning of Cur	rent Year	End of Year		
sets	20	Total assets (Part X, line 16)				3,439,541.		
AS	21	Total liabilities (Part X, line 26)				13,934,084.		
-Sei	22	Net assets or fund balances. Subtract line 21 from line 20				-10,494,543.		
Pa	art II	Signature Block						
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the	best of my k	nowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowl	edge.			
Sig	n	Signature of officer		Date	Э			
Her		► VANESSA COOPER, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN		
Paid	ı	ROBERT N. THOMPSON		8/1/19	if self-employed	P01389483		
	arer	Firm's name CITRIN COOPERMAN & COMPANY, LLP	L			22-2428965		
	Only	Firm's address 2 BETHESDA METRO CENTER, 11TH FI	LOOR		. J LIN	1_000		
JJ6	Jilly	BETHESDA, MD 20814		Dha	ne no. (30	1) 654-9000		
Mar	, tha !	•			110. (5 0	77		
		RS discuss this return with the preparer shown above? (see instructions)				<u>X Yes No</u> Form 990 (2017)		
7320	01 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	บทร.			Form 330 (2017)		

Page 2

Pai	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:
	ALAMEDA AFFORDABLE HOUSING CORPORATION, IN PARTNERSHIP WITH THE ENTIRE COMMUNITY, ADVOCATES AND PROVIDES QUALITY, AFFORDABLE, SAFE HOUSING;
	ENCOURAGES SELF-SUFFICIENCY; AND STRENGTHENS COMMUNITY INCLUSIVENESS
	AND DIVERSITY IN HOUSING.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 X 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 \$174,573. including grants of \$) (Revenue \$280,178.)
	OWN AND MANAGE AFFORDABLE HOUSING.
4b	(Code:) (Expenses \$
	, (interest)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expanses \triangleright 174 573.

Form **990** (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ <u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- '-		- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		Х
			202	

Form **990** (2017)

Form 990 (2017) ALAMEDA AFFORDABLE HOUSING CORPORATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		٦,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		7.7
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩.
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 22	Х
35a		35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1000 / Mil on our more are required to complete concedure o	1 00	000	

Form 990 (2017) ALAMEDA AFFORDABLE HOUSING CORPORATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0 🗌						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming							
	(gambling) winnings to prize winners?		1	lc					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3	За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o	3	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions and Financial Action (Control of Foreign Bank) and Financial (Control of Foreign	counts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_ 5	ā		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	_ 5	5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		_ 5	БС					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6	ia i		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts							
	were not tax deductible?		6	3b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and cont	vices provided to the payor	? 7	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7	7b					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	1	7	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		——			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
			-	8					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?)a					
b			E	9b					
10	Section 501(c)(7) organizations. Enter:	100							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	\dashv						
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	+						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a							
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	114							
D		11b							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		- 1	2a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L'	∠a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	Is the organization licensed to issue qualified health plans in more than one state?		1	3a					
а	Note. See the instructions for additional information the organization must report on Schedule O.		– "	Ju					
b Enter the amount of reserves the organization is required to maintain by the states in which the									
b	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
	Did the appropriation pressing any property for indeed to provide a decide of the territory	100	14	4a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			4b					
	, provide air explanation in deficience				990	(2017			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•	•	•
	(This station 2 regardle mismatch as at periode not regardle by the married not state of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	financ	ial	
	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:			
-	VANESSA COOPER - 510-747-4300			
	701 ATLANTIC AVENUE, ALAMEDA, CA 94501			

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, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	_			from	from related	other			
	(list any hours for	ndividual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** 2, 1000 111100)		and related
	below	idual	ution	-ia	Key employee	est co oyee	ler			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) KENJI TAMAOKI	1.00									
PRESIDENT	0.00	Х		Х		<u> </u>		0.	0.	0.
(2) JOHN MCCAHAN	1.00								_	_
VICE PRESIDENT	0.00	X		X				0.	0.	0.
(3) ART KURRASCH	1.00								_	_
DIRECTOR	0.00	X				<u> </u>		0.	0.	0.
(4) BRAD WEINBERG	1.00	l								
DIRECTOR	0.00	X				├		0.	0.	0.
(5) FAYLEEN ALLEN	1.00	٠,							0	
DIRECTOR PLOYARD	0.00	X				┝		0.	0.	0.
(6) STUART RICKARD	1.00								0	_
TIRECTOR (7) SANDRA KAY	1.00	Х				┢		0.	0.	0.
DIRECTOR	0.00	X						0.	0.	0.
(8) VANESSA COOPER	8.00	22							0.	<u> </u>
SECRETARY/EXECUTIVE DIRECTOR	32.00			x				0.	235,748.	18,149.
									,	- · , -
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		-								
		1			_	_				
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		1								
		1		L	L			I	l	

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Pai	T VII Section A. Officers, Directors, Trus		oloy 	ees,			ghe	st C					 -	
	(A)	(B) Average			Pos	C) ition	1		(D)	(E)		l	(F)	
	Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	- 1		timate ount o	
		week					or/trus		from	from relate	- 1		other	,
		(list any	ector						the	organizatior		comp	pensa	tion
		hours for related	or dir	99			ated		organization	(W-2/1099-MI	SC)		om the	
		organizations	rustee	ll trust		99	mpens		(W-2/1099-MISC)			_	anizati I relate	
		below	Individual trustee or director	Institutional trustee	 	Key employee	est co	eL					nizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
]											
			<u> </u>				_	-			\longrightarrow			
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			1											
			1											
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			-											
			\vdash				_				\longrightarrow			
			1											
			1											
			<u> </u>											
	Sub-total								0.	235,7		18	3,14	
	Total from continuation sheets to Part VI								0.	235,7	0.	1 (3,14	0.
a	Total (add lines 1b and 1c) Total number of individuals (including but n							>), <u>1</u> 4	± 9 •
2	compensation from the organization	ot illilited to til	036	11310	ual	JOVE	<i>5)</i> VVI	10 16	eceived more than \$100,	ooo or reportable	5			0
-													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su												,,	
_	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a	•				,			•	dual for services		_		Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	<u>iplete Schedule</u>	<u> </u>	or sı	ıch <u>i</u>	oers	on					5		
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of com	 pensat	tion fro	m	
	the organization. Report compensation for	-	-								'			
	(A)								(B)			(C		
	Name and business	address	NO	INC	3				Description of s	ervices	C	omper	satior	<u> </u>
								\dashv						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	d to		se lis)	sted	above) who received mo	ore than				
	ψ του,σου οι compensation from the organi	Lativii					_						200	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f **Business Code** 2 a TENANT RENTS AND SUBS 900099 280,178. 280,178. Program Service f All other program service revenue 280,178. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,089. 10,089. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue of including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses _____b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold _____ **b** c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 290,267. 280,178. 10,089. Total revenue. See instructions.

