

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

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

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

C Name of organization
EAH Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
22 Pelican Way

City or town, state or province, country, and ZIP or foreign postal code
San Rafael, CA 94901

D Employer identification number
94-1699153

E Telephone number
(415) 258-1800

G Gross receipts \$ 38,505,920

F Name and address of principal officer:
JUDY BINSACCA
22 Pelican Way
San Rafael, CA 94901

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

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

J Website: ▶ www.eahhousing.org

K Form of organization: Corporation Trust Association 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 if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2020 (Part V, line 2a)	5	698
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	51,532,856	6,310,533
9 Program service revenue (Part VIII, line 2g)	33,789,588	31,211,537
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	633,752	919,558
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,611	64,292
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,016,807	38,505,920
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	668,995	685,498
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)	18,254,510	20,771,308
16a Professional fundraising fees (Part IX, column (A), line 11e)	52,950	49,625
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 55,396		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,028,852	12,001,188
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	30,005,307	33,507,619
19 Revenue less expenses. Subtract line 18 from line 12	56,011,500	4,998,301
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	249,477,688	270,417,215
21 Total liabilities (Part X, line 26)	57,303,542	71,231,880
22 Net assets or fund balances. Subtract line 21 from line 20	192,174,146	199,185,335

Part II Signature Block

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

Sign Here

Signature of officer
Date 2022-05-16

LAURA HALL President & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00011016
Firm's name ▶ Spiteri Narasky & Daley LLP			Firm's EIN ▶ 68-0199099	
Firm's address ▶ 3470 Mt Diablo Blvd Suite A300 Lafayette, CA 94549			Phone no. (925) 376-2195	

Part III Statement of Program Service AccomplishmentsCheck 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 \$	12,637,023	including grants of \$	457,740) (Revenue \$	15,165,735)
	See Additional Data				

4b	(Code:) (Expenses \$	8,801,473	including grants of \$	227,758) (Revenue \$	4,931,494)
	See Additional Data				

4c	(Code:) (Expenses \$	7,400,704	including grants of \$) (Revenue \$	5,969,685)
	See Additional Data				

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	1,320,414	including grants of \$) (Revenue \$	5,208,915)

4e	Total program service expenses ▶	30,159,614			
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: EAH INC 22 PELICAN WAY 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA HALL President & CEO	40.00 1.00			X				414,994	0	21,209
(2) WELTON JORDAN CREDO	40.00 1.00			X				316,411	0	22,867
(3) CATHY MACY CFO	40.00 1.00			X				316,282	0	20,845
(4) ROBERT SCHRAEGER SR VP - R.E. MGMT	40.00 1.00							256,713	0	19,741
(5) MARY MURTAGH EXECUTIVE CHAIR	40.00 1.00			X				247,689	0	21,422
(6) KAREN BELANGER SR VP - H.R.	40.00 1.00							237,760	0	22,213
(7) JOSH ROMOFF DIR-REAL EST MGMT	40.00 1.00							217,334	0	18,788
(8) LESLIE DABI VP-BUSNS SYSTEMS	40.00 1.00							214,508	0	20,340
(9) SCOTT JOHNSON DIR - BUS DEV	40.00 1.00							203,001	0	19,880
(10) JUDY BINSACCA CHAIRPERSON	0.80 0.20	X		X				0	0	0
(11) PAUL S FOSTER VC/SEC/TREAS	0.80 0.20	X		X				0	0	0
(12) ROBERT M BROWN Director	0.80 0.20	X						0	0	0
(13) PATRICK CASHMAN Director	0.80 0.20	X						0	0	0
(14) BARNEY DEASY Director	0.80 0.20	X						0	0	0
(15) JOSEPH F WALSH Director	0.80 0.20	X						0	0	0
(16) LINN WARREN Director	0.80 0.20	X						0	0	0
(17) LUCIEN WONG Director	0.80 0.20	X						0	0	0

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	592,998	592,998		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	92,500	92,500		
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	1,381,719	1,212,073	169,646	
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	16,166,130	14,022,298	2,143,832	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	659,946	587,506	72,440	
9 Other employee benefits	1,364,535	1,253,584	110,951	
10 Payroll taxes	1,198,978	1,059,478	139,500	
11 Fees for services (non-employees):				
a Management	0			
b Legal	73,048	60,717	12,331	
c Accounting	89,448	12,498	76,950	
d Lobbying	2,500			2,500
e Professional fundraising services. See Part IV, line 17	49,625			49,625
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)	238,585	181,266	57,319	
12 Advertising and promotion	157,515	117,295	40,220	
13 Office expenses	236,994	206,597	30,397	
14 Information technology	793,849	641,614	152,235	
15 Royalties	0			
16 Occupancy	376,832	332,053	44,779	
17 Travel	210,046	200,767	9,279	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	77,437	70,665	6,772	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	988	988		
23 Insurance	244,045	241,506	2,539	
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 PTNRSH ALLOCABLE SHARE EXP	7,400,704	7,400,704		
b RENTAL HOUSING PROGRAM EXPENSE	1,320,414	1,320,414		
c TAXES AND FEES	180,231	167,567	12,664	
d MEMBERSHIP DUES & SUBSCRIPTIONS	157,744	3,914	153,830	
e All other expenses	440,808	380,612	56,925	3,271
25 Total functional expenses. Add lines 1 through 24e	33,507,619	30,159,614	3,292,609	55,396
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,028,775	1	7,670,358
	2 Savings and temporary cash investments	4,247,513	2	2,754,720
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	35,594,250	4	32,824,500
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	2,170	9	1,830
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 70,191,992		
	b Less: accumulated depreciation	10b 5,133,644	53,448,564	10c 65,058,348
	11 Investments—publicly traded securities	12,096,925	11	15,442,964
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11	112,367,592	13	113,203,860
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	23,691,899	15	33,460,635
16 Total assets. Add lines 1 through 15 (must equal line 33)	249,477,688	16	270,417,215	
Liabilities	17 Accounts payable and accrued expenses	2,881,006	17	3,795,763
	18 Grants payable		18	
	19 Deferred revenue		19	303,060
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	49,140,282	23	62,296,831
	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	5,282,254	25	4,836,226
	26 Total liabilities. Add lines 17 through 25	57,303,542	26	71,231,880
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	192,174,146	27	199,185,335
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	192,174,146	32	199,185,335	
33 Total liabilities and net assets/fund balances	249,477,688	33	270,417,215	

