

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

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022**

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

**C** Name of organization  
BURBANK HOUSING DEVELOPMENT CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1425 CORPORATE CENTER PKWY

City or town, state or province, country, and ZIP or foreign postal code  
SANTA ROSA, CA 95407

**D** Employer identification number  
94-2837785

**E** Telephone number  
(707) 526-9782

**G** Gross receipts \$ 70,197,665

**F** Name and address of principal officer:  
LAWRANCE FLORIN  
1425 CORPORATE CENTER PKWY  
SANTA ROSA, CA 95407

**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: ▶ BURBANKHOUSING.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1980 **M** State of legal domicile: CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
BURBANK HOUSING IS A LOCAL NON-PROFIT ORGANIZATION DEDICATED TO INCREASING THE SUPPLY OF HOUSING IN SONOMA AND NAPA COUNTY, SO THAT LOW-INCOME PEOPLE OF ALL AGES, BACKGROUNDS AND SPECIAL NEEDS WILL HAVE A BETTER OPPORTUNITY TO LIVE IN DECENT AND AFFORDABLE HOUSING. THE ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES INCLUDE MANAGEMENT OF AFFORDABLE HOUSING, THE REHABILITATION OF EXISTING HOUSING AND THE DEVELOPMENT OF SELF-HELP HOMEOWNERSHIP HOUSING IN SONOMA COUNTY.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	12
<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	37
<b>6</b> Total number of volunteers (estimate if necessary)	13
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	10,216,372	57,834,049
<b>9</b> Program service revenue (Part VIII, line 2g)	10,101,056	11,311,987
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,055,681	810,554
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,261,747	69,956,590
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,500	410,582
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,097,517	3,030,850
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,865,037	15,369,045
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,992,054	18,810,477
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-730,307	51,146,113

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	103,460,619	160,937,391
<b>21</b> Total liabilities (Part X, line 26)	75,233,735	70,530,296
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	28,226,884	90,407,095

**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: 2023-11-14

LAWRANCE FLORIN CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P00422192

Firm's name ▶ LINDQUIST VON HUSEN & JOYCE LLP Firm's EIN ▶ 94-1250261

Firm's address ▶ 301 HOWARD STREET SUITE 850 SAN FRANCISCO, CA 94105 Phone no. (415) 957-9999

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

BURBANK HOUSING DEVELOPMENT CORP IS A LOCAL NONPROFIT HOUSING DEVELOPER DEDICATED TO BUILDING QUALITY AFFORDABLE HOUSING IN THE NORTH BAY OF CALIFORNIA. WE CREATE VIBRANT LOCAL COMMUNITIES THAT ARE CAREFULLY DESIGNED, PROFESSIONALLY MANAGED, AND SUSTAINABLE BOTH FINANCIALLY AND ENVIRONMENTALLY, TO FOSTER OPPORTUNITIES FOR PEOPLE WITH LIMITED INCOME OF ALL AGES, BACKGROUNDS AND SPECIAL NEEDS.

**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 \$ 16,015,285 including grants of \$ 410,582 ) (Revenue \$ 11,311,987 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 16,015,285

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 columns: Question, 2a, 2b, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, governance changes, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation policies.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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: THE ORGANIZATION 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 (707) 526-9782







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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	410,582	410,582		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,799,588		1,799,588	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	978,980	978,980		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	91,287	91,287		
<b>10</b> Payroll taxes . . . . .	160,995	65,295	95,700	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	329,104	329,104		
<b>b</b> Legal . . . . .	808,754		808,754	
<b>c</b> Accounting . . . . .	91,150		91,150	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	72,486	72,486		
<b>20</b> Interest . . . . .	2,160,326	2,160,326		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,729,767	1,729,767		
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PARTNERSHIP ACTIVITY	6,260,843	6,260,843		
<b>b</b> ADMINISTRATIVE EXPENSES	1,136,019	1,136,019		
<b>c</b> OPERATING & MAINTENANCE	886,332	886,332		
<b>d</b> UTILITIES	620,846	620,846		
<b>e</b> All other expenses	1,273,418	1,273,418		
<b>25</b> Total functional expenses. Add lines 1 through 24e	18,810,477	16,015,285	2,795,192	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	20,266,486	<b>1</b>	17,725,203
	<b>2</b> Savings and temporary cash investments . . . . .	5,534,414	<b>2</b>	10,729,463
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	7,031,345	<b>4</b>	4,589,738
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	128,288
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	278,412	<b>9</b>	425,198
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	71,352,919		
	<b>b</b> Less: accumulated depreciation	21,623,599		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	-22,455,102	<b>13</b>	-13,439,036
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	44,224,349	<b>15</b>	91,049,217
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	103,460,619	<b>16</b>	160,937,391	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,173,330	<b>17</b>	1,777,258
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	54,482,542	<b>23</b>	54,808,051
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	13,577,863	<b>25</b>	13,944,987
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	75,233,735	<b>26</b>	70,530,296
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	25,180,083	<b>27</b>	74,762,488
	<b>28</b> Net assets with donor restrictions . . . . .	3,046,801	<b>28</b>	15,644,607
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	28,226,884	<b>32</b>	90,407,095	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	103,460,619	<b>33</b>	160,937,391	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	69,956,590
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	18,810,477
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	51,146,113
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	28,226,884
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-28,354
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	10,094,813
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	967,639
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	90,407,095