Form 990 (2017) ALAMEDA AFFORDABLE HOUSING CORPORATION
Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6h (A) (B) (C) (D)											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
~											
•	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management	72,223.	29,973.	42,250.							
b	Legal	72,223. 21,827.		21,827.							
c	Accounting	800.		800.							
d	Lobbying										
٠ ۵	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g g	Other. (If line 11g amount exceeds 10% of line 25,										
9	column (A) amount, list line 11g expenses on Sch 0.)	15,916.	9,184.	6,732.							
12	Advertising and promotion	206.	3,2020	206.							
13	Office expenses	33,199.	28,511.	4,688.							
14	Information technology	7,488.	20,3111	7,488.							
		7,400.		7,400.							
15	Royalties	63,882.	63,882.								
16	Occupancy	1,540.	05,002.	1,540.							
17	Travel	1,540.		1,540.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	2,979.		2,979.							
20	Interest	4,313.		4,313.							
21	Payments to affiliates	39,002.	30 002								
22	Depreciation, depletion, and amortization	4,021.	39,002. 4,021.								
23	Insurance	4,041.	4,041.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а											
b											
c											
d											
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	263,083.	174,573.	88,510.	0.						
26	Joint costs. Complete this line only if the organization	,		,							
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	11 TOHOWING SUP 98-2 (ASC 958-720)				- 000 (co.4=)						

Form 990 (2017)

Part X | Balance Sheet

ı a	1 L A	Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	563,808.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	5,235.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	oloyees. Complete				
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquality					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9					9	339.
	10a	Land, buildings, and equipment: cost or other					
			10a	5,743,782.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	2,873,623.	0.	10c	2,870,159.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1		15	
	16	Total assets. Add lines 1 through 15 (must equal		1	0.	16	3,439,541.
	17	Accounts payable and accrued expenses			17	56,631.	
	18	Grants payable			18		
	19	Deferred revenue				19	3,117.
	20	Tax-exempt bond liabilities	1		20		
	21	Escrow or custodial account liability. Complete I		1		21	
ű	22	Loans and other payables to current and former	officers,	directors, trustees,			
ij		key employees, highest compensated employee	s, and d	isqualified persons.			
abi		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela			0.	23	666,000.
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
Liabilitie		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			0.	25	13,208,336.
	26	· ·			0.	26	13,934,084.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🗓 and			
Se		complete lines 27 through 29, and lines 33 an					
Š	27	Unrestricted net assets				27	-10,494,543.
3ale	28	Temporarily restricted net assets				28	
Fund Balances	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958)	, check here 🕨 🔲 📗			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			^	32	10 404 542
Z	33	Total net assets or fund balances			0.	33	-10,494,543.
	34	Total liabilities and net assets/fund balances			0.	34	3.439.541.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		26	3,0	83.
3	Revenue less expenses. Subtract line 2 from line 1	3		27,184		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		C		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10	,52	1,7	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	-10	,49	4,5	43.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ALAMEDA AFFORDABLE HOUSING CORPORATION 30-1010896 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) HOUSING AUTHORITY OF THE CITY OF ALAM 94-6003048 X 0 0.

Schedule A (Form 990 or 990-EZ) 2017 ALAMEDA AFFORDABLE HOUSING CORPORATION 30-1010896 Page 2 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
_	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2016. If the o	rganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		•				
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-	-	• • •			
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						•
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	cly supported organ	nization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	· >

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		, ,	` '			
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975	ļ					
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	-			•		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						>
k	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

		Yes	No
ļ	1	X	
ı	_		v
ł	2		X
ı	20		X
ł	3a		21
ı	3b		
Ī			
	3с		
ļ	4a		X
	_		
-	4b		
ı	4c		
ı	10		
	5a		X
ŀ	5b		
ŀ	5c		
1	6		Х
ł			
	7		Х
	8		X
			77
-	9a		X
	01.		Х
}	9b		Λ
	9c		X
ł	<i>3</i> 0		
-	10a		Х
-			
	10b		
99	90 or 99	0-EZ)	2017

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017 ALAMEDA AFFORDABLE HOUSING CORPORATION 30-1010896 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2017

instructions).