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	38,505,920
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,507,619
3	Revenue less expenses. Subtract line 2 from line 1	3	4,998,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	192,174,146
5	Net unrealized gains (losses) on investments	5	2,012,888
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	199,185,335

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 20011551

Software Version: 2020v4.0

EIN: 94-1699153

Name: EAH Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

THE CORPORATION SERVES AS A LIMITED PARTNER IN 15 LIMITED PARTNERSHIPS WHICH PROVIDE LOW-INCOME HOUSING THROUGHOUT THE BAY AREA. THE CORPORATION ALSO SERVES AS THE SOLE OWNER OF 30 LIMITED LIABILITY COMPANIES, THE MANAGING MEMBER OF TWO LIMITED LIABILITY COMPANIES, AND THE MAJORITY OWNER OF FOUR CORPORATIONS WHICH SERVE AS THE GENERAL PARTNER IN LIMITED PARTNERSHIPS WHICH PROVIDE LOW-INCOME HOUSING THROUGHOUT THE BAY AREA. LASTLY, THE CORPORATION SERVES AS THE SOLE OWNER OF FOUR LIMITED LIABILITY COMPANIES WHICH EITHER LEASE COMMERCIAL PROPERTY OR ARE CURRENTLY DEVELOPING LOW-INCOME HOUSING THROUGHOUT THE BAY AREA.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
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 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	34,974,917	13,978,846	43,536,237	51,532,856	6,310,533	150,333,389
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	34,974,917	13,978,846	43,536,237	51,532,856	6,310,533	150,333,389
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) . . .						40,017,930
6 Public support. Subtract line 5 from line 4.						110,315,459

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	34,974,917	13,978,846	43,536,237	51,532,856	6,310,533	150,333,389
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	282,202	264,983	338,057	397,806	277,987	1,561,035
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						151,894,424
12 Gross receipts from related activities, etc. (see instructions)					12	135,436,903

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	72.630 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	72.350 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2020
Open to Public Inspection

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

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

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

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

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

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

Name of the organization EAH Inc	Employer identification number 94-1699153
-------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

2,500	
2,500	
33,505,119	
33,507,619	
1,000,000	

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

250,000	

Yes No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	106,500	172,500	30,000	2,500	311,500
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	106,500	172,500	30,000	2,500	311,500

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

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

Name of the organization
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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** Term endowment ▶

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		53,267,842		53,267,842
b Buildings		15,105,060	3,404,297	11,700,763
c Leasehold improvements		1,085,039	1,085,039	
d Equipment				
e Other		734,051	644,308	89,743
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				65,058,348

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	113,203,860	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) GROUND LEASE RENT RECEIVABLE	212,149
(2) OFFICE RENT DEPOSIT	24,857
(3) PREDEVELOPMENT COSTS ADVANCED	21,702,132
(4) RECEIVABLE FROM DEVINE & GONG	22,500
(5) RELATED PARTY N/R - ACCRUED INT	11,498,997
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	33,460,635

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP LIABILITY	434,445
(3) PREPAID GROUND LEASE	4,324,686
(4) TENANT SECURITY DEPOSITS	77,095
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,836,226

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 94-1699153
Name: EAH Inc

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	<p>EAH AND OTHER NOT-FOR-PROFIT CORPORATIONS HAVE 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 INCOME OR LOSS FROM THE PARTNERSHIPS IS REPORTED BY THE PARTNERS ON THEIR TAX RETURNS. NO INCOME TAX PROVISION HAS BEEN INCLUDED IN THE COMBINED FINANCIAL STATEMENTS FOR THE SINGLE MEMBER LIMITED COMPANIES WHICH ARE GENERALLY CONSIDERED DISREGARDED ENTITIES. THE INCOME AND LOSS OF THE LLCs IS INCLUDED IN THE TAX RETURNS OF THEIR RESPECTIVE SOLE MEMBERS. ONLY THE ANNUAL CALIFORNIA LIMITED LIABILITY COMPANY MINIMUM TAX AND THE ANNUAL FEE APPEAR AS EXPENSE IN THE COMBINED FINANCIAL STATEMENTS. EAH AND AFFILIATES BELIEVE THAT THEY HAVE appropriate support for any tax positions taken, and as such, do not have any uncertain tax positions that are material to the COMBINED financial statements. EAH and affiliates federal and state information returns for the years 2017 through 2020 are subject to examination by regulatory agencies, generally for three years and four years after they were filed for the federal and state returns, respectively.</p>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EAH Inc

Employer identification number
94-1699153

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
DEBRA M HIGGINS 20 MARIELE DR FAIRFAX, CA 94930	FND RSG CONSULT		No		49,625	
Total					49,625	