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-2837785

**Name:** BURBANK HOUSING DEVELOPMENT CORPORATION

Form 990 (2022)

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

THE ORGANIZATION OWNS AND OPERATES APARTMENT PROPERTIES FOR LOW-INCOME FAMILIES, ELDERLY AND HANDICAPPED PERSONS. THE ORGANIZATION ALSO PROVIDES COMMUNITY DEVELOPMENT ACTIVITIES.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
ELIZABETH LEHRER ..... DIRECTOR	3.00 .....	X						0	0	0
JON M STARK ..... DIRECTOR	3.00 .....	X						0	0	0
KIM AUGUST ..... DIRECTOR	3.00 .....	X						0	0	0
JEAN KAPOLCHOK ..... DIRECTOR	3.00 .....	X						0	0	0
STEPHANIE BEDOLLA ..... DIRECTOR	3.00 .....	X						0	0	0
DAVID GOUIN ..... VICE CHAIR	3.00 .....	X		X				0	0	0
KOMRON SHAHHOSSEINI ..... DIRECTOR	3.00 .....	X						0	0	0
NATE BELDEN ..... DIRECTOR	3.00 .....	X						0	0	0
SHARON WRIGHT ..... CHAIR	3.00 .....	X		X				0	0	0
TOMAS PHILLIPS ..... DIRECTOR	3.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
SUE MADDIGAN ..... SECRETARY	3.00 .....	X		X				0	0	0
DOROTHY BEATTIE ..... TREASURER	3.00 .....	X		X				0	0	0
PAUL DONALDSON ..... DIRECTOR	5.40 .....	X						0	0	0
LAWRANCE FLORIN ..... CEO	3.00 .....			X				360,388	0	26,505
BENJAMIN WICKHAM ..... COO	17.40 .....			X				205,649	0	31,368
CHARLES P CROWE ..... DIRECTOR OF FINANCE	17.40 .....				X			172,500	0	11,517
RICHARD WALLACH ..... SENIOR DIRECTOR OF HOUSING	40.00 .....				X			195,452	0	33,271
EFREN CARRILLO ..... VICE PRESIDENT OF RESIDENT	40.00 .....				X			202,388	0	19,937
LARRY BOUGHTON ..... CONSTRUCTION MANAGER	40.00 .....				X			157,589	0	21,971
JUDITH YERA ..... DIRECTOR OF HR	40.00 .....				X			150,811	0	29,902

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
JOCELYN LIN ..... ASSOC. DIR. OF HSNB DEVELOPMENT	40.00 .....				X			163,082	0	17,258
VOLKER STRIFLER ..... DIRECTOR OF MAINTANCE	40.00 .....					X		130,538	0	13,152
QIAN ZOU ..... CONTROLLER	40.00 .....					X		138,723	0	5,254
JULIE HEREDIA ..... DIRECTOR OF ASSET MANAGEMENT	40.00 .....					X		120,725	0	30,168
ROXANNE TRISTANO-KIDNEIGH ..... PROJECT ACCOUNTANT	40.00 .....					X		126,074	0	20,340
MARK KRUG ..... PROJECT MANAGER	40.00 .....					X		114,983	0	0



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**Name of the organization**  
BURBANK HOUSING DEVELOPMENT CORPORATION

**Employer identification number**  
94-2837785

**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).)
- 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 on 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		
<b>Total</b>						

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 53,730,932
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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 96.830 %
Row 15: Public support percentage for 2020 Schedule A, Part II, line 14 15 93.870 %

16a 33 1/3% support test-2022. 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-2021. 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-2022. 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-2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b> Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2022.** 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—2021.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in 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>		
	<b>4c</b>		
<b>5a</b>	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>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined on 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>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined on 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>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on 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
<b>1</b>	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>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017. . . . .			
<b>b</b> From 2018. . . . .			
<b>c</b> From 2019. . . . .			
<b>d</b> From 2020. . . . .			
<b>e</b> From 2021. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, 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.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018. . . . .			
<b>b</b> Excess from 2019. . . . .			
<b>c</b> Excess from 2020. . . . .			
<b>d</b> Excess from 2021. . . . .			
<b>e</b> Excess from 2022. . . . .			