	edule A (Form 990 or 990-EZ) 2017 AI				0-1010896	Page 7
Pai	rt V Type III Non-Functiona	lly Integrated 509(a)(3) Supporting Orga	anizations _(continued)	T	
Sect	tion D - Distributions				Current Yea	ar
1_	Amounts paid to supported organizat	ions to accomplish exer	npt purposes			
2	Amounts paid to perform activity that					
	organizations, in excess of income fro	m activity				
3	Administrative expenses paid to acco	mplish exempt purpose	s of supported organization	IS		
4	Amounts paid to acquire exempt-use	assets				
5	Qualified set-aside amounts (prior IRS	approval required)				
6	Other distributions (describe in Part \	/I). See instructions.				
7	Total annual distributions. Add lines	•				
8	Distributions to attentive supported or	~	e organization is responsive	Э		
	(provide details in Part VI). See instru					
9	Distributable amount for 2017 from Se	<i>'</i>				
10	Line 8 amount divided by line 9 amou	nt I		T		
Secti	tion E - Distribution Allocations (see i	nstructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributabl Amount for 20	
1	Distributable amount for 2017 from Se	ection C, line 6				
2	Underdistributions, if any, for years pr	ior to 2017 (reason-				
	able cause required- explain in Part V	I). See instructions.				
3	Excess distributions carryover, if any,	to 2017				
а						
b	From 2013					
С	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior	years				
h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see	instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and	3i from 3f.				
4	Distributions for 2017 from Section D,	,				
	line 7:					
	Applied to underdistributions of prior	years				
	Applied to 2017 distributable amount					
_ <u>c</u>	Remainder. Subtract lines 4a and 4b t					
5	Remaining underdistributions for year					
	any. Subtract lines 3g and 4a from line	· ·				
	than zero, explain in Part VI. See insti					
6	Remaining underdistributions for 2017					
	and 4b from line 1. For result greater t	than zero, explain in				
	Part VI. See instructions.	140 Add lines 0:				
7	Excess distributions carryover to 20	io. Add lines 3j				
8	and 4c. Breakdown of line 7:					
	Excess from 2013 Excess from 2014					
	Excess from 2015					
	L Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 ALAMEDA AFFORDABLE HOUSING CORPORATION 50-1010596 Page 8
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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALAMEDA AFFORDABLE HOUSING CORPORATION

Employer identification number 30-1010896

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) i dilas ana other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
	Aggregate value at end of year Did the organization inform all donors and donor advisors in wr	iting that the assets hold in donor advi	I isod funds
	are the organization's property, subject to the organization's ex	_	
	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	·		
Par			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat	. —	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aft		
	listed in the National Register	•	
	Number of conservation easements modified, transferred, relea		
	year 🕨	, ,	
4	Number of states where property subject to conservation ease	ment is located	
	Does the organization have a written policy regarding the perio		_
	violations, and enforcement of the conservation easements it h	olds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
			
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(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	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	s the organization's accounting for
	conservation easements.		
Par	Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	pition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2017

2,870,159.

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

Schedule D (Form 990) 2017		ORDABLE H	OUSING	CORPORAT	TION	30-1010896	Page
	s - Other Securities.						
	organization answered "Yes"						
	category (including name of security)	(b) Book va	lue	(c) Method of v	aluation: Cost or	end-of-year market v	/alue
(1) Financial derivatives							
(2) Closely-held equity interest	ests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form	990, Part X, col. (B) line 12.)						
Part VIII Investments	s - Program Related.						
Complete if the	organization answered "Yes"	on Form 990, Par	t IV, line 11c.	See Form 990, I	Part X, line 13.		
	n of investment	(b) Book va				end-of-year market v	/alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	000 Part V col (P) line 12)						
Total. (Col. (b) must equal Form Part IX Other Asset							
		on Form 990 Par	+ IV line 11d	Soo Form 000	Dart V lina 15		
Complete ii trie	organization answered "Yes"	Description	t iv, iiile i iu.	. See Form 990,	Part A, line 15.	(b) Book v	alue
(4)	(a)	Description				(b) Book v	alue
<u>(1)</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	l Form 990, Part X, col. (B) line	e 15.)				>	
Part X Other Liabili	ities.						
Complete if the	organization answered "Yes"	on Form 990, Par	t IV, line 11e	or 11f. See Form	990, Part X, line	25.	
<u>1.</u> (a	Description of liability		(b) E	Book value			
(1) Federal income taxes	3						
(2) DUE TO RELA	ATED PARTY		13,	125,000.			
(3) DUE TO HACE	A			16,981.			
(4) TENANT SECU	JRITY DEPOSITS			66,355.			
(5)							

(6) (7) (8) (9) 13,208,336. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

732054 10-09-17 Schedule D (Form 990) 2017

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

Employer identification number ALAMEDA AFFORDABLE HOUSING CORPORATION 30-1010896

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		77
a	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	C-		Х
a	The organization?	6a		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
ρ	not described on lines 5 and 6? If "Yes," describe in Part III	7		A
8	initial content conserved described in Developing or of the FO 4050 4(-)/000 If IIV and a continuing Dest III	8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-		-23
J	Regulations section 53.4958-6/c)?	9		
	DEGUIRIUMA AEGUUL AG SAGUEUM!			

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) VANESSA COOPER	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/EXECUTIVE DIRECTOR	(ii)	235,748.	0.	0.	0.	18,149.		
	(i)	·				•	·	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALAMEDA AFFORDABLE HOUSING CORPORATION

Employer identification number 30-1010896

FORM 990, PART VI, SECTION A, LINE 3:
MOST OF THE MANAGEMENT ACTIVITIES ARE PERFORMED BY THE HOUSING AUTHORITY OF
THE CITY OF ALAMEDA, A RELATED ORGANIZATION.
THE CITE OF HEREBERY II REMITED ORGANIZATIONS
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE ACCOUNTING AND FINANCE STAFF OF THE HOUSING
AUTHORITY OF THE CITY OF ALAMEDA, BEFORE BEING SENT TO THE BOARD FOR FINAL
REVIEW AND ACCEPTANCE.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUAL CONFLICT OF INTEREST STATEMENTS ARE REQUESTED FROM THE BOARD
MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19:
ON THE HOUSING AUTHORITY OF THE CITY OF ALAMEDA'S WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
DEBT EQUITY TRANSFER -666,000.
EQUITY TRANSFER -9,855,727.
TOTAL TO FORM 990, PART XI, LINE 9 -10,521,727.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ALAMEDA AFFORD		30-1010896						
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year asse		ssets Direct co ent		9
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	I 0, Part IV, line 34, b	ecause it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(9	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity Dire		Direct controlling entity		512(b)(13) rolled tity?
				501(c)(3))			Yes	No
HOUSING AUTHORITY OF THE CITY OF ALAMEDA -	TO PROVIDE							
94-6003048, 701 ATLANTIC AVENUE, ALAMEDA, CA	FEDERALLY-FUNDED PUBLIC		STATE					l
94501	HOUSING PROGRAMS AND	CALIFORNIA	GOVERNMENTAL					Х
-	4							
	-							
-	1							
	1							

