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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EAH Inc <hr/> Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 2169 East Francisco Blvd Suite B <hr/> City or town, state or province, country, and ZIP or foreign postal code San Rafael, CA 94901	D Employer identification number 94-1699153 <hr/> E Telephone number (415) 258-1800 <hr/> G Gross receipts \$ 38,610,174
F Name and address of principal officer JUDY BINSACCA 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.eahhousing.org		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1968 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PROVIDE LOW-INCOME HOUSING			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	519	
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	4,988,534	18,211,235	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,645,673	17,366,035	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	193,808	3,012,024	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-28,082	-18,887	
		19,799,933	38,570,407	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	464,313	1,263,203	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,493,562	10,708,691	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,000	25,250	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 730,496			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,008,722	5,590,137	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,979,597	17,587,281		
19 Revenue less expenses Subtract line 18 from line 12	5,820,336	20,983,126		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	56,941,302	75,951,860	
	22 Net assets or fund balances Subtract line 21 from line 20	8,590,915	8,960,411	
	48,350,387	66,991,449		

Part II Signature Block

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

Sign Here	***** Signature of officer	2016-02-02 Date
	MARY MURTAGH President & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Claude A Persons	Preparer's signature Claude A Persons	Date	Check <input type="checkbox"/> if self-employed	PTIN P00011016
	Firm's name ▶ Spiteri Narasky & Daley LLP			Firm's EIN ▶	
	Firm's address ▶ 1024 Country Club Dr Moraga, CA 94556			Phone no (925) 376-2195	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE LOW-INCOME 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? Yes No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 8,722,464 including grants of \$ 91,400) (Revenue \$ 8,899,701)

PROPERTY MANAGEMENT OF ASSISTED HOUSING FOR LOW-INCOME FAMILIES, ELDERLY AND HANDICAPPED PERSONS

4b (Code) (Expenses \$ 3,127,181 including grants of \$) (Revenue \$ 5,764,504)

CONSTRUCTION MANAGEMENT, DEVELOPMENT AND OTHER EXPERTISE ENCOURAGING REHABILITATION AND OPERATION OF HOUSING FOR LOW-INCOME HOUSEHOLDS

4c (Code) (Expenses \$ 2,502,421 including grants of \$) (Revenue \$ 4,422,938)

THE CORPORATION SERVES A LIMITED PARTNER IN 11 LIMITED PARTNERSHIPS WHICH PROVIDE A TOTAL OF 453 TOTAL UNITS OF LOW-INCOME HOUSING LOCATED IN LARKSPUR, HEALDSBURG, TIBURON, OAKLEY, WALNUT CREEK, SAN JOSE AND ST HELENA, CALIFORNIA THE CORPORATION ALSO SERVES AS A LIMITED PARTNER IN 4 LIMITED PARTNERSHIPS WHICH ARE IN THE PROCESS OF DEVELOPING OR REHABING LOW-INCOME HOUSING PROJECTS IN TURLOCK, CA, SAN FRANCISCO, CA, EWA BEACH, HI, AND ST HELENA, CA

4d Other program services (Describe in Schedule O)











(Expenses \$ 1,543,975 including grants of \$ 1,171,803) (Revenue \$ 1,256,258)

4e Total program service expenses 15,896,041

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
	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		No
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		No
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		No
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization	Yes	
	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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> EAH INC 2169 E FRANCISCO BLVD SUITE B SAN RAFAEL, CA 94901 (415) 258-1800