**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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2022**  
**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
BURBANK HOUSING DEVELOPMENT CORPORATION

**Employer identification number**  
94-2837785

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** 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:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		11,235,241		11,235,241
<b>b</b> Buildings . . . . .		58,027,556	20,387,880	37,639,676
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		2,090,122	1,235,719	854,403
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				49,729,320

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	55,421,042
(2) DEPOSITS AND LOAN FEES	137,798
(3) LIMITED PARTNERSHIP RECEIVABLE, NET	9,478,029
(4) NOTE RECEIVABLE FROM PARTNERSHIP	25,451,853
(5) LOAN FEES, NET & GOODWILL	549,294
(6) HOMEOWNER NOTES RECEIVABLE, NET	11,201
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	91,049,217

**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	
TENANT SECURITY DEPOSITS	369,414
ACCRUED INTEREST-NOTES	13,575,573
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	13,944,987

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.

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-2837785

**Name:** BURBANK HOUSING DEVELOPMENT CORPORATION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	BURBANK HOUSING DEVELOPMENT CORPORATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE CORPORATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2018 THROUGH 2021 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BURBANK HOUSING DEVELOPMENT CORPORATION

Employer identification number

94-2837785

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. 3
3 Enter total number of other organizations listed in the line 1 table. 2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	GRANTS ARE GENERALLY MADE TO DOMESTIC ORGANIZATIONS.



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 94-2837785  
**Name:** BURBANK HOUSING DEVELOPMENT CORPORATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NON-PROFIT HOUSING ASSOCIATION OF NORTHERN CALIFORNIA 2544 SUTTER STREET SAN FRANCISCO, CA 94115	94-2741597	501(C)(3)	10,000	0			TO SUPPORT THE ORGANIZATION INVOLVED IN AFFORDABLE HOUSING.
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 941290907	94-3213100	501(C)(3)	40,000	0			TO SUPPORT THE ORGANIZATION INVOLVED IN AFFORDABLE HOUSING.

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STONY POINT APARTMENTS INC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	91-1846280		118,622	0			TO SUPPORT THE ORGANIZATION INVOLVED IN AFFORDABLE HOUSING.
BHDC WINDWOOD SLP LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	94-2837785		232,894	0			TO SUPPORT THE ORGANIZATION INVOLVED IN AFFORDABLE HOUSING.

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044	52-1231931	501(C)(3)	5,000	0			TO SUPPORT THE ORGANIZATION INVOLVED IN AFFORDABLE HOUSING.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BURBANK HOUSING DEVELOPMENT CORPORATION

Employer identification number  
94-2837785

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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, 1099-MISC compensation, and/or 1099-NEC			(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 LAWRENCE FLORIN CEO	(i)	330,106	30,282	0	13,266	13,239	386,893	0
	(ii)	0	0	0	0	0	0	0
2 BENJAMIN WICKHAM COO	(i)	186,616	19,033	0	5,723	25,645	237,017	0
	(ii)	0	0	0	0	0	0	0
3 RICHARD WALLACH SENIOR DIRECTOR OF HOUSING	(i)	185,452	10,000	0	7,639	25,632	228,723	0
	(ii)	0	0	0	0	0	0	0
4 EFREN CARRILLO VICE PRESIDENT OF RESIDENT	(i)	183,355	19,033	0	3,800	16,137	222,325	0
	(ii)	0	0	0	0	0	0	0
5 CHARLES P CROWE DIRECTOR OF FINANCE	(i)	156,750	15,750	0	3,150	8,367	184,017	0
	(ii)	0	0	0	0	0	0	0
6 JUDITH YERA DIRECTOR OF HR	(i)	136,700	14,111	0	4,257	25,645	180,713	0
	(ii)	0	0	0	0	0	0	0
7 JOCELYN LIN ASSOC. DIR. OF HSNG DEVELOPMENT	(i)	148,101	14,981	0	6,073	11,185	180,340	0
	(ii)	0	0	0	0	0	0	0
8 LARRY BOUGHTON CONSTRUCTION MANAGER	(i)	142,729	14,860	0	5,835	16,136	179,560	0
	(ii)	0	0	0	0	0	0	0
9 JULIE HEREDIA DIRECTOR OF ASSET MANAGEMENT	(i)	100,417	20,308	0	4,523	25,645	150,893	0
	(ii)	0	0	0	0	0	0	0