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" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7
3 Enter total number of other organizations listed in the line 1 table 1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS-RESIDENTS OF EAH HSG	37	92,500			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	FOR GRANTS TO GOLDEN OAK MANOR, INC., SONOMA COUNTY AFFORDABLE HOUSING, INC., EAH - CONTRA COSTA, INC., HUI KAUAHALE, INC., LOS ROBLES APARTMENTS, INC. AND EAH COMMUNITY HOUSING, INC. - EAH INC. SHARES VARIOUS MEMBERS OF THE BOARD OF DIRECTORS WITH ALL OF THESE RECEIPT 501(C)(3) ORGANIZATIONS. THEREFORE, THERE IS DIRECT OVERSIGHT OF THE GRANT FUNDS CONTRIBUTED TO THOSE ENTITIES.FOR GRANT TO 3706 SAN PABLO EMERYVILLE, LP, EAH IS THE SOLE OWNER OF THE GENERAL PARTNER AND THE MANAGMENT COMPANY FOR THE LOW-INCOME HOUSING PROJECT OWNED BY THE PARTNERSHIP. THEREFORE, THERE IS DIRECT OVERSIGHT OF THE GRANT FUNDS CONTRIBUTED TO THAT ENTITY.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.

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 94-1699153
Name: EAH Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3706 SAN PABLO EMERYVILLE LP 22 PELICAN WAY SAN RAFAEL, CA 94901	61-1793661	LIMITED PARTNERSHIP	40,000	0			GENERAL SUPPORT OF LOW INCOME HSG
EAH - CONTRA COSTA INC 22 PELICAN WAY SAN RAFAEL, CA 94901	68-0289600	501(C)(3)	350,281	0			GENERAL SUPPORT OF LOW INCOME HSG

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAH COMMUNITY HOUSING INC 22 PELICAN WAY SAN RAFAEL, CA 94901	94-2832606	501(C)(3)	20,525	0			GENERAL SUPPORT OF LOW INCOME HSG
GOLDEN OAK MANOR INC 22 PELICAN WAY San Rafael, CA 94901	68-0362733	501(C)(3)	62,900	0			GENERAL SUPPORT OF LOW INCOME HSG

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING PROVIDERS OF HAWAII PO BOX 11811 HONOLULU, HI 96828	47-4980676	501(C)(3)	7,500	0			GENERAL SUPPORT OF LOW INCOME HSG
HUI KAUAHALE INC 1001 BISHOP STREET STE 2880 HONOLULU, HI 96813	99-0325011	501(C)(3)	40,000	0			GENERAL SUPPORT OF LOW INCOME HSG

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ROBLES APARTMENTS INC 22 PELICAN WAY SAN RAFAEL, CA 94901	68-0371125	501(C)(3)	21,200	0			GENERAL SUPPORT OF LOW INCOME HSG
SONOMA COUNTY AFFORDABLE HSG 22 PELICAN WAY SAN RAFAEL, CA 94901	68-0275241	501(C)(3)	21,475	0			GENERAL SUPPORT OF LOW INCOME HSG