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDY BINSACCA Chairman	0 80 0 20	X		X				0	0	0
(2) WILLIAM W THOMPSON Director	0 80 0 20	X						0	0	0
(3) PATRICK CASHMAN Director	0 80 0 20	X						0	0	0
(4) DOUGLAS ELLIOTT Director	0 80 0 20	X						0	0	0
(5) PAUL S FOSTER Vice Chair	0 80 0 20	X		X				0	0	0
(6) JOSEPH F WALSH Director	0 80 0 20	X						0	0	0
(7) LUCIEN WONG Director	0 80 0 20	X						0	0	0
(8) LINN WARREN Director	0 80 0 20	X						0	0	0
(9) MARY MURTAGH President & CEO	40 00 1 00			X				316,665	0	23,840
(10) ALVIN BONNETT SR VP - Dvlpmnt	40 00 1 00			X				66,502	0	13,555
(11) KEVIN CARNEY VP -HAWAII R E	40 00 1 00			X				167,924	0	13,051
(12) ERROL DOMINGUEZ DPTY DIR - R E	40 00 1 00			X				144,635	0	21,367
(13) LAURA HALL COO	40 00 1 00			X				255,972	0	24,306
(14) CATHY MACY CFO	40 00 1 00			X				224,382	0	17,087

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MATTHEW STEINLE VP - R E DEV	40 00 1 00			X				199,728	0	18,294
(16) DIXIE BAUS SR MGR BUS DEV	40 00 1 00					X		134,097	0	13,260
(17) DIANNA INGLE VP - PMD	40 00 1 00					X		203,294	0	17,532
(18) MARIAN GUSHIKEN DEPUTY DIR, RED	40 00 1 00					X		126,828	0	14,617
(19) MICHAEL FARREL VP - OPS	40 00 1 00					X		133,125	0	13,443
(20) KAREN BELANGER VP - HR	40 00 1 00					X		127,611	0	13,179

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,100,763		203,531

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **25**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
OKAMOTO-SAIJO ARCHITECTURE 18 BARTOL ST SAN FRANCISCO, CA 94133	ARCHITECTURAL SVCS	237,355

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c	106,133					
	d	Related organizations 1d	16,779,107					
	e	Government grants (contributions) 1e	561,064					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	764,931					
	g	Noncash contributions included in lines 1a-1f \$	10,170,366					
	h	Total. Add lines 1a-1f	18,211,235					
Program Service Revenue	2a	DEVELOPMENT FEES	531110	5,764,504	5,764,504			
	b	PARTNERSHIP MGMT FEES	531110	1,115,972	1,115,972			
	c	PROGRAM RELATED - N/R INT	531110	755,398	755,398			
	d	PROPERTY MGT & ACCTG FEES	531110	7,587,018	7,587,018			
	e	PTNRSHP ALLOCABLE RENTS	531110	1,445,572	1,445,572			
	f	All other program service revenue		697,571	697,571			
	g	Total. Add lines 2a-2f		17,366,035				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		34,658		34,658	
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		0				
6a		Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
d		Net rental income or (loss)		0				
7a		Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other		2,977,366			
			b	Less cost or other basis and sales expenses				
			c	Gain or (loss)		2,977,366		
d		Net gain or (loss)		2,977,366	2,977,366			
8a		Gross income from fundraising events (not including \$ 106,133 of contributions reported on line 1c) See Part IV, line 18	a	20,880				
b		Less direct expenses b		39,767				
c	Net income or (loss) from fundraising events		-18,887					
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses b							
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold b					
		c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See Instructions		38,570,407	20,343,401		34,658		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,191,953	1,191,953		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	71,250	71,250		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,507,308	1,356,577	150,731	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	7,375,341	6,468,981	494,640	411,720
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	334,940	294,618	24,932	15,390
9	Other employee benefits	870,611	778,588	55,606	36,417
10	Payroll taxes	620,491	559,745	35,645	25,101
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	58,183	57,292	891	
c	Accounting	61,363	32,318	29,045	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	25,250			25,250
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	137,324	120,765	3,523	13,036
12	Advertising and promotion	268,028	156,144	16,822	95,062
13	Office expenses	190,546	175,533	7,914	7,099
14	Information technology	204,816	156,845	6,286	41,685
15	Royalties	0			
16	Occupancy	672,244	599,250	42,292	30,702
17	Travel	303,907	272,117	28,777	3,013
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	63,673	51,611	11,807	255
20	Interest	5,604	5,604		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	81,383	81,383		
23	Insurance	50,473	49,280	936	257
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PTNRSHP ALLOCABLE SHARE EXP	2,502,421	2,502,421		
b	RENTAL HOUSING PROGRAM EXPENSE	372,172	372,172		
c	BAD DEBT	237,984	237,984		
d	WORKERS COMPENSATION	85,416	75,825	5,595	3,996
e	All other expenses	294,600	227,785	45,302	21,513
25	Total functional expenses. Add lines 1 through 24e	17,587,281	15,896,041	960,744	730,496
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	10,107,117	1	15,239,355
	2 Savings and temporary cash investments	2,505,994	2	3,823,743
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	2,547,197	4	2,474,580
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	14,049,739	7	28,961,415
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges		9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 15,372,724		
	b Less accumulated depreciation	10b 3,266,156	12,927,014	10c 12,106,568
	11 Investments—publicly traded securities	1,225,000	11	0
	12 Investments—other securities See Part IV, line 11		12	0
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets	4,682	14	0
	15 Other assets See Part IV, line 11	13,574,559	15	13,346,199
16 Total assets. Add lines 1 through 15 (must equal line 34)	56,941,302	16	75,951,860	
Liabilities	17 Accounts payable and accrued expenses	1,168,212	17	1,299,921
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,523,286	23	1,709,807
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	5,899,417	25	5,950,683
	26 Total liabilities. Add lines 17 through 25	8,590,915	26	8,960,411
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	48,350,387	27	66,991,449
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	48,350,387	33	66,991,449	
34 Total liabilities and net assets/fund balances	56,941,302	34	75,951,860	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,570,407
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,587,281
3	Revenue less expenses Subtract line 2 from line 1	3	20,983,126
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,350,387
5	Net unrealized gains (losses) on investments	5	-2,305,000
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	-37,064
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,991,449