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-2837785

**Name:** BURBANK HOUSING DEVELOPMENT CORPORATION

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
1LAWRANCE FLORIN CEO	(i)	330,106	30,282	0	13,266	13,239	386,893	0
	(ii)	0	0	0	0	0	0	0
1BENJAMIN WICKHAM COO	(i)	186,616	19,033	0	5,723	25,645	237,017	0
	(ii)	0	0	0	0	0	0	0
2RICHARD WALLACH SENIOR DIRECTOR OF HOUSING	(i)	185,452	10,000	0	7,639	25,632	228,723	0
	(ii)	0	0	0	0	0	0	0
3EFREN CARRILLO VICE PRESIDENT OF RESIDENT	(i)	183,355	19,033	0	3,800	16,137	222,325	0
	(ii)	0	0	0	0	0	0	0
4CHARLES P CROWE DIRECTOR OF FINANCE	(i)	156,750	15,750	0	3,150	8,367	184,017	0
	(ii)	0	0	0	0	0	0	0
5JUDITH YERA DIRECTOR OF HR	(i)	136,700	14,111	0	4,257	25,645	180,713	0
	(ii)	0	0	0	0	0	0	0
6JOCELYN LIN ASSOC. DIR. OF HSNG DEVELOPMENT	(i)	148,101	14,981	0	6,073	11,185	180,340	0
	(ii)	0	0	0	0	0	0	0
7LARRY BOUGHTON CONSTRUCTION MANAGER	(i)	142,729	14,860	0	5,835	16,136	179,560	0
	(ii)	0	0	0	0	0	0	0
8JULIE HEREDIA DIRECTOR OF ASSET MANAGEMENT	(i)	100,417	20,308	0	4,523	25,645	150,893	0
	(ii)	0	0	0	0	0	0	0

**Schedule L**  
(Form 990)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization BURBANK HOUSING DEVELOPMENT CORPORATION	Employer identification number 94-2837785
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) BEN WICKHAM	OFFICER	LOAN TO OFFICER		X	125,000	128,288	Yes		Yes		Yes	
<b>Total</b>						▶ \$	128,288					

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

Return Reference	Explanation



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

## 2022

**Open to Public Inspection**

Name of the organization  
BURBANK HOUSING DEVELOPMENT CORPORATION

**Employer identification number**  
94-2837785

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( LAND ) . . . . .	X	1	16,900,000	BOOK VALUE
26 Other ▶ ( PROPERTY ) . . . . .	X	1	2,081,731	BOOK VALUE
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

		Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .	30a		No
<b>b</b> If "Yes," describe the arrangement in Part II.			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a		No
<b>b</b> If "Yes," describe in Part II.			
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

BURBANK HOUSING DEVELOPMENT CORPORATION

Employer identification number

94-2837785

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION ENGAGES RELATED CORPORATIONS, BURBANK HOUSING MANAGEMENT CORPORATION AND BURBANK HOUSING PROPERTY CORPORATION, TO MANAGE AND OPERATE ITS OWNED AFFORDABLE HOUSING PROPERTIES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CONTROLLER OVERSEES THE PREPARATION OF FORM 990. THE DRAFT FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR A DETAILED REVIEW, AND THEN TO THE FULL BOARD FOR A CURSORY REVIEW AND APPROVAL.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION COVERS ITS POLICIES REGARDING CONFLICTS OF INTEREST IN ITS BY-LAWS, PERSONNEL POLICIES AND THROUGH A POLICY STATEMENT SIGNED BY EACH BOARD MEMBER. A PERMANENT BOARD AGENDA ITEM REQUESTS DISCLOSURE OF POTENTIAL CONFLICTS BY BOARD MEMBERS AT EACH MEETING. WHERE A CONFLICT ARISES, THE CEO OR BOARD REVIEWS THE CONFLICT AND DETERMINES APPROPRIATE ACTION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	BURBANK OBTAINS INDUSTRY SURVEYS. THE SALARY LEVELS OF THE CEO AND CFO ARE REVIEWED AND APPROVED BY THE AUDIT COMMITTEE.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	ADJUSTMENT FOR LAVELL VILLAGE TRANSFER ADJUSTMENT FOR EXCESS DEBT (OVER)/UNDER CARRYING VA LUE -273,537. ADJUSTMENT FOR FUND TRANSFER 1,341,990. LP CONTRIBUTION FITCH MOUNTAIN II -2 3,660. ADJUSTMENT FOR PARKWOOD LLC DEMAND NOTE -3,472. LP CONTRIBUTION VILLAGE GREEN II LLC & FIFE LLC 17,915. GP CONTRIBUTION PARKWOOD PARTNERSHIP SYNDICATION COSTS -91,597.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C:	THE OVERSIGHT PROCESS HAS NOT BEEN CHANGED FROM PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BURBANK HOUSING DEVELOPMENT CORPORATION