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EAH Inc

Employer identification number
94-1699153

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CATHY MACY CFO	(i)	282,701	33,581		11,400	9,445	337,127	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 JOSH ROMOFF DIR-REAL EST MGMT	(i)	149,440	67,894		7,151	11,637	236,122	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 KAREN BELANGER SR VP - H.R.	(i)	209,944	27,816		10,389	11,824	259,973	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 LAURA HALL President & CEO	(i)	369,116	45,878		11,400	9,809	436,203	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 LESLIE DABI VP-BUSNS SYSTEMS	(i)	177,983	36,525		8,638	11,702	234,848	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 MARY MURTAGH EXECUTIVE CHAIR	(i)	247,689			9,828	11,594	269,111	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 ROBERT SCHRAEGER SR VP - R.E. MGMT	(i)	234,493	22,220		10,275	9,466	276,454	
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 SCOTT JOHNSON DIR - BUS DEV	(i)	151,501	51,500		8,807	11,073	222,881	
	(ii)	-----	-----	-----	-----	-----	-----	-----
9 WELTON JORDAN CREDO	(i)	260,511	55,900		11,400	11,467	339,278	
	(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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Name of the organization
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	OTHER PROGRAM SERVICES 4: THE CORPORATION OPERATES 3 APARTMENT BUILDINGS IN MARIN COUNTY CONSISTING OF 22 UNITS FOR LOW AND MODERATE-INCOME FAMILIES, ELDERLY AND HANDICAPPED PERSONS. OTHER PROGRAM SERVICES 5: THE CORPORATION SERVES AS A LIMITED PARTNER IN 15 LIMITED PARTNERSHIPS WHICH PROVIDE LOW-INCOME HOUSING THROUGHOUT THE BAY AREA. THE CORPORATION ALSO SERVES AS THE SOLE OWNER OF 30 LIMITED LIABILITY COMPANIES, THE MANAGING MEMBER OF TWO LIMITED LIABILITY COMPANIES, AND THE MAJORITY OWNER OF FOUR CORPORATIONS WHICH SERVE AS THE GENERAL PARTNER IN LIMITED PARTNERSHIPS WHICH PROVIDE LOW-INCOME HOUSING THROUGHOUT THE BAY AREA. LASTLY, THE CORPORATION SERVES AS THE SOLE OWNER OF FOUR LIMITED LIABILITY COMPANIES WHICH EITHER LEASE COMMERCIAL PROPERTY OR ARE CURRENTLY DEVELOPING LOW-INCOME HOUSING THROUGHOUT THE BAY AREA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4: Description of Significant Changes to Organizational Documents	THE BYLAWS OF THE ORGANIZATION WERE AMENDED AND RESTATED ON JUNE 23, 2021 AS FOLLOWS:SECTION 4.24 COMMITTEES WAS UPDATED TO INCLUDE - THE BOARD MAY, AT ANY MEETING AT WHICH A QUORUM IS PRESENT, ADOPT A RESOLUTION TO CREATE ONE OR MORE COMMITTEES, EACH CONSISTING OF TWO OR MORE DIRECTORS. THE BOARD AT ANY TIME MAY REVOKE OR MODIFY ANY OR ALL OF THE AUTHORITY SO DELEGATED, INCREASE OR DECREASE THE NUMBER OF COMMITTEE MEMBERS, AND FILL VACANCIES THEREIN WITH DIRECTORS. EACH COMMITTEE SHALL PROVIDE PERIODIC UPDATES ON ITS ACTIVITIES TO THE BOARD, UPON REQUEST. (A) THERE SHALL BE AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWERS AND AUTHORITY OF THE BOARD EXCEPT THE POWER TO (I) ADOPT, AMEND OR REPEAL THE BYLAWS; (II) ELECT DIRECTORS, OFFICERS OR MEMBERS OF THE EXECUTIVE COMMITTEE; OR (III) THE APPROVAL OF ANY SELF-DEALING TRANSACTION. SECTIONS 5.1 OFFICERS OF THE CORPORATION AND 5.12 TREASURER - THE OFFICE FORMERLY CALLED "TREASURER" IS NOW REPLACED WITH "CFO". ALL DUTIES OF THIS OFFICE REMAIN THE SAME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	THE MEMBERS OF THE BOARD OF DIRECTORS (EACH A "DIRECTOR") SHALL BE THE ONLY MEMBERS OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	THE FORM 990 IS REVIEWED BY THE CFO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	UPON ACCEPTANCE OF ELECTION AS A DIRECTOR, ANY DIRECTOR WHO HAS A FINANCIAL INTEREST THAT MIGHT AFFECT THE DIRECTOR'S VOTES ON THE CORPORATION'S BUSINESS, SHALL IDENTIFY THE NATURE OF THE INTEREST. ANY DIRECTOR HAVING A CONFLICT OF INTEREST WITH RESPECT TO ANY ITEM OF BUSINESS TO BE VOTED UPON SHALL STATE THE NATURE OF THE POSSIBLE CONFLICT AND REFRAIN FROM VOTING. ANY DIRECTOR WHO IS UNCERTAIN WHETHER A CONFLICT OF INTEREST MAY EXIST IN ANY MATTER, MAY REQUEST THE BOARD TO RESOLVE THE QUESTION BY MAJORITY VOTE. THE VOTE OF ANY DIRECTOR FAILING TO DECLARE A CONFLICT MAY BE CHALLENGED IMMEDIATELY AFTER THE VOTE IS TAKEN AND THE EXISTENCE OR NON-EXISTENCE OF THE CONFLICT SHALL BE RESOLVED BY A VOTE OF A MAJORITY OF THE DIRECTORS PRESENT OTHER THAN THE CHALLENGED AND CHALLENGING DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION IS REVIEWED BY A COMPENSATION COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 4, Part V, Line 1a Explanation	IN ADDITION TO THE SEVENTY-SEVEN 1099s ISSUED BY EAH INC. 1099s were issued by the following Disregarded Single Member LLCs of which EAH Inc. is the sole member:POINTE ON LA BREA EAH LLC, FEIN 83-2673051 - 2 Form 1099EAH INC. - 77 FORMS 1099Total Number of Forms issued = 79

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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.