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
EAH Inc

Employer identification number
94-1699153

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 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,391,591	7,478,823	1,298,679	4,988,534	18,211,235	35,368,862
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,391,591	7,478,823	1,298,679	4,988,534	18,211,235	35,368,862
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)						6,971,962
6 Public support. Subtract line 5 from line 4						28,396,900

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,391,591	7,478,823	1,298,679	4,988,534	18,211,235	35,368,862
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,633	9,139	49,193	24,729	34,658	134,352
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						35,503,214

12 Gross receipts from related activities, etc (see instructions) **12** 74,583,800

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) **14** 79.980%

15 Public support percentage for 2013 Schedule A, Part II, line 14 **15** 97.210%

16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 11a or 11b 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
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 II of Schedule L (Form 990).		
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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – 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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization EAH Inc

Employer identification number

94-1699153

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Table with 2 columns: Held at the End of the Year. Rows: 2a Total acreage restricted by conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure..., 2d Number of conservation easements included in (c) acquired after 8/17/06...

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

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,643,937		11,643,937
b Buildings		2,643,748	2,294,283	349,465
c Leasehold improvements				
d Equipment				
e Other		1,085,039	971,873	113,166
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,106,568

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) 457 (B) ASSETS	414,741
(2) DEVELOPMENT FEES RECEIVABLE	6,780,238
(3) GROUND LEASE RENT RECEIVABLE	608,166
(4) INVESTMENT IN PARTNERSHIPS	2,797,858
(5) OFFICE RENT DEPOSIT	55,867
(6) PREDEVELOPMENT COSTS ADVANCED	2,405,329
(7) SAN RAFAEL COMMONS BONDS	16,000
(8) WINERY NOTE OPTION	268,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	13,346,199

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED EXPENSES	1,250,632
PREPAID GROUND LEASE	4,700,051
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	5,950,683

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	36,457,118
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	44,011
e	Add lines 2a through 2d	2e	44,011
3	Subtract line 2e from line 1	3	36,413,107
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	2,157,300
c	Add lines 4a and 4b	4c	2,157,300
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	38,570,407

