

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

..... JUNE 30, 2022 .....

<b>Prepared for</b>	MANY MANSIONS 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362
<b>Prepared by</b>	KELLER AND ASSOCIATES, LLP 18645 SHERMAN WAY, SUITE 110 RESEDA, CA 91335
<b>Amount due or refund</b>	BALANCE DUE OF \$400.00
<b>Make check payable to</b>	DEPARTMENT OF JUSTICE
<b>Mail tax return and check (if applicable) to</b>	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
<b>Return must be mailed on or before</b>	NOVEMBER 15, 2022
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

**MANY MANSIONS**

Name of Organization

List all DBAs and names the organization uses or has used

**1259 E. THOUSAND OAKS BLVD.**

Address (Number and Street)

**THOUSAND OAKS, CA 91362**

City or Town, State, and ZIP Code

**(805) 496-4948**

Telephone Number

E-mail Address

Check if:

Change of address

Amended report

State Charity Registration Number **CT42358**

Corporation or Organization No. **0929246**

Federal Employer ID No. **95-3424516**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 6,482,508 Noncash Contributions \$ 28,475 Total Assets \$ 49,275,263  
Program Expenses \$ 6,612,039 Total Expenses \$ 7,845,277

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
	<b>SEE STATEMENT 10</b>	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**RICK SCHROEDER**

Printed Name

**PRESIDENT**

Title

Date

Signature of Authorized Agent



**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.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MANY MANSIONS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1259 E. THOUSAND OAKS BLVD.</b> City or town, state or province, country, and ZIP or foreign postal code <b>THOUSAND OAKS, CA 91362</b> <b>F</b> Name and address of principal officer: <b>RICK SCHROEDER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>95-3424516</b> <b>E</b> Telephone number <b>(805) 496-4948</b> <b>G</b> Gross receipts \$ <b>6,503,439.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.MANYMANSIONS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1979</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE AND PROVIDE AFFORDABLE HOUSING FOR LOW INCOME RESIDENTS WITH LIFE-ENRICHING</b>		
<b>2</b>	Check this box <input type="checkbox"/> 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) .....	<b>3</b>	<b>21</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>21</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	<b>93</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>273</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>1,481,460.</b>	<b>1,035,416.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>6,757,512.</b>	<b>4,237,646.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>432,979.</b>	<b>298,207.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>816,788.</b>	<b>911,239.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>9,488,739.</b>	<b>6,482,508.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>4,922,648.</b>	<b>4,863,413.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>571,361.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>3,010,107.</b>	<b>2,981,864.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>7,932,755.</b>	<b>7,845,277.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>1,555,984.</b>	<b>-1,362,769.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>52,158,463.</b>	<b>49,275,263.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>33,411,076.</b>	<b>31,811,176.</b>
		<b>18,747,387.</b>	<b>17,464,087.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>RICK SCHROEDER, PRESIDENT</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID KELLER</b>	Preparer's signature	Date
	Firm's name ▶ <b>KELLER AND ASSOCIATES, LLP</b>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00227750</b>
	Firm's address ▶ <b>18645 SHERMAN WAY, SUITE 110 RESEDA, CA 91335</b>	Firm's EIN ▶ <b>20-3557677</b>	Phone no. (818) <b>383-3079</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE AND PROVIDE SAFE WELL-MANAGED HOUSING WITH ON-SITE LIFE ENRICHING SERVICES FOR LIMITED INCOME RESIDENTS IN THE CONEJO VALLEY, VENTURA COUNTY, LOS ANGELES COUNTY AND THEIR SURROUNDING COMMUNITIES.

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 \$ 6,612,039. including grants of \$ ) (Revenue \$ 6,503,439. )

TO PROVIDE AFFORDABLE HOUSING AND LIFE-ENRICHING SERVICES TO LOW, VERY LOW AND EXTREMELY LOW INCOME INDIVIDUALS AND FAMILIES RESIDING IN BOTH VENTURA COUNTY AND LOS ANGELES COUNTY AND THE SURROUNDING AREAS. THE ORGANIZATION DEVELOPS (ACQUISITION/REHABILITATION AND NEW CONSTRUCTION HOUSING PROPERTIES), MANAGES, AND OWNS (SOLELY AND AS INVESTMENTS HELD AS PARTNERSHIP INTERESTS) TWENTY AFFORDABLE HOUSING RENTAL COMPLEXES CONSISTING OF 654 UNITS OF HOUSING. IN ADDITION, SERVICES ARE PROVIDED TO ITS RESIDENTS INCLUDING HOMEWORK TUTORING, SUMMER CAMP, SCHOOL SUPPORT, CASE MANAGEMENT, JOB DEVELOPMENT, AND LIFE-SKILLS.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,612,039.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and organizational activities.