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
-	1										
							L		l		

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	(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 Sec 512(b contr enti	tion b)(13) olled ty?
		country)		or tracty		400010		Yes	No

Schedule R (Form 990) 2017

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or	more re	lated organizations listed ir	n Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				. 1a		Х
	b Gift, grant, or capital contribution to related organization(s)						Х
	Gift, grant, or capital contribution from related organization(s)					Х	
	d Loans or loan guarantees to or for related organization(s)						Х
	Loans or loan guarantees by related organization(s)					Х	
f	f Dividends from related organization(s)				1f		Х
g	g Sale of assets to related organization(s)				1g		Х
	h Purchase of assets from related organization(s)					Х	
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				. 1j		Х
-							
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k	х	
1							Х
m	m Performance of services or membership or fundraising solicitations by related organization(s)						Х
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					Х	
	Sharing of paid employees with related organization(s)					Х	
	3 (7						
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses						Х
•							
r	Other transfer of cash or property to related organization(s)				1r		Х
	S Other transfer of cash or property from related organization(s)						Х
	If the answer to any of the above is "Yes," see the instructions for information on who must com				•		
	(a) (b)		(c)	(d)			
	(a) (b) Name of related organization Transact	tion	Amount involved	Method of determining amount	involved		
	type (a-	-s)					
1)]	HOUSING AUTHORITY OF THE CITY OF ALAMEDA H		13,125,000.	FMV			
2)							
3)							
4)							
5)							

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule I	₹ (For	m 990) 2017	АЬА	MEDA	A AFFORD	ABLE	HOOSIN	G CORPO	RATION	30-10108	9 6 Page 5
Part VII	_	upplemental Ir			nses to questio	ns on Sc	hedule R. See	e instructions.			
PART T		IDENTIFI							ZATTONS.		
1111(1	<u> </u>	<u> </u>	<u> </u>			11111		OROZHVIZ	2211 1 014 10 1		
		RELATED O									
HOUSI	NG .	AUTHORITY	OF THI	E CI	TY OF A	LAMEI	DA				
PRIMAI	RY .	ACTIVITY:	TO PRO	OVIE	E FEDER	ALLY-	-FUNDED	PUBLIC	HOUSING	PROGRAMS	AND
RELATI	ED	SERVICES.									

732165 09-11-17 Schedule R (Form 990) 2017

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Cal	lendar Year	r 2017 or fiscal year beginning (mm/dd/yyyy)	11/01/2017	, and ending (m	ım/dd/yyyy)	06/	30/2018 .
Co	orporation/Or	ganization name			California corp	oration num	ber
A]	LAMED	A AFFORDABLE HOUSING CO	RPORATION		CA40	8035	3
Ad	dditional infor	rmation. See instructions.			FEIN		
					30-1	.0108	96
St	reet address	(suite or room)			PMB no		
7(01 AT	LANTIC AVENUE					
Ci	ty			S	State ZIP code)	
A)	LAMED	A			CA 9450	1	
Fo	oreign country	y name	Foreign province/state/county		Foreign	oostal code	
Α	First Retu	urn	X Yes No J If exer	npt under R&TC Sec	ction 23701d, has	the organi	zation
В	Amended	d Return •	Yes X No engage	ed in political activiti	ies? See instruction	ns.	• Yes X No
C		ion 4947(a)(1) trust	Yes X No K Is the	organization exempt	t under R&TC Sec	tion 23701	1g? ● Yes X No
D		ormation Return?	If "Yes	," enter the gross re	ceipts from nonm	ember sou	irces \$
	•	Dissolved Surrendered (Withdrawn) Mei	rged/Reorganized L If Orga	ınization is exempt u	ınder R&TC Section	on 23701d	
	Enter date:	(mm/dd/yyyy) •	and m	eets the filing fee ex	ception, check bo	x. No filing	J
E	Check ac	counting method: (1) Cash (2) X Accrual	(3) Other fee is I	required.			• <u> </u>
F	Federal re	eturn filed? (1) • 990T (2) • 990PF (3) •	Sch H (990) M Is the	organization a Limit	ed Liability Compa	any?	• Yes X No
	(4) X	Other 990 series	N Did the	e organization file Fo	orm 100 or Form	109 to	
G	Is this a g	group filing? See instructions	Yes X No report	taxable income?			•
Н		ganization in a group exemption	Yes X No 0 Is the	organization under a	audit by the IRS o	has the	
	If "Yes," w	what is the parent's name?	IRS at	ıdited in a prior year	?		• Yes X No
			P Is fede	eral Form 1023/1024	pending?		Yes X No
I	Did the o	rganization have any changes to its guidelines	Date fi	led with IRS			
	not repor	rted to the FTB? See instructions	Yes X No				
<u>P</u>	art I c	Complete Part I unless not required to file this forn	n. See General Information B	and C.			
		1 Gross sales or receipts from other sources.	From Side 2, Part II, line 8		•	1	290,267. ₀₀
		2 Gross dues and assessments from members	s and affiliates		•	2	00
	Dooointo	3 Gross contributions, gifts, grants, and simila Total gross receipts for filing requirement test. Add lin This line must be completed. If the result is less than	ar amounts received		•	3	00
	Receipts	4 This line must be completed. If the result is less than	ne 1 through line 3. \$50,000, see General Information B		•	4	290,267. ₀₀
В	and Revenues	5 Cost of goods sold	•	5	00	<u>_</u>	
п	icveilues	6 Cost or other basis, and sales expenses of a	ssets sold•	6	00		
		7 Total costs. Add line 5 and line 6				7	00
		8 Total gross income. Subtract line 7 from line	e 4		•	8	290,267. ₀₀
_	·vnonooo	9 Total expenses and disbursements. From Sid	de 2, Part II, line 18		•	9	263,083. ₀₀
_	xpenses	10 Excess of receipts over expenses and disbur	sements. Subtract line 9 from	line 8	•	10	27,184. 00
		11 Total payments			•	11	00
					•	12	00
		13 Payments balance. If line 11 is more than lin				13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line				14	00
		15 Filing fee \$10 or \$25. See General Information	on F			15	10.00
		16 Penalties and Interest. See General Informat				16	00
		17 Balance due. Add line 12, line 15, and line 10 Under penalties of perjury, I declare that I have examined this it is true, correct, and complete. Declaration of preparer (oth	16. Then subtract line 11 from	the result		17	10.00
Sig	ın	it is true, correct, and complete. Declaration of preparer (oth	is return, including accompanying so ier than taxpayer) is based on all info	rmation of which prepar	rer has any knowledg	iy knowleagi e.	e and belief,
He		Signature.	Title		Date	•	Telephone
		Signature of officer	EXEC	JTIVE DIR	E		
		Burnanda		Date	Check if	-	PTIN
		Preparer's signature			self-employed		01389483
Pa	id	Firm's name					FEIN
Pre	eparer's	(or yours, if self-					2-2428965
Us	e Only	employed) 2 BETHESDA METRO	-	FLOOR			Telephone
_		BETHESDA, MD 2081	L 4				<u>301) 654-9000</u>
		May the FTB discuss this return with the preparer	shown above? See instruction	18	• <u>\</u>	Yes	No