**Employer identification number**

94-2837785

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> BURBANK HOUSING PROPERTY CORPORATION 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 75-3170447	AFFORDABLE HOUSING MANAGEMENT	CA	BURBANK HOUSING DEVELOPMENT CORP	C				Yes	
<b>(2)</b> STONY POINT APARTMENTS INC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 91-1846280	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	C				Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)BURBANK HOUSING MANAGEMENT CORPORATION	Q	1,207,349	FMV - ARMS LENGTH
(2)BURBANK HOUSINGSR CORPORATION	D	1,645,008	FMV - ARMS LENGTH
(3)HERITAGE HOUSE PARTNERS LP	D	2,052,016	FMV - ARMS LENGTH
(4)CARITAS HOMES PHASE I LP	D	500,000	FMV - ARMS LENGTH
(5)STONY POINT LLC	D	118,622	FMV - ARMS LENGTH
(6)BHDC WINDWOOD SLP LLC	B	232,894	FMV - ARMS LENGTH



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
EXPLANATION OF RELATED ORGANIZATION:	BURBANK HOUSING PROPERTY CORPORATION AND STONY POINT APARTMENTS INC. ARE ORGANIZED UNDER CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW. THERE ARE NO SHAREHOLDERS IN THESE CORPORATIONS. THE CORPORATIONS' AFFAIRS AND ACTIVITIES ARE MANAGED BY THE BOARD OF DIRECTORS WHO ARE ALSO DIRECTORS OF BURBANK HOUSING DEVELOPMENT CORPORATION.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 94-2837785  
**Name:** BURBANK HOUSING DEVELOPMENT CORPORATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
10221 OLD REDWOOD HWY LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 88-2840278	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
AMOROSA 1 GENERAL PARTNER LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 82-2790061	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
AMOROSA II LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	32,935	78,456	BURBANK HOUSING DEVELOPMENT CORP
BELL MANOR LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	27,888	-823,172	BURBANK HOUSING DEVELOPMENT CORP
BHDC BURBANK AVE LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
BHDC LAKEPORT I LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 85-2961390	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
BHDC MENDOCINO I LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
BHDC MENDOCINO II LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
BHDC NORTH VILLAGE LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	0	25,000	BURBANK HOUSING DEVELOPMENT CORP
BHDC PARKWOOD APARTMENTS LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	202,500	227,500	BURBANK HOUSING DEVELOPMENT CORP
BHDC PETALUMA RIVER PLACE LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
BHDC WINDWOOD SLP LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
BURBANK WINDWOOD LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	0	25,041	BURBANK HOUSING DEVELOPMENT CORP
BURBANK CENTER STREET APARTMENTS LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 81-5348127	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
CARITAS HOMES PHASE I LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 84-4709372	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
CROSSROADS APARTMENTS LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	28,139	149,132	BURBANK HOUSING DEVELOPMENT CORP
FIFE LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	26,918	180,081	BURBANK HOUSING DEVELOPMENT CORP
FOREST WINDS 2 LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	31,670	-930,599	BURBANK HOUSING DEVELOPMENT CORP
GRAVENSTEIN APARTMENTS LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 83-1785631	AFFORDABLE HOUSING OWNERSHIP	CA	27,319	-4,942,512	BURBANK HOUSING DEVELOPMENT CORP
GRAY'S MEADOW 2 LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	25,336	-1,035,230	BURBANK HOUSING DEVELOPMENT CORP