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

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

**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 Forms 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on 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 ►  
**CAILAN LU - (805) 496-4948**  
**1259 E. THOUSAND OAKS BLVD., THOUSAND OAKS, CA 91362**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICK SCHROEDER PRESIDENT	47.00				X	X		188,135.	0.	0.
(2) ALEX RUSSELL EXECUTIVE VP	47.00				X			185,636.	0.	0.
(3) TIM HARRINGTON CHAIRPERSON	2.50	X		X				0.	0.	0.
(4) DOUG PERRY VICE CHAIRPERSON	2.50	X		X				0.	0.	0.
(5) SUSAN CASS TREASURER	2.50	X		X				0.	0.	0.
(6) SKYLER WOLPERT SECRETARY	2.50	X		X				0.	0.	0.
(7) FRANCIS ADARKWA BOARD MEMBER	1.50	X						0.	0.	0.
(8) GARY BARNUM BOARD MEMBER	1.50	X						0.	0.	0.
(9) CLAUDIA CORTEZ BOARD MEMBER	1.50	X						0.	0.	0.
(10) MARIO DIAZ BOARD MEMBER	1.50	X						0.	0.	0.
(11) RICHARD (DICK) HUS BOARD MEMBER	1.50	X						0.	0.	0.
(12) KAREN INGRAM BOARD MEMBER	1.50	X						0.	0.	0.
(13) KEVIN KOZAL BOARD MEMBER	1.50	X						0.	0.	0.
(14) KITZMAN AARON BOARD MEMBER	1.50	X						0.	0.	0.
(15) MADDUX JOHN BOARD MEMBER	1.50	X						0.	0.	0.
(16) MACKENZIE MAZEN BOARD MEMBER	1.50	X						0.	0.	0.
(17) MARSELIAN ZAREH BOARD MEMBER	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SR. LISA MEGAFFIN BOARD MEMBER	1.50	X						0.	0.	0.
(19) NANCY MORAVEC BOARD MEMBER	1.50	X						0.	0.	0.
(20) PATRICIA PALAO DA COSTA BOARD MEMBER	1.50	X						0.	0.	0.
(21) JERRY PETRY BOARD MEMBER	1.50	X						0.	0.	0.
(22) TINA MARIE SECREASE BOARD MEMBER	1.50	X						0.	0.	0.
(23) CHRIS SOLTOW BOARD MEMBER	1.50	X						0.	0.	0.
<b>1b Subtotal</b>								373,771.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								373,771.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HD SUPPLY FACILITIES MAINTENANCE, LTD. P.O. BOX 509058, SAN DIEGO, CA 92150	REPAIRS AND MAINT. SUPPLIES	128,094.

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	369,463.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	665,953.			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 28,475.			
	<b>h Total.</b> Add lines 1a-1f		1,035,416.			
	<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME	<b>Business Code</b>	1,827,730.	1,827,730.	
<b>b</b> DEVELOPER FEES			1,030,000.	1,030,000.		
<b>c</b> CANCELLATION OF DEBT I			766,608.	766,608.		
<b>d</b> HOUSING SERVICE FEES			537,796.	537,796.		
<b>e</b> RESIDENT AND SOCIAL SE			75,512.	75,512.		
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			4,237,646.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		298,207.	298,207.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
			(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
<b>8 a</b> Gross income from fundraising events (not including \$ 73,505. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		12,268.			
		<b>b</b> Less: direct expenses	<b>8b</b>	20,931.		
		<b>c</b> Net income or (loss) from fundraising events		-8,663.		-8,663.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
		<b>b</b> Less: direct expenses	<b>9b</b>			
		<b>c</b> Net income or (loss) from gaming activities				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
		<b>b</b> Less: cost of goods sold	<b>10b</b>			
		<b>c</b> Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>	<b>11 a</b> PROPERTY COST REIMBURS	<b>Business Code</b>	919,902.	919,902.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		919,902.			
<b>12 Total revenue.</b> See instructions		6,482,508.	5,455,755.	0.	-8,663.	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<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	1,042,976.	555,874.	342,486.	144,616.
<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	3,105,037.	2,711,906.	106,216.	286,915.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,464.	49,965.	14,160.	8,339.
<b>9</b> Other employee benefits	302,286.	234,609.	32,227.	35,450.
<b>10</b> Payroll taxes	340,650.	272,302.	34,716.	33,632.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	30,044.		30,044.	
<b>c</b> Accounting	14,000.	14,000.		
<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 Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	49,978.	31,197.	8,303.	10,478.
<b>14</b> Information technology	46,194.	26,508.	16,352.	3,334.
<b>15</b> Royalties				
<b>16</b> Occupancy	14,800.	14,800.		
<b>17</b> Travel	30,697.	24,285.	3,600.	2,812.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	843,179.	843,179.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	684,268.	684,268.		
<b>23</b> Insurance	114,721.	112,454.		2,267.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>REPAIRS AND MAINTENANCE</b>	264,189.	259,144.	4,586.	459.
<b>b</b> <b>UTILITIES</b>	228,664.	221,687.	6,343.	634.
<b>c</b> <b>PROGRAM SERVICES</b>	144,947.	144,947.		
<b>d</b> <b>ADMINISTRATION AND MANA</b>	135,547.	135,547.		
<b>e</b> All other expenses	380,636.	275,367.	62,844.	42,425.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,845,277.	6,612,039.	661,877.	571,361.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,831,780.	<b>1</b>	4,252,771.
	<b>2</b> Savings and temporary cash investments .....	1,293,660.	<b>2</b>	1,193,705.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,850,255.	<b>4</b>	1,092,718.
	<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>	
	<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 .....	108,429.	<b>9</b>	86,834.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 34,052,095.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,494,348.	<b>10c</b>	24,557,747.
	<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 .....	72,227.	<b>13</b>	73,327.
	<b>14</b> Intangible assets .....	149,983.	<b>14</b>	141,751.
	<b>15</b> Other assets. See Part IV, line 11 .....	20,742,666.	<b>15</b>	17,876,410.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	52,158,463.	<b>16</b>	49,275,263.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	820,646.	<b>17</b>	960,070.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	66,478.	<b>19</b>	197,057.
	<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 .....	32,418,313.	<b>23</b>	30,546,512.
	<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 .....	105,639.	<b>25</b>	107,537.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	33,411,076.	<b>26</b>	31,811,176.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	18,419,476.	<b>27</b>	17,181,527.
	<b>28</b> Net assets with donor restrictions .....	327,911.	<b>28</b>	282,560.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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 .....	18,747,387.	<b>32</b>	17,464,087.
<b>33</b> Total liabilities and net assets/fund balances .....	52,158,463.	<b>33</b>	49,275,263.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,482,508.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,845,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,362,769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,747,387.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	79,469.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,464,087.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)

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

**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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **MANY MANSIONS** Employer identification number **95-3424516**

**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1092946.	1144111.	1817222.	1481460.	1035416.	6571155.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1092946.	1144111.	1817222.	1481460.	1035416.	6571155.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						6571155.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1092946.	1144111.	1817222.	1481460.	1035416.	6571155.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	371,759.	398,946.	416,748.	432,979.	298,207.	1918639.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						8489794.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	28,245,588.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	77.40 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	76.82 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>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>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>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>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>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>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>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>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>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>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>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>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>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>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>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>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>		

**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 line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<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? 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.		