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 94-1699153
Name: EAH Inc

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Dublin & Demarcus LLC 22 PELICAN WAY San Rafael, CA 94901 30-0342881	0.01% Genrl Ptnr in FEIN 45-0538564, See Part III	CA			EAH INC
EAH Bay Area Community LLC 22 PELICAN WAY San Rafael, CA 94901 64-1496532	0.01% Genrl Ptnr in FEIN 83-0434334, See Part III	CA			EAH INC
3706 SAN PABLO EMERYVILLE EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 81-2713240	0.01% GENRL PTNR IN FEIN 61-1793661, SEE PART III	CA			EAH INC
DON DE DIOS EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 81-2029311	0.009% GENRL PTNR IN FEIN 38-3995381, SEE PART III	CA			EAH INC
EAH PARK PLACE LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 81-2006265	0.01% GENRL PTNR IN FEIN 35-2557560, SEE PART III	CA			EAH INC
PIPER COURT EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 82-1066436	0.01% GENRL PTNR IN FEIN 82-1066487, SEE PART III	CA			EAH INC
LIGHTFIGHTER VILLAGE EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 82-1571911	51% GENRL PTNR IN FEIN 82-1572044, SEE PART III	CA			EAH INC
SUMMER PARK EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 82-1594105	0.01% GENRL PTNR IN FEIN 82-1595423, SEE PART III	CA			EAH INC
HILARITA BELVEDERE EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 82-2546675	51% GENRL PTNR IN FEIN 82-2546829, SEE PART III	CA			EAH INC
PELICAN WAY EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 81-4077274	COMMERCIAL PROPERTY RENTAL	CA	740,421	13,104,967	EAH INC
EAH COMMERCIAL LANDLORD LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 81-5401627	COMMERCIAL PROPERTY RENTAL	CA	9,408	162,023	EAH INC
LAKE PARK OAKLAND EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-0793029	1% GENRL PTNR IN FEIN 85-1475109, SEE PART III	CA	68,340	2,537,767	EAH INC
POINTE ON VERMONT EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 82-5331825	0.0075% GENRL PTNR IN FEIN 35-2627130, SEE PART III	CA			EAH INC
GREENFIELD COMMONS EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-3820052	1% GENRL PTNR IN FEIN 61-1937296, SEE PART III	CA		5,340,361	EAH INC
LAUREL EAH NC LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 84-1971562	1% GENRL PTNR IN FEIN 86-2992105, SEE PART III	CA		7,888,342	EAH INC
MAGNOLIA VILLAS EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-1818630	0.01% GENRL PTNR IN FEIN 84-4644001, SEE PART III	CA	23,520	24,024	EAH INC
MISSION PARADISE EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-2582760	51% GENRL PTNR IN FEIN 38-4099749, SEE PART III	CA	10,000	8,456,664	EAH INC
POINTE ON LA BREA EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-2673051	51% GENRL PTNR IN FEIN 84-4820069, SEE PART III	CA	55,000	7,321,243	EAH INC
PALM COURT SAN JOSE LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-2652257	0.0001% GENRL PTNR IN FEIN 37-1916172, SEE PART III	CA			EAH INC
VISTA PARK I LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-2634861	0.0001% GENRL PTNR IN FEIN 37-1915918, SEE PART III	CA			EAH INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
VISTA PARK II LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-2683522	51% GENRL PTNR IN FEIN 38-4100313, SEE PART III	CA			EAH INC
EAH MARKHAM I LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 83-3931369	0.004% GENRL PTNR IN FEIN 83-3669206, SEE PART III	CA			EAH INC
BLOSSOM HILL EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 84-2069671	1% GENRL PTNR IN FEIN 35-2668359, SEE PART III	CA		35,134	EAH INC
HILARITA BELVEDERE EAH 2R LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 84-2269022	1% GENRL PTNR IN FEIN 38-4124173, SEE PART III	CA			EAH INC
IMPERIAL SENIOR EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 84-2284079	1% GENRL PTNR IN FEIN 35-2668284, SEE PART III	CA			EAH INC
1901 BROADWAY SACRAMENTO EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 85-1113035	1% GENRL PTNR IN FEIN 85-1153759, SEE PART III	CA		6,962,047	EAH INC
GREENFIELD EAH II LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 84-2507100	1% GENRL PTNR IN FEIN 61-1950936, SEE PART III	CA		106,730	EAH INC
SOLA EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 84-3558484	0.003% GENRL PTNR IN FEIN 84-3491808, SEE PART III	CA			EAH INC
4507 MAIN ST EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 84-3137502	LOW-INCOME HOUSING	CA	93,295	4,247,758	EAH INC
MARTEL EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 85-1623635	1% GENRL PTNR IN FEIN 85-3677461, SEE PART III	CA	130,204	6,919,789	EAH INC
DETROIT WEST HOLLYWOOD EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 86-3155961	LOW-INCOME HOUSING	CA		4,923,291	EAH INC
ARCHWAY EAH II LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 85-0595936	1% GENRL PTNR IN FEIN 85-0629001, SEE PART III	CA			EAH INC
PE VACAVILLE EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 85-3070397	0.0051% GENRL PTNR IN FEIN 83-1065901, SEE PART III	CA			EAH INC
EAH MARKHAM II LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 85-3589463	0.004% GENRL PTNR IN FEIN 35-2660690, SEE PART III	CA			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
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0381750	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 20-1931523	LOW-INCOME HOUSING	CA	501(C)(3)	10	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 94-3272520	LOW-INCOME HOUSING	CA	501(C)(3)	10	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0362733	LOW-INCOME HOUSING	CA	501(C)(3)	10	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 23-7337622	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0418058	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0289600	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0181572	LOW-INCOME HOUSING	CA	501(C)(3)	10	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0226642	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 31-1743248	LOW-INCOME HOUSING	CA	501(C)(3)	10	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 93-1153533	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0371265	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0371264	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0362018	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0486556	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
1001 BISHOP STREET STE 2880 HONOLULU, HI 96813 99-0325011	LOW-INCOME HOUSING	HI	501(C)(3)	7	EAH INC	Yes	
1001 BISHOP STREET STE 2880 HONOLULU, HI 96813 99-0327623	LOW-INCOME HOUSING	HI	501(C)(3)	12A	EAH Inc	Yes	
1001 BISHOP STREET STE 2880 HONOLULU, HI 96813 99-0325532	LOW-INCOME HOUSING	HI	501(C)(3)	7	Hui Kauhale Inc	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0333527	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0371125	LOW-INCOME HOUSING	CA	501(C)(3)	12A	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
22 PELICAN WAY SAN RAFAEL, CA 94901 91-1767139	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0360646	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0386788	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0174526	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0386802	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0449067	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0364561	LOW-INCOME HOUSING	CA	501(C)(3)	10	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 31-1789655	LOW-INC STUDENT HOUSING	CA	501(C)(3)	10	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0333463	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 68-0275241	LOW-INCOME HOUSING	CA	501(c)(3)	10	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 94901 94-1750481	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 949015531 27-1359232	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 949015531 27-1359283	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 949015531 27-3932990	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 949015531 27-1359316	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 949015531 27-1359069	LOW-INCOME HOUSING	CA	501(C)(3)	12A	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 949015531 94-2832606	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH INC	Yes	
22 PELICAN WAY SAN RAFAEL, CA 949015331 68-0101339	LOW-INCOME HOUSING	CA	501(C)(3)	7	EAH INC	Yes	
22 PELICAN WAY San Rafael, CA 94901 91-1769060	Low-Income Housing	CA	501(c)(3)	12A	EAH INC	Yes	
22 PELICAN WAY 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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LARKSPUR ISLE LTD 22 PELICAN WAY SAN RAFAEL, CA 94901 68-0009449	LOW-INCOME HOUSING	CA	EAH Inc	RELATED	196,803	429,628		No			No	99.000 %
Dublin Transit Site A2 LP 22 PELICAN WAY San Rafael, CA 94901 45-0538564	LOW-INCOME HOUSING	CA	30-0342881	RELATED	-113,832	1,384,393	Yes			Yes		100.000 %
San Clemente Housing Partners LP 22 PELICAN WAY San Rafael, CA 94901 83-0434334	LOW-INCOME HOUSING	CA	64-1496532	RELATED	35,610	5,714,410		No		Yes		64.790 %
RIVERFIELD HOMES LIMITED PARTNERSHIP 22 PELICAN WAY SAN RAFAEL, CA 94901 68-0316588	LOW-INCOME HOUSING	CA	68-0275241	RELATED		88,826	Yes				No	10.000 %
CECILIA PLACE HOMES LP 22 PELICAN WAY SAN RAFAEL, CA 94901 68-0385285	LOW-INCOME HOUSING	CA	68-0362733	RELATED	-474	133,596		No			No	100.000 %
SOUTH WINERY ASSOCIATES LP 22 PELICAN WAY SAN RAFAEL, CA 94901 94-3261552	LOW-INCOME HOUSING	CA	68-0364561	RELATED	-8	5	Yes				No	1.000 %
STONEBRIDGE HOUSING LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 68-0273101	LOW-INCOME HOUSING	CA	EAH INC	RELATED	44,843	1,645,369	Yes			Yes		50.000 %
EAH PARK PLACE LP 22 PELICAN WAY SAN RAFAEL, CA 94901 35-2557560	LOW-INCOME HOUSING	CA	81-2006265	RELATED	-120,893	14,114,795	Yes			Yes		0.010 %
ORCHARDS MORGAN HILL LP 22 PELICAN WAY SAN RAFAEL, CA 94901 30-0884852	LOW-INCOME HOUSING	CA	47-5221977	RELATED				No		Yes		0.010 %
3706 SAN PABLO EMERYVILLE LP 22 PELICAN WAY SAN RAFAEL, CA 94901 61-1793661	LOW-INCOME HOUSING	CA	81-2713240	RELATED	16,690	30,878,241		No		Yes		8.817 %
DON DE DIOS LP 22 PELICAN WAY SAN RAFAEL, CA 94901 38-3995381	LOW-INCOME HOUSING	CA	81-2029311	RELATED	25,070	9,364,513		No		Yes		4.406 %
VISTA PARK ASSOCIATES I LP 22 PELICAN WAY SAN RAFAEL, CA 94901 77-0493202	LOW-INCOME HOUSING	CA	68-0362018	RELATED	220	18,747		No			No	0.506 %
VISTA PARK ASSOCIATES II LP 22 PELICAN WAY SAN RAFAEL, CA 94901 77-0493203	LOW-INCOME HOUSING	CA	68-0362018	RELATED	1,025	34,606		No			No	0.507 %
FELLOWSHIP PLAZA LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 82-1565592	LOW-INCOME HOUSING	CA	EAH INC	RELATED	-1,622	22,681	Yes			Yes		50.010 %
PIPER COURT FAIRFAX LP 22 PELICAN WAY SAN RAFAEL, CA 94901 82-1066487	LOW-INCOME HOUSING	CA	82-1066436	RELATED	5,130	6,792,092		No		Yes		0.010 %