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,815,774
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,348,729
e	Add lines 2a through 2d	2e	2,348,729
3	Subtract line 2e from line 1	3	15,467,045
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	2,120,236
c	Add lines 4a and 4b	4c	2,120,236
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,587,281

Part XIII Supplemental Information

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

Return Reference	Explanation
Part X FIN48 Footnote	THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE, UNDER CODE SECTION 501(C)(3), AND THE CALIFORNIA FRANCHISE TAX BOARD UNDER THE REVENUE AND TAXATION CODE SECTION 23701(D) THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE ORGANIZATION'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEARS ENDING JUNE 30, 2014, 2013, 2012 AND 2011 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR 3 AND 4 YEARS AFTER THEY WERE FILED, RESPECTIVELY THE INCOME OR LOSS FROM THE CONSOLIDATED PARTNERSHIP IS REPORTED BY THE PARTNERS ON THEIR TAX RETURNS AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	MINORITY INT CONSOLIDATED PTRNSHIP REV \$4244 FUNDRAISING EXP NETTED WITH REV ON 990 \$39767
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	LIMITED PS INVEST REVEQUITY METHOD \$2120236 FUNDRAISING EXPENSES NETTED WITH REV \$0 REFUND OF PRIOR YEAR HCD GRANT \$37064
Part XII, Line 2d Other expenses and losses per audited F/S	MINORITY INT CONSOLIDATED PTRNSHIP EXP \$3962 FUNDRAISING EXP NETTED WITH REV ON 990 \$39767 UNREALIZED NET LOSS \$2305000
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	LIMITED PS INVEST EXP EQUITY METHOD \$2120236

Additional Data

Software ID: 14000265
Software Version: 2014v6.0
EIN: 94-1699153
Name: EAH Inc

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

(a) Description	(b) Book value
(1) 457 (B) ASSETS	414,741
(2) DEVELOPMENT FEES RECEIVABLE	6,780,238
(3) GROUND LEASE RENT RECEIVABLE	608,166
(4) INVESTMENT IN PARTNERSHIPS	2,797,858
(5) OFFICE RENT DEPOSIT	55,867
(6) PREDEVELOPMENT COSTS ADVANCED	2,405,329
(7) SAN RAFAEL COMMONS BONDS	16,000
(8) WINERY NOTE OPTION	268,000

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization EAH Inc

Employer identification number

94-1699153

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Row 1: DEBRA M HIGGINS, FND RSG CONSULT, No, 25,250.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Annual Dinner</u> (event type)	<u>(event type)</u>	<u>(total number)</u>	(add col (a) through col (c))
Revenue	1 Gross receipts	127,013			127,013
	2 Less Contributions	106,133			106,133
	3 Gross income (line 1 minus line 2)	20,880			20,880
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	23,558			23,558
	7 Food and beverages				
	8 Entertainment	1,050			1,050
	9 Other direct expenses	15,159			15,159
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(39,767)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-18,887	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activities conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2014

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
EAH Inc

Employer identification number
94-1699153

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CECILIA PLACE HOMES INC 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901	68-0362733	501(C)(3)	55,500	0			TO FUND LOW INCOME HSG DEVELOPMENT
(2) CLOVERDALE SENIOR HSG INC 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901	23-7337622	501(C)(3)	400,390	0			TO FUND LOW INCOME HSG DEVELOPMENT
(3) FAITH ACTION FOR COMMUNITY EQUITY 1352 LILIHA STREET HONOLULU, HI 96817	99-0335935	501(C)(3)	10,000	0			GENERAL SUPPORT
(4) GOLDEN OAK MANOR INC 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901	68-0362018	501(C)(3)	700,785	0			TO FUND LOW INCOME HSG DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4**

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS-RESIDENTS OF EAH HSG	31	71,250			