**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)? 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).		

**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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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>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 0.85 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).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**MANY MANSIONS**

Employer identification number

**95-3424516**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



Name of organization

Employer identification number

**MANY MANSIONS**

95-3424516

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMGEN FOUNDATION ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320	\$ 21,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BANK OF AMERICA CHARITABLE FOUNDATION 225 W. HILLCREST DRIVE THOUSAND OAKS, CA 91360	\$ 26,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PAULA BLOCK 3875 BRUSTON COURT WESTLAKE VILLAGE, CA 91362	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KATHRYN & ALAN CHARITABLE TRUST 4 EAST 66TH STREET NEW YORK, NY 10065	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SHAWN AND LETAL SKELTON 1281 CANYON RIM CIRCLE WESTLAKE VILLAGE, CA 91362	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SHERWOOD COUNTRY CLUB CHARITABLE FOUNDATION 30 W. STAFFORD ROAD THOUSAND OAKS, CA 91362	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MANY MANSIONS</b>	Employer identification number <b>95-3424516</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE SAM SIMON CHARITABLE GIVING FOUNDATION  11444 W. OLYMPIC BLVD., 11TH FLOOR  LOS ANGELES, CA 90064	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	UNION BANK  789 SOUTH VICTORIA AVENUE  VENTURA, CA 93003	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**MANY MANSIONS**

**95-3424516**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>MANY MANSIONS</b>	Employer identification number <b>95-3424516</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____		_____	
_____		_____	
_____		_____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____		_____	
_____		_____	
_____		_____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____		_____	
_____		_____	
_____		_____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

MANY MANSIONS

Employer identification number

95-3424516

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.

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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.

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

Schedule D (Form 990) 2021

132051 10-28-21

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	97,615.	93,883.	96,777.	94,303.	89,182.
b Contributions					
c Net investment earnings, gains, and losses	-4,076.	22,310.	2,422.	3,704.	5,733.
d Grants or scholarships					
e Other expenditures for facilities and programs		17,819.			
f Administrative expenses	6.	759.	5,316.	1,230.	612.
g End of year balance	93,533.	97,615.	93,883.	96,777.	94,303.

- 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 |
|--|-----|----|
| (i) Unrelated organizations  | X   |    |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,470,712.		8,470,712.
b Buildings		24,351,368.	8,475,731.	15,875,637.
c Leasehold improvements				
d Equipment		703,508.	602,692.	100,816.
e Other		526,507.	415,925.	110,582.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,557,747.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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) DEPOSITS	2,950.
(2) NEW PROJECT COSTS	2,791,394.
(3) NOTES AND INTEREST RECEIVABLE	14,974,254.
(4) TENANT SECURITY DEPOSITS	107,812.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 17,876,410.	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS HELD IN	
(3) TRUST	107,537.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 107,537.	

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 FASB 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>	6,645,418.
<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>	162,910.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	162,910.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	6,482,508.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<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>	0.
<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>	6,482,508.

**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>	8,054,842.
<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>	209,565.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	209,565.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	7,845,277.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<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>	0.
<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>	7,845,277.

**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.

**PART V, LINE 4:**

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO FURTHER THE ORGANIZATION'S MISSION.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

DECONSOLIDATED INCOME ATTRIBUTABLE TO CASA DE PAZ HOUSING, INC.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DECONSOLIDATED EXPENSES ATTRIBUTABLE TO CASA DE PAZ HOUSING, INC.





**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**MANY MANSIONS**

Employer identification number

**95-3424516**

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BOWLS OF HOPE (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	85,773.			85,773.
	<b>2</b> Less: Contributions .....	73,505.			73,505.
	<b>3</b> Gross income (line 1 minus line 2) .....	12,268.			12,268.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	2,653.			2,653.
	<b>8</b> Entertainment .....	500.			500.
	<b>9</b> Other direct expenses .....	17,778.			17,778.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				20,931.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-8,663.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**MANY MANSIONS**

Employer identification number  
**95-3424516**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICK SCHROEDER PRESIDENT	(i)	188,135.	0.	0.	0.	0.	188,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALEX RUSSELL EXECUTIVE VP	(i)	185,636.	0.	0.	0.	0.	185,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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 instructions and the latest information.

Name of the organization

**MANY MANSIONS**

Employer identification number

**95-3424516**

**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 ▶ ( <b>BACK PACKS AN</b> )	X	430	15,330.	
26 Other ▶ ( <b>HOLIDAY GIFTS</b> )	X	122	12,180.	
27 Other ▶ ( <b>SUMMER CAMP S</b> )	X	15	665.	
28 Other ▶ ( <b>SPONSOR A YOU</b> )	X	1	300.	

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

	Yes	No
30a 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? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 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.		