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	
LIGHTFIGHTER VILLAGE LP 22 PELICAN WAY SAN RAFAEL, CA 94901 82-1572044	LOW-INCOME HOUSING	CA	82-1571911	RELATED		475,863		No		Yes		51.000 %
SUMMER PARK FRESNO LP 22 PELICAN WAY SAN RAFAEL, CA 94901 82-1595423	LOW-INCOME HOUSING	CA	82-1594105	RELATED	-58,592	47,409,753	Yes			Yes		0.010 %
HILARITA BELVEDERE LP 22 PELICAN WAY SAN RAFAEL, CA 94901 82-2546829	LOW-INCOME HOUSING	CA	82-2546675	RELATED	-177,071	12,955,628		No		Yes		51.000 %
POINTE ON VERMONT LP 22 PELICAN WAY SAN RAFAEL, CA 94901 35-2627130	RELATED	CA	82-5331825	RELATED		11,828,936		No		Yes		0.008 %
HAMILTON CONTINUUM PARTNERS I LP 22 PELICAN WAY SAN RAFAEL, CA 94901 01-0719539	LOW-INCOME HOUSING	CA	EAH INC	RELATED	7,909	1,851,228	Yes				No	99.991 %
HAMILTON CONTINUUM PARTNERS II LP 22 PELICAN WAY SAN RAFAEL, CA 94901 33-1098416	LOW-INCOME HOUSING	CA	EAH INC	RELATED	3,000	3,513,057	Yes				No	99.991 %
HILO NA KOA LP 1001 BISHOP STREET STE 2880 HONOLULU, HI 96813 61-1920259	LOW-INCOME HOUSING	CA	81-2792015	RELATED				No			No	50.000 %
POINT REYES AFFORDABLE HOMES LP 22 PELICAN WAY SAN RAFAEL, CA 94901 86-1053964	LOW-INCOME HOUSING	CA	EAH INC	RELATED	-143,830	4,552,616		No			No	99.990 %
RIVIERA-SAN RAFAEL ASSOCIATES LP 22 PELICAN WAY SAN RAFAEL, CA 94901 20-0339968	LOW-INCOME HOUSING	CA	EAH INC	RELATED		1,316,467	Yes				No	99.990 %
TURINA ASSOCIATES LP 22 PELICAN WAY SAN RAFAEL, CA 94901 20-0340018	LOW-INCOME HOUSING	CA	EAH INC	RELATED	-69,182	1,223,126		No			No	99.990 %
PALM COURT SAN JOSE LP 22 PELICAN WAY SAN RAFAEL, CA 94901 37-1916172	LOW-INCOME HOUSING	CA	83-2652257	RELATED	-151,605	19,062,483	Yes			Yes		58.132 %
VISTA PARK I LP 22 PELICAN WAY SAN RAFAEL, CA 94901 37-1915918	LOW-INCOME HOUSING	CA	83-2634861	RELATED	-142,952	19,282,509	Yes			Yes		59.178 %
VISTA PARK II LP 22 PELICAN WAY SAN RAFAEL, CA 94901 38-4100313	LOW-INCOME HOUSING	CA	83-2683522	RELATED		304,105		No		Yes		51.000 %
BLOSSOM HILL NC LP 22 PELICAN WAY SAN RAFAEL, CA 94901 35-2668359	LOW-INCOME HOUSING	CA	84-2069671	RELATED				No		Yes		1.000 %
HILARITA BELVEDERE 2R LP 22 PELICAN WAY SAN RAFAEL, CA 94901 38-4124173	LOW-INCOME HOUSING	CA	84-2269022	RELATED		1,424,919		No		Yes		1.000 %