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	FOR GRANT TO FAITH ACTION FOR COMMUNITY EQUITY - TWO OF EAH, INC'S EMPLOYEES SERVE ON THE DONEE'S STEERING COMMITTEE AND IT'S HOUSING COMMITTEE AND THEREFORE ARE ABLE TO MONITOR THE PLANNED AND ACTUAL USE OF THE GRANT FUNDS FOR GRANT TO GOLDEN OAK MANOR, INC - THREE OF EAH, INC 'S OFFICERS SERVE ON THE BOARD OF DIRECTORS FOR THIS ENTITY AND THEREFORE ARE ABLE TO MONITOR THE PLANNED AND ACTUAL USE OF THE GRANT FUNDS FOR GRANT TO CLOVERDALE SENIOR HOUSING, INC - ONE OF EAH, INC 'S OFFICERS SERVES ON THE BOARD OF DIRECTORS FOR THIS ENTITY AND THEREFORE IS ABLE TO MONITOR THE PLANNED AND ACTUAL USE OF THE GRANT FUNDS FOR GRANT TO CECILIA PLACE HOMES, INC - THREE OF EAH, INC 'S OFFICERS SERVE ON THE BOARD OF DIRECTORS FOR THIS ENTITY AND THEREFORE ARE ABLE TO MONITOR THE PLANNED AND ACTUAL USE OF THE GRANT FUNDS SCHOLARSHIP GRANT RECEIPIENTS MUST BE CURRENT RESIDENTS OF AN EAH HOUSING PROPERTY AND MUST BE ENROLLED IN A MINIMUM OF 12 SEMESTER UNITS (OR EQUIVALENT FULL-TIME STATUS BASED ON INDIVIDUAL SCHOOL POLICY) CONTINUING APPLICANTS MUST MAINTAIN A 2.5 GRADE POINT AVERAGE SCHOLARSHIPS MAY BE RENEWED UP TO A MAXIMUM OF 10 SEMESTERS (OR EQUIVALENT AS PER SCHOOL POLICY) AT A UNIVERSITY OR COLLEGE AND A MAXIMUM OF SIX SEMESTERS AT COMMUNITY COLLEGE OR JUNIOR COLLEGE EACH EAH HOUSING PROPERTY HAS A RESOURCE COORDINATOR THAT MONITORS SCHOLARSHIP RECEIPIENTS TO ENSURE COMPLIANCE WITH SCHOLARSHIP GRANT REQUIREMENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
EAH Inc

Employer identification number

94-1699153

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		No

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CATHY MACY, CFO	(i)	224,382			8,196	8,891	241,469	
	(ii)	.....	.....	.....	.....	.....	.....	.....
2 DIANNA INGLE, VP - PMD	(i)	203,294			7,777	9,755	220,826	
	(ii)	.....	.....	.....	.....	.....	.....	.....
3 ERROL DOMINGUEZ, DPTY DIR - R E	(i)	144,635			5,985	15,382	166,002	
	(ii)	.....	.....	.....	.....	.....	.....	.....
4 KEVIN CARNEY, VP - HAWAII R E	(i)	167,924			5,820	7,231	180,975	
	(ii)	.....	.....	.....	.....	.....	.....	.....
5 LAURA HALL, COO	(i)	255,972			10,400	13,906	280,278	
	(ii)	.....	.....	.....	.....	.....	.....	.....
6 MARY MURTAGH, President & CEO	(i)	316,665			10,400	13,440	340,505	
	(ii)	.....	.....	.....	.....	.....	.....	.....
7 MATTHEW STEINLE, VP - R E DEV	(i)	199,728			6,905	11,389	218,022	
	(ii)	.....	.....	.....	.....	.....	.....	.....

Part III Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization EAH Inc

Employer identification number 94-1699153

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Securities, etc.