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

Schedule M (Form 990) 2021



**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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**MANY MANSIONS**

Employer identification number

**95-3424516**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 GOES THROUGH TWO REVIEW PROCESSES, ONCE BY THE AUDIT COMMITTEE  
THEN BY THE GOVERNING BODY. AT THE GOVERNING BODY MEETING THE BOARD VOTES  
TO APPROVE AS FINAL AND FILE THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

AN ANNUAL MONITORING PROCESS IS PERFORMED IN THE FIRST QUARTER OF THE  
FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

A REVIEW AND ANALYSIS OF COMPARABILITY DATA AS COMPILED IN THE CENTER FOR  
NONPROFIT COMPENSATION STUDY, AS WELL AS DELIBERATIONS AND DISCUSSIONS TO  
SUBSTANTIATE THE ORGANIZATIONS COMPENSATION WOULD BE USED.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE CONVENIENCE  
OF THE ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONTRIBUTIONS OF NET ASSETS 79,469.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**MANY MANSIONS**

Employer identification number

**95-3424516**

**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
110 SOUTH BOYLE MGP LLC - 83-3505982 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			
CENTRAL TERRACE LLC - 36-4991048 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			
ESSEFF VILLAGE LLC - 04-3608581 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			
HILLCREST DRIVE LLC - 27-2474161 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			

**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
CASA DE PAZ HOUSING, INC. - 77-0507005 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA	501(C)(3)	PUBLIC SUPPORT MET			X

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

Schedule R (Form 990) 2021

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
MOUNTAIN VIEW 77 LLC - 84-2124892 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			
ORMOND BEACH LLC - 36-4819417 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			
SCHILLO GARDENS LLC - 47-4200861 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			
SHADOW HILLS LLC - 36-4817323 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			
SUN KING LLC - 35-2602023 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			
VILLA GARCIA LLC - 47-4298940 1259 E. THOUSAND OAKS BLVD. THOUSAND OAKS, CA 91362	RENTAL REAL ESTATE	CALIFORNIA			



**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 .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**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) CASA DE PAZ HOUSING, INC.		0.	
(2)			
(3)			
(4)			
(5)			
(6)			





**Part VII** Supplemental Information

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

Lined area for supplemental information.