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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
IMPERIAL SENIOR LP 22 PELICAN WAY SAN RAFAEL, CA 94901 35-2668284	LOW-INCOME HOUSING	CA	84-2284079	RELATED				No		Yes		1.000 %
MISSION PARADISE LP 22 PELICAN WAY SAN RAFAEL, CA 94901 38-4099749	LOW-INCOME HOUSING	CA	83-2582760	RELATED				No		Yes		51.000 %
POINTE ON LA BREA LP 22 PELICAN WAY SAN RAFAEL, CA 94901 84-4820069	LOW-INCOME HOUSING	CA	83-2673051	RELATED				No		Yes		51.000 %
EAH - GATEWAY SANTA CLARA LP 22 PELICAN WAY SAN RAFAEL, CA 94901 47-0921457	LOW-INCOME HOUSING	CA	EAH INC	RELATED	-15,406	4,800,491	Yes				No	70.000 %
STORY PLAZA APARTMENTS LP 22 PELICAN WAY SAN RAFAEL, CA 94901 01-0704355	LOW-INCOME HOUSING	CA	EAH INC	RELATED	-651,721	13,716,199	Yes				No	99.990 %
ARCHWAY EAH II LP 22 PELICAN WAY SAN RAFAEL, CA 94901 85-0629001	LOW-INCOME HOUSING	CA	85-0595936	RELATED				No		Yes		1.000 %
MARKHAM PLAZA I LP 470 SOUTH MARKET STREET SAN JOSE, CA 95113 83-3669206	LOW-INCOME HOUSING	CA	83-3931369	RELATED	-62	12,402		No		Yes		0.004 %
BROADWAY STATION LP 22 PELICAN WAY SAN RAFAEL, CA 94901 85-1153759	LOW-INCOME HOUSING	CA	85-1113035	RELATED				No		Yes		1.000 %
GREENFIELD COMMONS EAH LP 22 PELICAN WAY SAN RAFAEL, CA 94901 61-1937296	LOW-INCOME HOUSING	CA	83-3820052	RELATED				No		Yes		1.000 %
GREENFIELD EAH II LP 22 PELICAN WAY SAN RAFAEL, CA 94901 61-1950936	LOW-INCOME HOUSING	CA	84-2507100	RELATED				No		Yes		1.000 %
LAKE PARK OAKLAND LP 22 PELICAN WAY SAN RAFAEL, CA 94901 85-1475109	LOW-INCOME HOUSING	CA	83-0793029	RELATED				No		Yes		1.000 %
MAGNOLIA VILLAS LP 22 PELICAN WAY SAN RAFAEL, CA 94901 84-4644001	LOW-INCOME HOUSING	CA	83-1818630	RELATED		2,584,108		No		Yes		0.023 %
SOLA AT 87TH LP 22 PELICAN WAY SAN RAFAEL, CA 94901 84-3491808	LOW-INCOME HOUSING	CA	84-3558484	RELATED	-1	239		No		Yes		0.003 %
DRAKES WAY HOUSING PARTNERS LP 22 PELICAN WAY SAN RAFAEL, CA 94901 56-2634251	LOW-INCOME HOUSING	CA	EAH INC	RELATED				No			No	70.000 %
PONY EXPRESS SENIOR APARTMENTS LP 625 ACACIA LANE SANTA ROSA, CA 95409 83-1065901	LOW-INCOME HOUSING	CA	85-3070397	RELATED		372,029		No		Yes		0.005 %