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

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

Return Reference

Explanation

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
EAH Inc

Employer identification number

94-1699153

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE MEMBERS OF THE BOARD OF DIRECTORS SHALL BE THE ONLY MEMBERS OF THE CORPORATION
Form 990, Part VI, Line 11b Form 990 Review Process	THE FORM 990 IS REVIEWED BY THE CFO
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION IS REVIEWED BY A COMPENSATION COMMITTEE
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	AVAILABLE UPON REQUEST
Other Changes In Net Assets Or Fund Balances - Other Decreases	REFUND OF PRIOR YEAR HCD GRANT = -\$37064

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
EAH Inc

Employer identification number

94-1699153

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Dublin & Demarcus LLC 2169 E Francisco Blvd Ste B San Rafael, CA 94901 30-0342881	0 01% Genrl Ptnr in FEIN 45-0538564, See Part III	CA			EAH Inc
(2) EAH Bay Area Community LLC 2169 E Francisco Blvd Ste B San Rafael, CA 94901 64-1496532	0 01% Genrl Ptnr in FEIN 83-0434334, See Part III	CA			EAH Inc

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ECUMENICAL HOUSING CORPORATION 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 94-2195995	LOW INCOME HOUSING	CA	EAH Inc	C CORP	15	513,037	100 000 %	Yes	
(2) EAH KUKUI GARDENS INC 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 26-1460828	LOW INCOME HOUSING	CA	EAH Inc	C CORP			60 000 %	Yes	
(3) CONCORDIA OWNERS ASSOCIATION 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 949015531 45-5526942	LOW INCOME HOUSING	CA	EAH Rohlfss Conc LP	C Corp			0 010 %		No
(4) ROHLFFS OWNERS ASSOCIATION 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 949015531 45-5522211	LOW INCOME HOUSING	CA	EAH Rohlfss Conc LP	C Corp			0 010 %		No
(5) Larkspur Isle - EAH Inc 2169 E FRANCISCO BLVD STE B San Rafael, CA 94901 68-0033603	LOW INCOME HOUSING	CA	EAH Inc	C Corp			100 000 %	Yes	