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	100-0013 BUILDING IMPROVEMENT	06/30/03	SL	10.00		16	835.				835.	835.		0.	835.
339	100-0069 DONATED BUILDING - 1259 E. TO BLVD.	08/10/15	SL	40.00		16	1,000,000.				1,000,000.	147,917.		25,000.	172,917.
340	100-0070 BUILDING - 1259 E. TO BLVD.	08/10/15	SL	40.00		16	329,305.				329,305.	40,394.		8,233.	48,627.
	* 990 PAGE 10 TOTAL BUILDINGS						1,330,140.				1,330,140.	189,146.		33,233.	222,379.
	FURNITURE & FIXTURES														
3	100-0001 FURNITURE & EQUIPMENT	06/01/98	SL	10.00		16	6,077.				6,077.	6,077.		0.	6,077.
4	100-0002 FURNITURE & EQUIPMENT	06/01/99	SL	10.00		16	5,579.				5,579.	5,579.		0.	5,579.
5	100-0003 FURNITURE & EQUIPMENT	06/01/00	SL	10.00		16	17,499.				17,499.	17,499.		0.	17,499.
6	100-0004 FURNITURE & EQUIPMENT	06/01/01	SL	10.00		16	27,046.				27,046.	27,046.		0.	27,046.
7	100-0005 FURNITURE & EQUIPMENT	06/01/02	SL	10.00		16	24,390.				24,390.	24,390.		0.	24,390.
8	100-0006 FURNITURE & EQUIPMENT	07/18/02	SL	9.00		16	1,081.				1,081.	1,081.		0.	1,081.
9	100-0007 FURNITURE & EQUIPMENT	08/02/02	SL	9.00		16	804.				804.	804.		0.	804.
10	100-0008 FURNITURE & EQUIPMENT	11/08/02	SL	9.00		16	1,477.				1,477.	1,477.		0.	1,477.
11	100-0009 FURNITURE & EQUIPMENT	03/10/03	SL	9.00		16	1,732.				1,732.	1,732.		0.	1,732.
12	100-0010 FURNITURE & EQUIPMENT	04/06/03	SL	9.00		16	680.				680.	680.		0.	680.
13	100-0011 FURNITURE & EQUIPMENT	04/07/03	SL	9.00		16	5,598.				5,598.	5,598.		0.	5,598.
14	100-0012 FURNITURE & EQUIPMENT	05/01/03	SL	9.00		16	11,395.				11,395.	11,395.		0.	11,395.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	100-0016 FURNITURE & EQUIPMENT	03/01/04	SL	9.00		16	29,626.				29,626.	29,626.		0.	29,626.
19	100-0018 DESKS AND FILE CABINETS	01/01/05	SL	10.00		16	614.				614.	614.		0.	614.
28	100-0027 TABLES/CHAIRS EV CLASSROOM	01/01/05	SL	10.00		16	1,694.				1,694.	1,694.		0.	1,694.
40	100-0039 VERTICAL FIREPROOF CABINETS	01/01/06	SL	10.00		16	1,075.				1,075.	1,075.		0.	1,075.
201	100-0049 FURNITURE & EQUIPMENT	06/30/09	SL	5.00		16	2,272.				2,272.	2,272.		0.	2,272.
290	100-0066 NEW CUBICLES	04/16/15	SL	10.00		16	7,240.				7,240.	4,525.		724.	5,249.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						145,879.				145,879.	143,164.		724.	143,888.
	MACHINERY & EQUIPMENT														
18	100-0017 DELL 2.4 GH CELERON	01/01/05	SL	5.00		16	1,056.				1,056.	1,056.		0.	1,056.
20	100-0019 HP LASER JET 1300 PRINTER	01/01/05	SL	5.00		16	429.				429.	429.		0.	429.
21	100-0020 2 DELL GX 270 & MONITOR	01/01/05	SL	5.00		16	2,167.				2,167.	2,167.		0.	2,167.
22	100-0021 2 DELL GX 270 & MONITOR	01/01/05	SL	5.00		16	2,167.				2,167.	2,167.		0.	2,167.
23	100-0022 LASER JET PRINTER	01/01/05	SL	5.00		16	428.				428.	428.		0.	428.
24	100-0023 LASER JET PRINTER	01/01/05	SL	5.00		16	428.				428.	428.		0.	428.
25	100-0024 DELL OPTPLEX GX280	01/01/05	SL	5.00		16	2,139.				2,139.	2,139.		0.	2,139.
26	100-0025 8 DELL COMPUTERS	01/01/05	SL	5.00		16	11,454.				11,454.	11,454.		0.	11,454.
27	100-0026 BACK UP SERVER	01/01/05	SL	5.00		16	4,746.				4,746.	4,746.		0.	4,746.
29	100-0028 IMENSION 4700	01/01/06	SL	5.00		16	1,716.				1,716.	1,716.		0.	1,716.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	100-0029 DELL 4700-ERIC	01/01/06	SL	5.00		16	1,716.				1,716.	1,716.		0.	1,716.
31	100-0030 16000 LAPTOP	01/01/06	SL	5.00		16	1,382.				1,382.	1,382.		0.	1,382.
32	100-0031 3 DIMENSION 5150 FOR AS	01/01/06	SL	5.00		16	4,239.				4,239.	4,239.		0.	4,239.
33	100-0032 IMENSION 4700 DESKTOP	01/01/06	SL	5.00		16	1,716.				1,716.	1,716.		0.	1,716.
34	100-0033 16000 LAPTOP	01/01/06	SL	5.00		16	1,382.				1,382.	1,382.		0.	1,382.
35	100-0034 COMPUTER - NICHOLE	01/01/06	SL	5.00		16	1,716.				1,716.	1,716.		0.	1,716.
36	100-0035 DIMENSIONS 5150 FOR FIONA	01/01/06	SL	5.00		16	1,568.				1,568.	1,568.		0.	1,568.
37	100-0036 2 DIMENSIONS 1100 FOR CS	01/01/06	SL	5.00		16	1,809.				1,809.	1,809.		0.	1,809.
38	100-0037 RACK FOR SERVER ROOM	01/01/06	SL	5.00		16	4,078.				4,078.	4,078.		0.	4,078.
39	100-0038 SERVER & INSTALLATION	01/01/06	SL	5.00		16	4,533.				4,533.	4,533.		0.	4,533.
41	100-0040 AIR CONDITIONER	01/01/06	SL	10.00		16	645.				645.	645.		0.	645.
42	100-0042 ALTIGEN PHONE SYSTEM UPGRADE FOR BLDG. D	08/18/06	SL	10.00		16	6,649.				6,649.	6,649.		0.	6,649.
43	100-0043 2 DELL PRECISION 390	11/27/06	SL	5.00		16	3,143.				3,143.	3,143.		0.	3,143.
44	100-0044 80 GB TAPE DRIVE	07/17/06	SL	5.00		16	875.				875.	875.		0.	875.
45	100-0045 NEW EXCHANGE SERVER	06/20/07	SL	5.00		16	5,723.				5,723.	5,723.		0.	5,723.
184	100-0046 LAPTOP FOR LIFE/JOB SKILLS COORDINATOR	09/19/07	SL	5.00		16	1,394.				1,394.	1,394.		0.	1,394.
185	100-0047 NEW SERVER #1	01/01/08	SL	5.00		16	7,203.				7,203.	7,203.		0.	7,203.
186	100-0048 NEW SERVER #2	01/01/08	SL	5.00		16	7,203.				7,203.	7,203.		0.	7,203.