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
HERITAGE HOUSE LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
LOGAN PLACE LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	26,097	975,505	BURBANK HOUSING DEVELOPMENT CORP
MADRONE VILLAGE 2 LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	26,083	-658,023	BURBANK HOUSING DEVELOPMENT CORP
MONTE VINA LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	7,622	-9,405,337	BURBANK HOUSING DEVELOPMENT CORP
OLD ELM PARTNERS II LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	25,750	11,293	BURBANK HOUSING DEVELOPMENT CORP
PARK LANE APARTMENTS LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 47-3924718	AFFORDABLE HOUSING OWNERSHIP	CA	59,729	55,507	BURBANK HOUSING DEVELOPMENT CORP
ROUND WALK VILLAGE LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	686	-2,013,749	BURBANK HOUSING DEVELOPMENT CORP
ROWAN COURT LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	25,000	-1,753,746	BURBANK HOUSING DEVELOPMENT CORP
STODDARD HOUSING LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	27,319	428,817	BURBANK HOUSING DEVELOPMENT CORP
STUDIOS AT MONTERO LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 88-2733374	AFFORDABLE HOUSING OWNERSHIP	CA			BURBANK HOUSING DEVELOPMENT CORP
TOWER 2 APARTMENTS LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	32,621	-834,845	BURBANK HOUSING DEVELOPMENT CORP
VILLAGE GREEN II LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	2,082,731	2,100,619	BURBANK HOUSING DEVELOPMENT CORP
WILLOW GLEN LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	18,750	18,717	BURBANK HOUSING DEVELOPMENT CORP
WINDSOR REDWOODS LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407	AFFORDABLE HOUSING OWNERSHIP	CA	23,559	695,721	BURBANK HOUSING DEVELOPMENT CORP



**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
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 95-3214230	AFFORDABLE HOUSING OWNERSHIP	CA	501(C)(3)	LINE 10	BURBANK HOUSING DEVELOPMENT CORP	Yes	
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0328717	AFFORDABLE HOUSING MANAGEMENT	CA	501(C)(3)	LINE 12A, I	BURBANK HOUSING DEVELOPMENT CORP	Yes	
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 94-3184523	AFFORDABLE HOUSING OWNERSHIP	CA	501(C)(3)	LINE 12A, I	BURBANK HOUSING DEVELOPMENT CORP	Yes	
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0403961	AFFORDABLE HOUSING OWNERSHIP	CA	501(C)(3)	LINE 10	BURBANK HOUSING DEVELOPMENT CORP	Yes	
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 94-3185284	AFFORDABLE HOUSING OWNERSHIP	CA	501(C)(3)	LINE 10	BURBANK HOUSING DEVELOPMENT CORP	Yes	
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 94-3185162	AFFORDABLE HOUSING OWNERSHIP	CA	501(C)(3)	LINE 10	BURBANK HOUSING DEVELOPMENT CORP	Yes	
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0384782	AFFORDABLE HOUSING OWNERSHIP	CA	501(C)(3)	LINE 10	BURBANK HOUSING DEVELOPMENT CORP	Yes	
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 92-0847793	AFFORDABLE HOUSING OWNERSHIP	CA	501(C)(3)	LINE 10	BURBANK HOUSING DEVELOPMENT CORP	Yes	
1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 92-0527654	AFFORDABLE HOUSING OWNERSHIP	CA	501(C)(3)	LINE 10	BURBANK HOUSING DEVELOPMENT CORP	Yes	

(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	
AMOROSA I LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 26-4297460	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP AND BURBANK HOUSING COMMUNITIES CORP	RELATED	26,186	1,515,000		No		Yes		1.000 %
AMOROSA II LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 27-1324630	AFFORDABLE HOUSING OWNERSHIP	CA	AMOROSA II LLC	RELATED	32,888	347,688		No		Yes		0.010 %
ARBORS ROHNERT PARK APARTMENTS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 86-1134061	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	-12,739	527,191		No		Yes		0.010 %
BELL MANOR LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 45-4774740	AFFORDABLE HOUSING OWNERSHIP	CA	BELL MANOR LLC	RELATED	27,845	1,101,613		No		Yes		0.010 %
BRJE COMMUNITIES LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 85-4336811	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	-400			No		Yes		50.000 %
BRJE HOUSING PARTNERS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 84-4967011	AFFORDABLE HOUSING OWNERSHIP	CA	BHDC MENDOCINO I LLC	RELATED		1,000,000		No		Yes		0.010 %
CARITAS HOMES PHASE I LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 84-4694743	AFFORDABLE HOUSING OWNERSHIP	CA	CARITAS HOMES PHASE I LLC	RELATED		12,648,001		No		Yes		0.010 %
CARRILLO PLACE LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 81-0561436	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP AND BURBANK HOUSING COMMUNITIES CORP	RELATED	39,218	-231,911		No		Yes		0.010 %
COLGAN MEADOWS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 33-1131205	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	-177,816	469,747		No		Yes		30.000 %
CROSSROADS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 81-1369540	AFFORDABLE HOUSING OWNERSHIP	CA	CROSSROADS APARTMENTS LLC	RELATED	28,050	1,389,606		No		Yes		0.010 %
FIFE CREEK COMMONS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 27-0670874	AFFORDABLE HOUSING OWNERSHIP	CA	FIFE LLC	RELATED	24,125	188,309		No		Yes		0.010 %
FIREHOUSE PARTNERS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 94-3364095	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP AND BURBANK HOUSING COMMUNITIES CORP	RELATED	27,821	-250,028		No		Yes		0.010 %
FMT LIMITED PARTNERSHIP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0194408	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP AND BURBANK HOUSING MANAGEMENT CORPORATION	RELATED	23,881	38,963		No		Yes		1.000 %
FOREST WINDS 2 LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 46-3944772	AFFORDABLE HOUSING OWNERSHIP	CA	FOREST WINDS 2 LLC	RELATED	31,651	526,833		No		Yes		0.010 %
GRAVENSTEIN APARTMENTS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 83-1837688	AFFORDABLE HOUSING OWNERSHIP	CA	GRAVENSTEIN APARTMENTS LLC	RELATED	-170,132	8,146,456		No		Yes		0.010 %