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference**Explanation**

Additional Data

Software ID: 14000265
Software Version: 2014v6.0
EIN: 94-1699153
Name: EAH Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 1150 WEBSTER STREET INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0381750	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(1) ARBOR COURT INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 20-1931523	LOW-INCOME HOUSING	CA	501(C)(3)	9	EAH Inc	Yes	
(2) BECKETT HALL INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 94-3272520	LOW-INCOME HOUSING	CA	501(C)(3)	9	EAH Inc	Yes	
(3) CECILIA PLACE HOMES INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0362733	LOW-INCOME HOUSING	CA	501(C)(3)	9	EAH Inc	Yes	
(4) CLOVERDALE SENIOR HOUSING INC 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 23-7337622	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(5) DON AVANTE FAMILY HOMES INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0418058	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(6) EAH-CONTRA COSTA INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0289600	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(7) EAH-CREEKSIDE 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0181572	LOW-INCOME HOUSING	CA	501(C)(3)	9	EAH Inc	Yes	
(8) EAH-SAN PABLO 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0226642	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(9) EAH UNIVERSITY PROPERTIES INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 31-1743248	LOW-INCOME HOUSING	CA	501(C)(3)	9	EAH Inc	Yes	
(10) ELENA GARDEN HOMES INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 93-1153533	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(11) FLORAL GARDENS APARTMENTS INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0371265	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(12) FOUNTAIN WEST APARTMENTS INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0371264	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(13) GOLDEN OAK MANOR INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0362018	LOW-INCOME HOUSING	CA	501(C)(3)	11B	EAH Inc	Yes	
(14) HAMILTON AFFORDABLE HOMES INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0486556	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(15) HUI KAUAHALE INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 99-0325011	LOW-INCOME HOUSING	HI	501(C)(3)	7	EAH Inc	Yes	
(16) KALANI MALA INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 99-0327623	LOW-INCOME HOUSING	HI	501(C)(3)	7	Hui Kauhale Inc	Yes	
(17) KUKUI KAUAHALE INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 99-0325532	LOW-INCOME HOUSING	HI	501(C)(3)	7	Hui Kauhale Inc	Yes	
(18) LINCOLN AVENUE APARTMENTS INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0333527	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(19) LOS ROBLES APARTMENTS INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0371125	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No	
(21) MAIN STREET APARTMENTS INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 91-1767139	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(1) MIDTOWN HOMES INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0360646	LOW-INCOME HOUSING	CA	501(C)(3)	11B	EAH Inc	Yes	
(2) MORGAN HILL RANCH HOUSING INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0386788	LOW-INCOME HOUSING	CA	501(C)(3)	9	EAH Inc	Yes	
(3) NORTH MARIN SENIOR HOUSING CORP 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0174526	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(4) PALM COURT SENIOR HOMES INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0386802	LOW-INCOME HOUSING	CA	501(C)(3)	11B	EAH Inc	Yes	
(5) RODEO SENIOR APARTMENTS INC 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0449067	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(6) SOUTH WINERY HOUSING INC 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0364561	LOW-INCOME HOUSING	CA	501(C)(3)	9	EAH Inc	Yes	
(7) STONEHAVEN STUDENT HOUSING INC 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 31-1789655	LOW-INC STUDENT HOUSING	CA	501(C)(3)	9	EAH Inc	Yes	
(8) THREE OAKS FAMILY HOMES INC 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0333463	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(9) SONOMA COUNTY AFFORDABLE HOMES INC 2169 EAST FRANCISCO BLVD SUITE B SAN RAFAEL, CA 94901 68-0275241	LOW-INCOME HOUSING	CA	501(c)(3)	9	EAH Inc	Yes	