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214	100-0051 COMPUTER	09/02/10	SL	5.00		16	1,974.				1,974.	1,974.		0.	1,974.
227	100-0053 COMPUTERS (ALEX, MARK AND TRACY)	10/03/11	SL	5.00		16	3,908.				3,908.	3,908.		0.	3,908.
228	100-0054 COMPUTERS (CAILAN AND ERIC)	10/03/11	SL	5.00		16	2,605.				2,605.	2,605.		0.	2,605.
229	100-0055 NEW MAIN AND EXCHANGE SERVER	02/22/12	SL	5.00		16	17,105.				17,105.	17,105.		0.	17,105.
242	100-0056 COMPUTER FOR ALEX	01/28/13	SL	5.00		16	2,494.				2,494.	2,494.		0.	2,494.
270	100-0058 NEW EXCHANGE SERVER	08/23/13	SL	5.00		16	13,091.				13,091.	13,091.		0.	13,091.
271	100-0059 NEW MIP SERVER	08/23/13	SL	5.00		16	6,018.				6,018.	6,018.		0.	6,018.
272	100-0060 COMPUTER FOR DAN	09/29/13	SL	5.00		16	1,291.				1,291.	1,291.		0.	1,291.
273	100-0061 MIP HR AND FORM DESIGNER SOFTWARE	11/21/13	SL	3.00		16	2,490.				2,490.	2,490.		0.	2,490.
286	100-0062 NEW APP SERVER	02/15/15	SL	5.00		16	14,832.				14,832.	14,832.		0.	14,832.
287	100-0063 NEW REMOTE SERVER	02/21/15	SL	5.00		16	15,300.				15,300.	15,300.		0.	15,300.
288	100-0064 NEW COMPUTER-JOS	02/28/15	SL	5.00		16	1,324.				1,324.	1,324.		0.	1,324.
289	100-0065 NEW PHONE SERVER	03/11/15	SL	5.00		16	11,907.				11,907.	11,907.		0.	11,907.
291	100-0067 NEW DONOR SOFTWARE	01/28/15	SL	3.00		16	4,540.				4,540.	4,540.		0.	4,540.
341	100-0071 NEW FREEZER FOR FOODSHARE	11/12/15	SL	9.00		16	1,010.				1,010.	635.		112.	747.
342	100-0072 DELL COMPUTER-HOLLY C.	11/28/15	SL	5.00		16	1,433.				1,433.	1,433.		0.	1,433.
343	100-0073 NEW COMPUTER-ASSOC. ASSET MGT.	01/28/16	SL	5.00		16	1,414.				1,414.	1,414.		0.	1,414.
344	100-0074 NEW COMPUTER-MAVRY	01/28/16	SL	5.00		16	1,414.				1,414.	1,414.		0.	1,414.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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345	100-0075 NEW COMPUTER-ROSHAWNA	01/28/16	SL	5.00		16	1,414.				1,414.	1,414.		0.	1,414.
346	100-0076 2 COMPUTERS-ERIK+CHEYNNE	02/29/16	SL	5.00		16	2,082.				2,082.	2,082.		0.	2,082.
347	100-0077 NEW COMPUTER-AMANDA B. CDP CM	02/29/16	SL	5.00		16	1,135.				1,135.	1,135.		0.	1,135.
348	100-0078 NEW COMPUTER-COLUNTER COORDINATOR	02/29/16	SL	5.00		16	1,135.				1,135.	1,135.		0.	1,135.
349	100-0079 NEW COMPUTER-HEATHER	02/29/16	SL	5.00		16	1,135.				1,135.	1,135.		0.	1,135.
350	100-0080 NEW COMPUTER-KERRY JO.	02/29/16	SL	5.00		16	1,135.				1,135.	1,135.		0.	1,135.
351	100-0081 NEW COMPUTER-BRENDA/SUSAN RT CM	02/29/16	SL	5.00		16	1,135.				1,135.	1,135.		0.	1,135.
352	100-0082 NEW COMPUTER-KATHY SH CHILDREN SERVICES	02/29/16	SL	5.00		16	1,134.				1,134.	1,134.		0.	1,134.
353	100-0083NEW COMPUTER-COREEN	09/28/16	SL	5.00		16	1,031.				1,031.	979.		52.	1,031.
354	100-0084 3 NEW COMPUTERS	09/28/16	SL	5.00		16	3,094.				3,094.	2,940.		154.	3,094.
355	100-0085 NEW COMPUTER-SERVICE CENTRAL JES	10/18/16	SL	5.00		16	1,017.				1,017.	948.		69.	1,017.
356	100-0086 NEW COMPUTER-CHRILDREN SERVICE C	10/18/16	SL	5.00		16	1,017.				1,017.	948.		69.	1,017.
357	100-0087 2 NEW COMPUTERS	10/18/16	SL	5.00		16	2,035.				2,035.	1,899.		136.	2,035.
358	100-0088 DELL LAPTOP-PRESENTATION LAPTOP	02/28/17	SL	5.00		16	1,003.				1,003.	871.		132.	1,003.
359	100-0089 DELL LAPTOP FOR GRIFFIN	02/28/17	SL	5.00		16	1,003.				1,003.	871.		132.	1,003.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						208,359.				208,359.	207,240.		856.	208,096.
	TRANSPORTATION EQUIPMENT														
15	100-0014 VEHICLES	06/01/98	SL	5.00		16	21,799.				21,799.	21,799.		0.	21,799.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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16	100-0015 VEHICLES	06/01/99	SL	5.00		16	5,875.				5,875.	5,875.		0.	5,875.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						27,674.				27,674.	27,674.		0.	27,674.
	LAND														
338	100-0068 DONATED LAND - 1259 E. TO BLVD.	08/10/15	L				500,000.				500,000.			0.	
	* 990 PAGE 10 TOTAL LAND						500,000.				500,000.	0.		0.	0.
	OTHER														
2	100-0041 FIXED ASSET MODULE	04/13/06	197	36M		HY43	3,102.				3,102.	3,102.		0.	3,102.
202	100-0050 RESIDENT SERVICE SOFTWARE	06/03/10	197	36M		HY43	5,412.				5,412.	5,412.		0.	5,412.
226	100-0052 HMIS SOFTWARE	10/11/11	197	36M		HY43	3,695.				3,695.	3,695.		0.	3,695.
241	100-0057 LOAN FEE AND DOCUMENT FEE FOR LOC	05/13/13	461	1M		HY43	1,000.				1,000.	1,000.		0.	1,000.
	* 990 PAGE 10 TOTAL OTHER						13,209.				13,209.	13,209.		0.	13,209.
	* 990 PAGE 10 TOTAL -						2,225,261.				2,225,261.	580,433.		34,813.	615,246.
	BUILDINGS														
47	135-0003 BUILDING	06/30/05	SL	40.00		16	9,441,528.				9,441,528.	8,776,609.		236,038.	4,012,647.
48	135-0004 BUILDING IMPROVEMENTS	06/30/05	SL	40.00		16	19,325.				19,325.	7,729.		483.	8,212.
49	135-0005 BUILDING IMPROVEMENTS	06/30/05	SL	40.00		16	79,714.				79,714.	31,887.		1,993.	33,880.
50	135-0006 BUILDING IMPROVEMENTS	09/01/05	SL	40.00		16	64,211.				64,211.	25,414.		1,605.	27,019.
76	135-0033 BUILDING IMPROVEMENTS	03/29/06	SL	40.00		16	2,297.				2,297.	875.		57.	932.