ALAMEDA AFFORDABLE HOUSING CORPORATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951	12-06-17

		1	Gross sales or receipts from all b	usiness	activities See	instruction	9		•	1		00
		2	Interest							2		LO,089. 00
		3	Dividends							3		00
Rece	inte	4								4		00
	ihre	-	Gross rents							5	+	
from		0	Gross royalties							_	+	00
Othe	- 1	6	Gross amount received from sale	or asser	ts (See Instruc	ctions)				6		00
Sour	es	7	Other income					LE 51 <i>F</i>	ATEMENT 1 •	7		30,178.00
		8	Total gross sales or receipts from							8		90,267.00
		9	Contributions, gifts, grants, and							9		00
		10	Disbursements to or for member	s					•	10		00
		11	Compensation of officers, director							11		0.00
		12	Other salaries and wages							12		00
Expe	nses	13	Interest						•	13		2,979. ₀₀
and		14	Taxes						•	14		00
Disbu	ırse-	15	Rents							15		53,882.00
ment	s	16	Depreciation and depletion (See	nstructio	ons)				•	16		39,002. ₀₀
		17	Other Expenses and Disburseme	nts			SI	EE STA	ATEMENT 3 •	17		57,220. ₀₀
			Total expenses and disbursemen	ts. Add I	line 9 through	line 17. Ent	ter here and o	n Side 1, Pa		18		53,083. ₀₀
<u>Sch</u>	edul	le L	Balance Sheet		Beginn	ing of taxa	ble year		Enc	d of tax	xable year	
Asset	ts				(a)		(b)		(c)			(d)
1 (Cash										•	563,808.
2 1	let acc	counts	receivable								•	5,235.
3 1	let not	es rec	ceivable								•	
4 I	nvento	ries .									•	
			state government obligations								•	
6 I	nvestn	nents	in other bonds								•	
7 I	nvestn	nents	in stock								•	
	/lortga										•	
9 ()ther ir	nvestr	nents								•	
10 a	Depr	eciab	le assets						5,743,78	32.		
			mulated depreciation[()			(2,873,623	3.)	2	,870,159.
11 L	.and										•	
12 (Other a	ssets	STMT 4								•	339.
								0.			3 ,	,439,541.
			et worth									
14 /	Accoun	its pay	yable								•	56,631.
			s, gifts, or grants payable								•	
			otes payable								•	
17 N	/lortga	ges p	ayable								•	666,000.
18 ()ther li	abiliti	es STMT 5								13,	,211,453.
19 (Capital	stock	or principal fund								•	
			al surplus. Attach reconciliation								•	
			nings or income fund								−10	,494,543.
			es and net worth					0.				,439,541.
	edul		-	er book	s with income	per return				•		
			Do not complete this sched				line 13, colum	n (d), is les	s than \$50,000.			
1 1	let inc	ome p	oer books	•	2'	7,184	• 7 Incon	ne recorded	on books this year			
			ne tax	Г.		-		cluded in th	-		•	
			pital losses over capital gains)				s return not charged			
			ecorded on books this year		•				ome this year		•	
			corded on books this year not	····				Add line 7				
	-		his return	•	,			icome per r				
			ne 1 through line 5			7,184		act line 9 fr				27,184.
	J.un F	111				, =	ı Jubli	0 11				, = = = =

Side 2 Form 199 2017

022

3652174

CA 199	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
TENANT RENTS AND SUBSIDY		280,178.
TOTAL TO FORM 199, PART II, LIN	E 7	280,178.



CA 199 COMPENSATI	ON OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KENJI TAMAOKI 701 ATLANTIC AVENUE ALAMEDA, CA 94501		PRESIDENT 1.00	0.
JOHN MCCAHAN 701 ATLANTIC AVENUE ALAMEDA, CA 94501		VICE PRESIDENT 1.00	0.
ART KURRASCH 701 ATLANTIC AVENUE ALAMEDA, CA 94501		DIRECTOR 1.00	0.
BRAD WEINBERG 701 ATLANTIC AVENUE ALAMEDA, CA 94501		DIRECTOR 1.00	0.
FAYLEEN ALLEN 701 ATLANTIC AVENUE ALAMEDA, CA 94501		DIRECTOR 1.00	0.
STUART RICKARD 701 ATLANTIC AVENUE ALAMEDA, CA 94501		DIRECTOR 1.00	0.
SANDRA KAY 701 ATLANTIC AVENUE ALAMEDA, CA 94501		DIRECTOR 1.00	0.
VANESSA COOPER 701 ATLANTIC AVENUE ALAMEDA, CA 94501		SECRETARY/EXECUTIVE DIRECT	r 0.
TOTAL TO FORM 199, PART	II, LINE 11		0.