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	
MARKHAM PLAZA II LP 470 SOUTH MARKET ST SAN JOSE, CA 95113 35-2660690	LOW-INCOME HOUSING	CA	85-3589463	RELATED				No		Yes		0.004 %
LAUREL EAH NC LP 22 PELICAN WAY SAN RAFAEL, CA 94901 86-2992105	LOW-INCOME HOUSING	CA	84-1971562	RELATED				No		Yes		1.000 %
MARTEL EAH LP 22 PELICAN WAY SAN RAFAEL, CA 94901 85-3677461	LOW-INCOME HOUSING	CA	85-1623635	RELATED				No		Yes		1.000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ECUMENICAL HOUSING CORPORATION 22 PELICAN WAY SAN RAFAEL, CA 94901 94-2195995	LOW-INCOME HOUSING	CA	EAH Inc	C CORP	-2,331	2,562,746	100.000 %	Yes	
EAH KUKUI GARDENS INC 22 PELICAN WAY SAN RAFAEL, CA 94901 26-1460828	LOW-INCOME HOUSING	CA	EAH Inc	C CORP	-1,175	76,991	60.000 %	Yes	
LARKSPUR ISLE - EAH INC 22 PELICAN WAY San Rafael, CA 94901 68-0033603	LOW-INCOME HOUSING	CA	EAH Inc	C Corp	-1,600		100.000 %	Yes	
BELOVIDA CECILIA LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 46-4798774	LOW-INCOME HOUSING	CA	CECILIA PLCE HMS INC	C CORP			75.000 %	Yes	
HKI HIBISCUS HILLS LLC 1001 BISHOP STREET STE 2880 HONOLULU, HI 96813 46-4798774	LOW-INCOME HOUSING	HI	HUI KAUAHALE INC	C CORP			100.000 %	Yes	
KALANI GARDENS LLC 1001 BISHOP STREET STE 2880 HONOLULU, HI 96813 46-2718054	LOW-INCOME HOUSING	HI	HUI KAUAHALE INC	C CORP			100.000 %	Yes	
ORCHARDS EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 47-5221977	0.01% GP IN FEIN 30- 0884852	CA	EAH INC	C CORP	-1,784	25,750	100.000 %	Yes	
HKI NOHONA LLC 1001 BISHOP STREET STE 2880 HONOLULU, HI 96813 81-1573386	LOW-INCOME HOUSING	HI	HUI KAUAHALE INC	C CORP			100.000 %	Yes	
KUKUI TOWER LLC 1001 BISHOP STREET STE 2880 HONOLULU, HI 96813 80-0921263	LOW-INCOME HOUSING	HI	HUI KAUAHALE INC	C CORP			100.000 %	Yes	
AVENA BELLA II EAH LLC 22 PELICAN WAY SAN RAFAEL, CA 94901 84-2633666	LOW-INCOME HOUSING	CA	GOLDEN OAK MANOR INC	C CORP			100.000 %	Yes	

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
BECKETT HALL INC	I	271,351	CY FEES EARNED
EAH-CONTRA COSTA INC	b	350,281	CASH PAID
FLORAL GARDENS APARTMENTS INC	d	189,442	O/S PRINCIPAL
FLORAL GARDENS APARTMENTS INC	I	54,890	CY FEES EARNED
FOUNTAIN WEST APARTMENTS INC	d	1,132,893	O/S PRINCIPAL
FOUNTAIN WEST APARTMENTS INC	I	89,063	CY FEES EARNED
GOLDEN OAK MANOR INC	a	34,160	CY INTEREST
GOLDEN OAK MANOR INC	b	62,900	CASH PAID
GOLDEN OAK MANOR INC	c	106,744	CASH RECEIVED
GOLDEN OAK MANOR INC	d	2,684,106	O/S PRINC&INT
HAMILTON AFFORDABLE HOMES INC	c	359,193	CASH RECEIVED
HUI KAUAHALE INC	c	195,643	CASH RECEIVED
KUKUI KAUAHALE INC	c	602,809	CASH RECEIVED
LOS ROBLES APARTMENTS INC	c	126,872	CASH RECEIVED
PALM COURT SENIOR HOMES INC	c	83,355	CASH RECEIVED
RODEO SENIOR APARTMENTS INC	I	69,169	CY FEES EARNED
STONEHAVEN STUDENT HOUSING INC	I	149,304	CY FEES EARNED
DUBLIN TRANSIT EAH INC	d	548,113	O/S PRINCIPAL
LARKSPUR ISLE LTD	d	662,026	O/S PRINCIPAL
RIVERFIELD HOMES LIMITED PARTNERSHIP	d	313,348	O/S PRINCIPAL
VISTA PARK ASSOCIATES II LP	I	333,753	CY FEES EARNED
HILARITA BELVEDERE LP	I	79,662	CY FEES EARNED
HAMILTON CONTINUUM PARTNERS I LP	I	105,819	CY FEES EARNED
HAMILTON CONTINUUM PARTNERS II LP	I	76,064	CY FEES EARNED
POINT REYES AFFORDABLE HOMES LP	I	53,787	CY FEES EARNED

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
RIVIERA-SAN RAFAEL ASSOCIATES LP	a	75,365	CY RENT & INT
RIVIERA-SAN RAFAEL ASSOCIATES LP	d	854,974	O/S PRINC&INT
RIVIERA-SAN RAFAEL ASSOCIATES LP	j	155,861	LEASE RECVBLE
TURINA ASSOCIATES LP	a	41,533	CY RENT & INT
TURINA ASSOCIATES LP	l	51,961	CY FEES EARNED
EAH - GATEWAY SANTA CLARA LP	l	91,891	CY FEES EARNED
STORY PLAZA APARTMENTS LP	l	257,271	CY FEES EARNED
DRAKES WAY HOUSING PARTNERS LP	d	1,571,250	O/S PRINCIPAL