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							Yes	No		Yes	No	
GRAY'S MEADOW 2 LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 46-2034528	AFFORDABLE HOUSING OWNERSHIP	CA	GRAY'S MEADOW 2 LLC	RELATED	25,312	1,012,682		No		Yes		0.010 %
GROSMAN APARTMENTS INVESTORS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0296476	AFFORDABLE HOUSING OWNERSHIP	CA	MARTHA WAY CORPORATION AND BURBANK HOUSING COMMUNITIES CORP	RELATED				No			No	
HEALDSBURG FAMILY APARTMENTS INVESTORS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0438463	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP AND BURBANK HOUSING COMMUNITIES CORP	RELATED		531		No		Yes		0.010 %
JAY'S PLACE PARTNERS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0462705	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP AND BURBANK HOUSING COMMUNITIES CORP	RELATED	-20,492	-342,405		No		Yes		0.010 %
LARKFIELD OAKS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 61-1488141	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	28,198	649,173		No		Yes		0.010 %
LOGAN PLACE LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 45-3592165	AFFORDABLE HOUSING OWNERSHIP	CA	LOGAN PLACE LLC	RELATED	26,021	1,081,514		No		Yes		0.010 %
MADRONE VILLAGE 2 LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 47-3911424	AFFORDABLE HOUSING OWNERSHIP	CA	MADRONE VILLAGE 2 LLC	RELATED	12,290	1,269,397		No		Yes		0.010 %
MEDA CYPRESS RIDGE LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 74-3066057	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	-161,213	-4,115,558		No		Yes		0.010 %
MONTE VINA LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 84-2034636	AFFORDABLE HOUSING OWNERSHIP	CA	MONTE VINA LLC AND BURBANK HOUSING COMMUNITIES CORP	RELATED	-9,775	27,323,743		No		Yes		1.000 %
MONTE VISTA COMMUNITY LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 26-0111337	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	-619,293	-1,158,103		No		Yes		0.010 %
OAK RIDGE APARTMENTS ASSOCIATES LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 42-1713768	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	13,399	3,962		No		Yes		0.010 %
OLD ELM PARTNERS II LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 84-3382606	AFFORDABLE HOUSING OWNERSHIP	CA	OLD ELM PARTNERS II LLC AND BURBANK HOUSING COMMUNITIES CORP	RELATED	25,691	2,643,521		No		Yes		0.010 %
OLIVE GROVE APARTMENTS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 56-2478983	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	9,405	715,914		No		Yes		0.010 %
PALISADES CALISTOGA INVESTORS LLC 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 26-2407465	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	-104,006	-158,237		No		Yes		50.000 %
PALISADES INVESTORS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 38-3762120	AFFORDABLE HOUSING OWNERSHIP	CA	PALISADES CALISTOGA INVESTORS LLC	RELATED				No			No	