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98	135-0055 BI - GENERAL REQUIREMENTS	01/29/07	SL	40.00		16	39,231.				39,231.	14,224.		981.	15,205.
99	135-0056 BI - GUTTERS AND DOWNSPROUTS	01/29/07	SL	40.00		16	21,537.				21,537.	7,802.		538.	8,340.
100	135-0057 BI - 2ND LEVEL ENTRY DECK REPAIR	01/29/07	SL	20.00		16	17,667.				17,667.	12,804.		883.	13,687.
101	135-0058 BI - FASCIA REPAIRS	01/29/07	SL	20.00		16	26,168.				26,168.	18,967.		1,308.	20,275.
102	135-0059 BI - DOOR REPLACEMENT	01/29/07	SL	40.00		16	8,996.				8,996.	3,262.		225.	3,487.
103	135-0060 BI - CARPORT ROOF	01/29/07	SL	40.00		16	61,125.				61,125.	22,156.		1,528.	23,684.
104	135-0061 BI - VENT INSTALLATION	01/29/07	SL	40.00		16	82,283.				82,283.	29,827.		2,057.	31,884.
105	135-0062 BI - INTERIOR REPAIRS	01/29/07	SL	40.00		16	2,767.				2,767.	1,001.		69.	1,070.
106	135-0063 BI - DEMO WALL	01/29/07	SL	20.00		16	15,270.				15,270.	11,077.		764.	11,841.
107	135-0064 BI - FORM AND POUR CONCRETE	01/29/07	SL	20.00		16	20,700.				20,700.	15,008.		1,035.	16,043.
108	135-0065 BI - INSTALL MASONRY WALL	01/29/07	SL	20.00		16	18,400.				18,400.	13,340.		920.	14,260.
109	135-0066 BI - MOBILIZATION	01/29/07	SL	40.00		16	12,494.				12,494.	4,525.		312.	4,837.
110	135-0067 BI - BUILDINGS	01/29/07	SL	40.00		16	52,900.				52,900.	19,182.		1,323.	20,505.
111	135-0068 BI - CARPORTS	01/29/07	SL	40.00		16	7,383.				7,383.	2,681.		185.	2,866.
112	135-0069 BI - SITE WALLS	01/29/07	SL	20.00		16	8,217.				8,217.	5,959.		411.	6,370.
113	135-0070 BI - WROUGHT IRON	01/29/07	SL	20.00		16	7,320.				7,320.	5,307.		366.	5,673.
114	135-0071 BI - DECKING	01/29/07	SL	20.00		16	10,557.				10,557.	7,656.		528.	8,184.
115	135-0072 BI - GAZEBO	01/29/07	SL	40.00		16	1,017.				1,017.	364.		25.	389.



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116	135-0073 LAUNDRY	01/29/07	SL	40.00		16	637.				637.	232.		16.	248.
117	135-0074 BI - METAL GUARDRAIL REPAIR	01/29/07	SL	20.00		16	49,991.				49,991.	36,249.		2,500.	38,749.
118	135-0075 BI - SITE LIGHTING - LABOR	01/29/07	SL	40.00		16	28,092.				28,092.	10,180.		702.	10,882.
119	135-0076 BI - SITE LIGHTING - MATERIAL	01/29/07	SL	40.00		16	28,750.				28,750.	10,425.		719.	11,144.
120	135-0077 BUILDING IMPROVEMENT	01/29/07	SL	40.00		16	47,046.				47,046.	17,052.		1,176.	18,228.
121	135-0078 BI - DECKING	01/29/07	SL	20.00		16	4,935.				4,935.	3,581.		247.	3,828.
164	135-0089 NEW 100 AMP BREAKER PANEL	01/11/08	SL	10.00		16	1,200.				1,200.	1,200.		0.	1,200.
175	135-0100 NEW SHOWER PAN #1701	06/04/08	SL	40.00		16	592.				592.	196.		15.	211.
176	135-0101 NEW TUB #1501	06/04/08	SL	40.00		16	965.				965.	314.		24.	338.
188	135-0102 UPGRADE POOL - SAFETY	06/07/09	SL	20.00		16	1,780.				1,780.	1,075.		89.	1,164.
189	135-0103 BI - ROOF REHAB	12/01/08	SL	40.00		16	248,204.				248,204.	78,080.		6,205.	84,285.
197	135-0111 REPLACE SEWER LINE SECTION BLDG. 2011	04/06/09	SL	40.00		16	2,011.				2,011.	613.		50.	663.
203	135-0113 STAIR STEP THREADS (2017, 2019, 2021)	04/29/10	SL	40.00		16	2,500.				2,500.	703.		63.	766.
215	135-0116 PARKING LOT IMPROVEMENTS	06/30/11	SL	20.00		16	35,129.				35,129.	17,560.		1,756.	19,316.
216	135-0117 ROOF REHAB	06/30/11	SL	40.00		16	138,585.				138,585.	34,650.		3,465.	38,115.
217	135-0118 DECKING IMPROVEMENTS	06/30/11	SL	20.00		16	24,742.				24,742.	12,370.		1,237.	13,607.
218	135-0119 ELECTRICAL IMPROVEMENTS	06/30/11	SL	40.00		16	20,812.				20,812.	5,200.		520.	5,720.
219	135-0120 STAIRS & HANDRAILS IMPROVEMENTS	06/30/11	SL	20.00		16	22,574.				22,574.	11,290.		1,129.	12,419.