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ALAMEDA AFFORDABLE HOUSING CORPORATION

To: Board of Directors

From: Vanessa Cooper, Executive Director

Prepared by: Kathleen Mertz, Director of Housing and Community Development

Date: September 18, 2019

Re: Adopt Resolution Authorizing Real Property Acquisition and

Authorize the Executive Director, or her Designee, to Negotiate and

Execute Property Transfer Documents

BACKGROUND

In January 2018, the Housing Authority received notice of all Alameda properties that are listed with the delinquent tax for five or more years and that have been approved by the Board of Supervisors for sale at Public Auction. In response, one property was viable for use as affordable housing and so staff filed an objection to the sale on January 30, 2018. This property is a single family residence near Haight Avenue and Webster Street. The objection is allowed under Chapter 8, Part 6 Division 1 of the County Tax Sale Procedure Manual. This provision, also known as an Agreement Sale, allows government entities and nonprofits to purchase tax defaulted properties for public use outside of the auction process. Low-income housing is a qualifying public use. On April 18, 2018, staff received direction from the AHA Board of Commissioners to proceed with this acquisition in closed session.

The property data is as follows:

APN	74-428-21
Year Built	1910
Lot Size	3,744
Building Area	1,353
Assessed Value	\$692,615

After further general research about the property, staff submitted an Application to Purchase Tax Defaulted Property in August 2018. There are no building records other than a re-roof in 2009 and no code enforcement activity. From the exterior, the building looks to be in poor to fair condition. While staff does not have access to the interior of the property or a full property condition report until ownership has transferred, sufficient information was gathered to start the acquisition process. There are no loans outstanding on the property, and the outstanding tax liability is \$94,477. If the purchase



process is successful, the plan is to renovate the single family Victorian style home into a duplex and deed restrict it as affordable rental housing for households at 80% AMI or below. The Chapter 8 process is slow because of the extensive noticing requirements and approval process with the County Board of Supervisors, both of which protect the homeowner and the purchaser.

DISCUSSION

Per the original direction from the AHA Board of Commissioners, staff filed an application for purchase by the Housing Authority. However the Alameda County Assessor's Office determined the Housing Authority was not eligible under the California Revenue and Taxation Code to complete the purchase because the Housing Authority is not a taxing government entity, i.e., AHA does not levy taxes. After further discussions with the County Assessor's office, staff resubmitted the application for purchase under AAHC, which is an eligible entity under the Chapter 8 program.

On June 26, 2019, staff received confirmation that the application was approved and that the sale to AAHC can move forward. Because the AHA Board originally approved the acquisition at the December 5, 2018 meeting, staff are now seeking approval from the AAHC Board for acquisition, per the attached Authorizing Resolution 2019-01. Also attached is the draft purchase contract which is part of the property transfer documents referenced in the Authorizing Resolution. Real estate legal counsel has reviewed the contract. Once the acquisition and purchase contract are approved, the County Assessor is required to again notice the home owner, who has an additional chance to redeem the debt. If no action is taken, AAHC will be able to finalize the acquisition.

FISCAL IMPACT

The purchase price for this property is estimated to be \$95,000 in back taxes, plus penalties, notice fees, title fees, and attorney fees. Staff expects the property can be acquired for approximately \$160,000. Staff proposes a 30 year, zero interest loan from the Housing Authority to be paid back through residual receipts from the property and recorded against the property for collateral. Additionally, a Housing Authority Regulatory Agreement restricting the property to households at or below 80% AMI will be recorded. This is the same structure used for the AAHC loan at Anne B Diament, China Clipper, Stanford House, and Lincoln-Willow. The loan will be funded by Housing Authority investment reserves. Once purchased, staff can apply for CDBG Rehabilitation funds to complete physical repairs to the property for habitability as a low-income unit.

RECOMMENDATION

Adopt Resolution Authorizing Real Property Acquisition and Authorize the Executive Director, or her Designee, to Negotiate and Execute Property Transfer Documents.



Respectfully submitted,

Kathleen Mertz

Director of Housing and Community Development

Attachments:

- 1. Authorizing Resolution 2019-01
- 2. Draft Purchase Contract

ALAMEDA AFFORDABLE HOUSING CORPORTION

Resolution No. 2019-01

At a duly constituted meeting of the Board of Directors (the "Board") of Alameda Affordable Housing Corporation, a California nonprofit public benefit corporation (the "Corporation"), held on September 18, 2019, the following resolutions were adopted:

WHEREAS, the Corporation has been approved to purchase a tax delinquent property in the City of Alameda, (APN 74-428-21) pursuant to the provisions of Division 1, Park 6, Chapter 8, of the California Revenue and Taxation Code.

WHEREAS, the Board of the Corporation deems it in the best interest of the Corporation to acquire this property from the County of Alameda and put it to use as low-income rental housing for the Alameda community;

WHEREAS, the Board of the Corporation deems it to be in the best interests of the Corporation to finance the acquisition of the property through a residual receipts loan from the Housing Authority, secured by a recorded Deed of Trust at each Property, to be paid from the cash flow of each Property;

WHEREAS, the Board of the Corporation deems it to be in the best interest of the Corporation to record an Affordable Housing Agreement against the property to restrict occupancy to low-income households for 20 years;

WHEREAS, the Board of the Corporation deems it to be in the best interests of the Corporation to execute and deliver, and to perform its obligations under, any and all documents or agreements necessary or advisable in furtherance of AAHC's acquisition of the property from the County of Alameda, including, but not limited to purchase agreement, grant deed and any other document required to transfer the fee interest in the property to AAHC, the Housing Authority loan documents and deed of trust, the Housing Authority Affordable Housing Agreement, and property management agreements, with the advice counsel, deemed to be consistent with the resolutions contained herein (collectively, the "Property Transfer Documents").

NOW, THEREFORE, BE IT RESOLVED, that the Board hereby approves and authorizes the Corporation to enter into the Property Transfer Documents and such other agreements, certificates, contracts, documents, and instruments deemed necessary to assist in the transfer of the property and to complete all activities contemplated by this Resolution;

BE IT FURTHER RESOLVED, that the Board hereby approves soft financing for the property in the form of a Housing Authority Note and Deed of Trust for the property based on transaction costs outlined in the purchase agreement;

BE IT FURTHER RESOLVED, that the Board hereby authorizes the President or the Executive Director, or any designee of the foregoing, acting alone, to accept and execute the Property Transfer Documents subject to any minor conforming, technical or clarifying changes approved by the Executive Director or her designee and legal counsel. The President and Executive Director, or any designee of the foregoing, are hereby further authorized and directed to take such further actions and execute and record such documents as are necessary to accept and execute the Property Transfer Documents.