(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	
PAPAGO COURTAPPLE VALLEY INVESTORS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 94-3326395	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING COMMUNITIES CORP	RELATED				No			No	
PARK LAND SENIOR APARTMENT INVESTORS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0421818	AFFORDABLE HOUSING OWNERSHIP	CA	STONY POINT APARTMENTS INC AND BURBANK HOUSING COMMUNITIES CORP	RELATED				No			No	
PARK LANE LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 47-3887677	AFFORDABLE HOUSING OWNERSHIP	CA	PARK LANE APARTMENTS LLC	RELATED	30,706	76,451		No		Yes		0.010 %
PAULIN CREEK INVESTORS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 94-3347018	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING COMMUNITIES CORP	RELATED				No			No	
ROUND WALK VILLAGE PARTNERS 2 LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 45-5400629	AFFORDABLE HOUSING OWNERSHIP	CA	ROUND WALK VILLAGE LLC	RELATED	631	1,072,959		No		Yes		0.010 %
ROWAN COURT PARTNERS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 65-1315951	AFFORDABLE HOUSING OWNERSHIP	CA	ROWAN COURT LLC	RELATED	-484,038	576,619		No		Yes		0.010 %
SPRINGS VILLAGE LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 20-0915564	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP AND BURBANK HOUSING COMMUNITIES CORP	RELATED	30,614	193,910		No		Yes		0.010 %
STODDARD HOUSING LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 82-3301739	AFFORDABLE HOUSING OWNERSHIP	CA	STODDARD HOUSING LLC	RELATED	27,236	5,476,873		No		Yes		0.010 %
STONY POINT APARTMENTS INVESTORS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 68-0400494	AFFORDABLE HOUSING OWNERSHIP	CA	STONY POINT APARTMENTS INC AND BURBANK HOUSING COMMUNITIES CORP	RELATED				No			No	
TIMOTHY COMMONS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 54-2097764	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP AND BURBANK HOUSING COMMUNITIES CORP	RELATED	14,823	358,642		No		Yes		0.010 %
TOWER 2 APARTMENTS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 46-1712211	AFFORDABLE HOUSING OWNERSHIP	CA	TOWER 2 APARTMENTS LLC	RELATED	32,586	321,297		No		Yes		0.010 %
VIDA NUEVA PARTNERS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 87-0769877	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	3,226	350,848		No		Yes		0.010 %
WEST OAKS APARTMENTS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 94-3309685	AFFORDABLE HOUSING OWNERSHIP	CA	STONY POINT APARTMENTS INC AND BURBANK HOUSING COMMUNITIES CORP	RELATED				No			No	
WILFORD LANE VILLAGE LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 71-0907858	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	34,046	-646,664		No		Yes		0.010 %
WILLOW GLEN PARTNERS LP  1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 85-2490108	AFFORDABLE HOUSING OWNERSHIP	CA	WILLOW GLEN LLC	RELATED	-249	7,406,749		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	
WINDSOR REDWOODS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 33-1131202	AFFORDABLE HOUSING OWNERSHIP	CA	WINDSOR REDWOODS LLC	RELATED	23,509	1,727,422		No		Yes		0.010 %
WINTER CREEK LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 04-3696739	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	22,986	580,926		No		Yes		0.010 %
WSA BURBANK HOUSING PARTNERS I LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 85-4092964	AFFORDABLE HOUSING OWNERSHIP	CA	BHDC BURBANK AVE LLC	RELATED	-400	2,107		No		Yes		0.010 %
WSA BURBANK HOUSING PARTNERS II LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 85-3008864	AFFORDABLE HOUSING OWNERSHIP	CA	BHDC LAKEPORT I LLC	RELATED		29,630		No		Yes		0.010 %
BHDC WINDWOOD APARTMENTS LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 87-3384095	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK WINDWOOD LLC AND BHDC WINDWOOD SLP LLC	RELATED	9,986	94,512		No		Yes		0.010 %
VILLAGE GREEN II LP 1425 CORPORATE CENTER PKWY SANTA ROSA, CA 95407 87-3874433	AFFORDABLE HOUSING OWNERSHIP	CA	BURBANK HOUSING DEVELOPMENT CORP	RELATED	-1,183	4,136,769		No		Yes		0.010 %

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
BURBANK HOUSING MANAGEMENT CORPORATION	Q	1,207,349	FMV - ARMS LENGTH
BURBANK HOUSINGSR CORPORATION	D	1,645,008	FMV - ARMS LENGTH
HERITAGE HOUSE PARTNERS LP	D	2,052,016	FMV - ARMS LENGTH
CARITAS HOMES PHASE I LP	D	500,000	FMV - ARMS LENGTH
STONY POINT LLC	D	118,622	FMV - ARMS LENGTH
BHDC WINDWOOD SLP LLC	B	232,894	FMV - ARMS LENGTH