(10) INTERFAITH HOUSING FOUNDATION 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 94-1750481	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(11) DRAKES WAY EAH INC 2169 E FRANCOISCO BLVD SUITE B SAN RAFAEL, CA 949015531 27-1359232	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(12) DUBLIN TRANSIT EAH INC 2169 E FRANCISCO BLVD SUITE B SAN RAFAEL, CA 949015531 27-1359283	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(13) POINT REYES EAH INC 2169 E FRANCSICO BLVD SUITE B SAN RAFAEL, CA 949015531 27-3932990	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(14) ROHLFFS MANOR EAH INC 2169 E FRANCISCO BLVD SUITE B SAN RAFAEL, CA 949015531 27-1359316	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(15) SAN CLEMENTE EAH INC 2169 E FRANCISCO BLVD SUITE B SAN RAFAEL, CA 949015531 27-1359069	LOW-INCOME HOUSING	CA	501(C)(3)	11A	EAH Inc	Yes	
(16) WEST MARIN ECUMENICAL SENIOR HOUSING 2169 E FRANCISCO BLVD SUITE B SAN RAFAEL, CA 949015531 94-2832606	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(17) BELVEDERE-TIBURON HOUSING ASSOCIATION 2169 E FRANCISCO BLVD SUITE B SAN RAFAEL, CA 949015331 68-0101339	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH Inc	Yes	
(18) Bridgecourt Housing Inc 2169 E Francisco Blvd Ste B San Rafael, CA 94901 91-1769060	Low-Income Housing	CA	501(c)(3)	11A	EAH INC	Yes	
(19) Ecology House Inc 2169 E Francisco Blvd Ste B San Rafael, CA 94901 68-0302530	Low-income housing	CA	501(c)(3)	7	EAH Inc	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LARKSPUR ISLE LTD 2169 EAST FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0009449	low inc hsg	CA	EAH Inc	RELATED	78,959	1,464,309		No			No	99 000 %
Dublin Transit Site A2 LP 2169 E Francisco Blvd Ste B San Rafael, CA 94901 45-0538564	low inc hsg	CA	Dublin Demarcus LLC	RELATED				No		Yes		0 010 %
San Clemente Housing Partners LP 2169 E Francisco Blvd Ste B San Rafael, CA 94901 83-0434334	low inc hsg	CA	EAH Bay Area Com LLC	RELATED				No		Yes		0 010 %
EWA HOMES III LP 841 BISHOP STREET STE 2208 HONOLULU, HI 96813 27-3040050	LOW INC HSG	HI	99-0325011	RELATED		737,747		No			No	50 000 %
Piper Court Ltd 1388 Sutter St 11th Floor San Francisco, CA 941095427 94-2195995	LOW INC HSG	CA	94-2195995	RELATED				No		Yes		0 010 %
EAST BAYBRIDGE PARTNERS LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 94-3247538	LOW INC HSG	CA	EAH INC	RELATED	-14,842	1,365,404		No		Yes		0 306 %
COCHRANE VILLAGE APARTMENTS LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 91-1747821	LOW INC HSG	CA	EAH INC	RELATED	6,963			No			No	99 000 %
MORGAN HILL RANCH HOUSING LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0396871	LOW INC HSG	CA	EAH INC	RELATED	1,392	42,678		No			No	100 000 %
RIVERFIELD HOMES LIMITED PARTNERSHIP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0316588	LOW INC HSG	CA	65-0275241	RELATED			Yes				No	10 000 %
CECILIA PLACE HOMES LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0385285	LOW INC HSG	CA	68-0362733	RELATED		131,173	Yes				No	10 000 %
GOLDEN OAK MANOR LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0366426	LOW INC HSG	CA	68-0362018	RELATED		285,662	Yes				No	10 000 %
SONOMA CREEKSIDE LIMITED PARTNERSHIP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0316590	LOW INC HSG	CA	68-0275241	RELATED	6,923	208,627		No			No	10 000 %
THREE OAKS HOUSING LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0302378	LOW INC HSG	CA	68-0333463	RELATED	-1,217	25,131		No			No	1 000 %
MIDTOWN FAMILY ASSOCIATES LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0395576	LOW INC HSG	CA	68-0360646	RELATED	964,256	528,251		No			No	10 000 %
MIDTOWN SENIOR ASSOCIATES LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 94-3273215	LOW INC HSG	CA	68-0360646	RELATED	899,148	504,621		No			No	10 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVENA BELLA II LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 35-2461033	LOW INC HSG	CA	68-0362018	RELATED				No			No	49 000 %
SOUTH WINERY ASSOCIATES LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 94-3261552	LOW INC HSG	CA	68-0364561	RELATED	-946	161,040		No			No	1 000 %
STONEBRIDGE HOUSING ASSOCIATES 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 68-0273101	LOW INC HSG	CA	68-0238954	RELATED	1,638,861	878,529		No			No	49 500 %
GOLDEN OAK MANOR II LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 36-4810480	LOW INC HSG	CA	47-4068691	RELATED				No			No	49 000 %
OAKS II LP 2169 E FRANCISCO BLVD STE B SAN RAFAEL, CA 94901 35-2533734	LOW INC HSG	CA	47-4068824	RELATED				No			No	49 000 %
BRIDGECOURT PARTNERS 4545 AIRPORT WAY DENVER, CO 80239 94-3258501	LOW INC HSG	CO	EAH INC	RELATED	-31,222	2,863,008		No			Yes	81 000 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
1150 WEBSTER STREET INC	c	1,278,503	CASH REC'D
CECILIA PLACE HOMES INC	b	55,500	CASH PAID
CLOVERDALE SENIOR HOUSING INC	b	400,390	CASH PAID
ELENA GARDEN HOMES INC	c	945,420	CASH RECEIVED
GOLDEN OAK MANOR INC	b	700,785	CASH PAID
KALANI MALA INC	c	6,295,000	N/R RECEIVED
LOS ROBLES APARTMENTS INC	c	322,368	CASH RECEIVED
MIDTOWN HOMES INC	c	7,569,784	CASH&N/R REC'D
SONOMA COUNTY AFFORDABLE HOMES INC	c	120,402	CASH RECEIVED
INTERFAITH HOUSING FOUNDATION	c	247,630	CASH RECEIVED
LARKSPUR ISLE LTD	d	64,119	PRINC&ACC INT
GOLDEN OAK MANOR LP	d	534,758	PRINC&ACC INT