CERTIFICATE OF SECRETARY

I, Vanessa Cooper, hereby certify that I am the duly elected, qualified Secretary of Alameda Affordable Housing Corporation, a California nonprofit public benefit corporation, organized and existing under the laws of the State of California, and the foregoing Authorizing Resolution was adopted at a duly constituted meeting of the Corporation held on this September 18, 2019	
Dated:	

Vanessa Cooper, Secretary

AGREEMENT TO PURCHASE TAX-DEFAULTED PROPERTY

This Agreement is made on this	day of	, 2019, by and
between the Board of Supervisors of	the County of Alameda ("C	COUNTY"), State of
California, and the Alameda Affordabl	le Housing Corporation ("F	PURCHASER") a
California non-profit public benefit cor	poration. This agreement	is made in accordance
with California law pursuant to the pro	ovisions of Division 1, Part	6, Chapter 8, of the
California Revenue and Taxation Cod	le:	

RECITALS

- A. Pursuant to the provisions of Division 1, Part 6, Chapter 8 of the Revenue and Taxation Code including sections 3795.5(b) and 3772.5 of the Code, and as set forth in PURCHASER's Articles of Incorporation (Exhibit "A") of this Agreement, PURCHASER is formed for the purpose of acquisition of either of the following:
 - (1) Single-family or multifamily dwellings for rehabilitation and sale or rent to low-income persons, or for other use to serve low-income persons.
 - (2) Vacant land for construction of residential dwellings and subsequent sale or rent to low-income persons, for other use to serve low-income persons, or for dedication of that vacant land to public use.
- B. The real property situated within COUNTY, and described in Exhibit "B" of this Agreement, is tax defaulted and is subject to the power of sale by the Tax Collector of COUNTY for the nonpayment of taxes, under Division 1, Part 6 of the Revenue and Taxation Code.

AGREEMENT

In consideration of the mutual promises herein set forth, the parties mutually agree as follows:

- 1. <u>Payment for Notice:</u> As provided by section 3800 of the Revenue and Taxation Code, PURCHASER shall pay the cost of giving notice of this Agreement and the cost of publication or posting the Notice of Agreement.
- 2. Purchase and Evidence of Title: Within fourteen (14) days from the effective date of this Agreement, PURCHASER also agrees to pay \$94,477.00 plus costs, as specified in Exhibit "B" for the property described in Exhibit "B" plus additional costs. Payment shall be in cash, certified funds, or wire transfer payable to the Alameda County Tax Collector. Upon receipt of said sums by the Alameda County Tax Collector, the Tax Collector shall execute and record tax deeds and deed restrictions conveying title to said property to the PURCHASER. After recordation, the tax deeds and deed restrictions will be returned to the PURCHASER by the Alameda County Clerk Recorder's Office.
- 3. No Representation: COUNTY makes no representation concerning the condition of title to the subject property. COUNTY does not warrant title to the property or make any representations concerning the title. Additionally, COUNTY makes no representation concerning the physical condition of the subject property and PURCHASER acknowledges that it is not relying upon any statements or representations of the COUNTY concerning the subject property and is purchasing the subject property in its "as is" condition.
- 4. Other Expenses: PURCHASER shall pay the other expenses in addition to the purchase price of said property on Exhibit "B" including but not limited to the cost of proceeding to obtain a clear title to the property, and the expenses incurred in the payment, compromise or other method of removal of any liens or adverse claims against the property.
- 5. Real Property Taxes, Fiscal Year 2017-2018 and 2018-19: The purchase price does not include property taxes for fiscal year 2017-2018 and 2018-2019. The PURCHASER shall be responsible for payment in full of the fiscal year 2017-2018 and 2018-2019 property taxes and interest for the properties included in Exhibit "B" in addition to the purchase price. In addition any subsequent property taxes and interest due at the time the sale is finalized will also be included as part of the purchase price.
- 6. <u>Treated as a Single Transaction:</u> The COUNTY shall sell the parcel(s) listed in Exhibit "B" as a single transaction to PURCHASER in consideration of the receipt of payments described above.
- 7. Redemption: If any of the parcel(s) listed in Exhibit "B" are redeemed prior to the effective date of this Agreement, this Agreement shall be null and void to that

- parcel. Notwithstanding the foregoing, the Agreement shall be binding and shall remain in full force and effect with respect to any remaining parcel(s).
- 8. <u>Void/Incomplete Purchase:</u> This Agreement shall become null and void and the right of redemption restored upon PURCHASER'S failure to comply with the terms and conditions of this Agreement prior to the tax deed recordation. This includes failure to complete the purchase of all the properties listed in Exhibit "B". A partial sale of those items will not be processed by the COUNTY. In the event of a void/incomplete purchase, the PURCHASER will be required to reimburse the Alameda County Tax Collector for the costs for providing notice, publication, and actual costs incurred for preparing and conducting the Chapter 8 Agreement Sale to the extent these expenses have been incurred.
- 9. Indemnity: PURCHASER shall indemnify the COUNTY from and against any and all liability, loss, costs, damages, fees of attorneys, and other expenses which COUNTY may sustain or incur by reason of a challenge to the validity of the tax default sale of the property described in Exhibit "B". Pursuant to section 3809 of the Revenue and Taxation Code, a proceeding based on alleged invalidity or irregularity of any proceeding instituted can only be commenced within one year after the date of execution of the Tax Collector's tax deed.
- 10. Environmental Condition of Property: The parcel acquired pursuant to this Agreement may contain hazardous wastes, toxic substances, or other substances regulated by federal, state, and local agencies. COUNTY in no way whatsoever assumes any responsibility, implied or otherwise, and makes no representations that the parcels are in compliance with federal, state or local laws governing such substances. COUNTY in no way assumes any responsibility, implied or otherwise, for any costs or liability of any kind imposed upon or voluntarily assumed by PURCHASER or any other owner to remediate, clean up, or otherwise bring into compliance according to federal, state, or local environmental laws for any parcel purchased.
- 11. CERCLA: COUNTY and PURCHASER agree that under 42 U.S.C. section 9601(20)(D), the Comprehensive Environmental Response, Compensation, and Liability Act ("CERCLA") expressly excludes local and state governments from clean up liability for properties they acquire as a result of tax delinquencies. Notwithstanding this provision, PURCHASER shall defend, indemnify, and hold harmless COUNTY and or COUNTY's officers, directors, agents, employees, or volunteers liable for costs or other charges related to the remediation, clean up, or other work necessary to bring any parcel purchased under this Agreement into compliance with federal, state, or local environmental laws.
- 12. <u>Residential Use</u>: The property is designated for residential use, the PURCHASER as a nonprofit organization, shall rehabilitate and sell, rent or lease with an option to buy, to qualified low-income persons as defined under Health and Safety Code section 50093.

- 13. Code Compliance: PURCHASER shall maintain any existing structures and ensure compliance with all applicable county and city code provisions (e.g., substandard housing, building and zoning). Within six (6) months of transfer of title, PURCHASER shall remediate any outstanding code violations and correct and repair any dangerous unsightly, or blighted condition which reduces the aesthetic and property values in the neighborhood, is offensive to the senses, or is detrimental to the health, safety, and welfare of the public. Within six (6) months of transfer of title, PURCHASER shall also remove overgrown, diseased, dead or decayed trees, weeds, or other vegetation, exterior trash, debris, junk, rubbish, graffiti, and abandoned and/or inoperable vehicles. PURCHASER shall also ensure the property and all building entry points including doorways, windows or other openings are closed, maintained or secured to prevent entry to persons or animals. The property shall be fenced if appropriate.
- 14. Contractor Requirements: The PURCHASER will ensure that the contractor building or rehabilitating the housing must be a licensed general contractor in good standing with the Contractor State Licensing Board, and a member of the development team. The contactor shall have constructed or rehabilitated, as appropriate to this Chapter 8 request, at least two residential dwellings, and disclose their dates of completion and complete addresses. The contractor shall not be a member of the board of the nonprofit corporation.
- 15. <u>Manufactured Homes</u>: In the case of manufactured homes, PURCHASER shall ensure that the manufactured home is attached to a permanent foundation.
- 16. Non-Discrimination: PURCHASER shall not discriminate in the selection of low-income persons because of color, race, creed, national origin, religion, gender, sexual orientation, age, or physical or mental handicap and shall be in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000 (D)), the Americans with Disabilities Act (42 U.S.C. Section 12131 et seq.), and all other applicable laws and regulations prohibiting discrimination. PURCHASER shall include this nondiscrimination provision in all contracts for services in the construction, rehabilitation and sale of the property related to this Agreement.
- 17. <u>Default</u>: PURCHASER shall fully comply with the Terms and Conditions of this Agreement. In addition to material breaches of the Terms and Conditions of this Agreement following shall constitute events of default to the Purchase Agreement:
 - a) Transfer and/or lease of the property to a person who does not qualify as a low-income person as defined be section 50093 of the Health and Safety Code.
 - b) In the event that a petition of bankruptcy shall be filed by or against the PURCHASER, and the petition has not been dismissed or discharged within 180 days of its filing.
 - c) Failure to maintain the property improvements and the property to the minimum housing standards of the city or COUNTY, to keep the

property free from any accumulation of debris, waste materials, and/or maintain all landscaping in a health condition.

18. <u>Breach</u>: In the event PURCHASER is in default, the COUNTY shall give written notice of default to PURCHASER, specifying the default complained of and may take action to correct the default. PURCHASER must commence to cure, correct, or remedy the default within five (5) days of receipt of notice of default and must fully cure, correct, or remedy the default within thirty (30) days of receipt of notice of default.

In the event of transfer of the property as a result of inability to fully cure default, PURCHASER shall relinquish any claim to the property without compensation or refund. PURCHASER shall pay any and all costs required to cure a default including the transfer of the property.

In addition to any other rights or remedies, COUNTY may institute legal action to cure, correct, or remedy any default, to recover damages for any default, or to obtain any other remedy consistent with the purpose of the Purchase Agreement.

- 19. <u>Approval by State Controller</u>: Revenue and Taxation Code Section 3795 requires this Agreement to be submitted to and approved by the California State Controller before it becomes final. The Agreement is not in effect until the State Controller authorization is received.
- 20. <u>Deed Restrictions</u>: Pursuant to Revenue and Taxation Code section 3791.4, additional terms and conditions of this conveyance shall be specified in the deed or other instrument of conveyance.

The undersigned hereby agree to the Terms and Conditions of this Agreement and are duly authorized to sign for said parties and agencies.

ALAMEDA AFFORDABLE HOUSING CORPORATION, a California nonprofit public benefit corporation

ATTEST:	BY:	
Signature:	Signature:	
Name:	Name:	
Title:	Title:	

COUNTY OF ALAMEDA

ATTEST:	BY:			
Signature: Name: Title:	Signature:Name: Richard Valle Title: President, Board of Supervisors			
This agreement was submitted to me before fir and I have compared the same with the record property described herein.				
Henry C. Levy, Alameda County Treasurer-Tax Collector				
Pursuant to the provisions of Revenue and Taxation Code section 3775, the Controller agrees to the selling price herein before set forth and, pursuant to the provisions of section 3795, approves the foregoing agreement this day of				
BETTY T. YEE, CALIFORNIA STATE CONTR	OLLER			
By				
Approved as to form DONNA ZIEGLER, County Counsel				
By Farand C. Kan, Deputy County Counsel				
rarand C. Kan, Deputy County Counsel				

EXHIBIT "B"

ParcelDelinquent yr.Default NumberPurchase PricePurpose for Acquisition74-428-212010-2011727193\$94,477.00Affordable Housing