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220	135-0121 4 GATE VALVES - BLDGS 2011,2015,2017,2021	06/30/11	SL	40.00		16	3,550.				3,550.	890.		89.	979.
221	135-0122 BUILDING IMPROVEMENTS	06/30/11	SL	40.00		16	4,850.				4,850.	1,210.		121.	1,331.
222	135-0123 2 POOL SKIMMERS	06/30/11	SL	20.00		16	3,454.				3,454.	1,730.		173.	1,903.
230	135-0126 ELECTRICAL IMPROVEMENT	10/13/11	SL	40.00		16	1,864.				1,864.	458.		47.	505.
231	135-0127 REPLACE/CLEAN OUT SEWER LINE BUILDING 2019	11/03/11	SL	40.00		16	1,400.				1,400.	338.		35.	373.
264	135-0133 REPLACE SEWER LINE SECTION	10/01/13	SL	40.00		16	6,950.				6,950.	1,348.		174.	1,522.
266	135-0135 CONCRETE IMPROVEMENTS	05/31/14	SL	20.00		16	34,070.				34,070.	12,212.		1,704.	13,916.
267	135-0136 STORM DRAIN/SEWER	06/30/14	SL	40.00		16	106,497.				106,497.	18,856.		2,662.	21,518.
269	135-0138 FIRE REHAB - 2023 BUILDING	06/30/14	SL	40.00		16	94,666.				94,666.	16,766.		2,367.	19,133.
274	135-0139 FIRE REHAB - 2023 BUILDING	08/25/14	SL	40.00		16	63,349.				63,349.	10,956.		1,584.	12,540.
278	135-0143 SLAB LEAK REPAIRS #1106	11/17/14	SL	40.00		16	3,245.				3,245.	540.		81.	621.
279	135-0144 SLAB LEAK REPAIRS #1501	12/17/14	SL	40.00		16	2,725.				2,725.	448.		68.	516.
282	135-0147 SLAB LEAK REPAIRS #2011 BLDG	03/02/15	SL	40.00		16	1,185.				1,185.	190.		30.	220.
283	135-0148 SLAB LEAK REPAIRS #1302	05/08/15	SL	40.00		16	1,595.				1,595.	247.		40.	287.
284	135-0149 CARPORT #2019 POST REPAIR	02/18/15	SL	40.00		16	1,850.				1,850.	295.		46.	341.
302	135-0152 POOL DECK REPAIRS	07/06/15	SL	20.00		16	1,912.				1,912.	576.		96.	672.
303	135-0153 SAFETY HAND RAILS FOR POOL	08/04/15	SL	20.00		16	1,800.				1,800.	533.		90.	623.
304	135-0154 REPAIR SLAB LEAK #1302	01/18/16	SL	40.00		16	2,800.				2,800.	379.		70.	449.

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305	135-0155 REPAIR SLAB LEAK #1906	03/11/16	SL	40.00		16	3,160.				3,160.	421.		79.	500.
306	135-0156 REPLACE GAS LINE #1703	05/15/16	SL	40.00		16	4,403.				4,403.	568.		110.	678.
307	135-0157 REPAIR WATER LINE UNDER SLAB #2506	05/25/16	SL	40.00		16	2,925.				2,925.	371.		73.	444.
308	135-0158 INSTALL AMERICAST TUB #2015-2	12/09/15	SL	40.00		16	1,669.				1,669.	234.		42.	276.
384	135-0199 STAIRS BUILDINGS 2019 AND 2017, STEP REPLACEMENT	07/12/17	SL	20.00		16	1,350.				1,350.	272.		68.	340.
394	135-0209 COMMON AREAS ENTIRE PROPERT MULCH AND ROCKSU=11	02/23/18	SL	20.00		16	3,378.				3,378.	563.		169.	732.
447	135-0221 INSTALLATION OF 306 REPLACEMENT WINDOWS	10/15/20	SL	40.00		16	275,232.				275,232.	5,161.		6,881.	12,042.
	* 990 PAGE 10 TOTAL BUILDINGS						11309531.				11309531.	4,354,188.		290,446.	4,644,634.
	FURNITURE & FIXTURES														
52	135-0008 FURNITURE	01/01/06	SL	10.00		16	527.				527.	527.		0.	527.
53	135-0009 FURNITURE	01/01/06	SL	10.00		16	649.				649.	649.		0.	649.
55	135-0011 FURNISHINGS	01/01/06	SL	10.00		16	649.				649.	649.		0.	649.
56	135-0012 FIREPROOF CABINET	01/01/06	SL	10.00		16	1,073.				1,073.	1,073.		0.	1,073.
58	135-0014 NEW CARPET - 1703	01/01/06	SL	9.00		16	1,276.				1,276.	1,276.		0.	1,276.
59	135-0015 NEW CARPET - 2310	01/01/06	SL	9.00		16	1,032.				1,032.	1,032.		0.	1,032.
60	135-0016 CARPET REPLACEMENT - 1707	01/01/06	SL	9.00		16	806.				806.	806.		0.	806.
61	135-0017 CARPET REPLACEMENT - 2507	01/01/06	SL	9.00		16	1,066.				1,066.	1,066.		0.	1,066.
62	135-0018 CARPET REPLACEMENT - 2506	01/01/06	SL	9.00		16	1,107.				1,107.	1,107.		0.	1,107.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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63	135-0019 NEW CARPET - 2015-4	01/01/06	SL	9.00		16	1,094.				1,094.	1,094.		0.	1,094.
64	135-0020 CARPET REPLACEMENT - 2025-1	01/01/06	SL	9.00		16	1,101.				1,101.	1,101.		0.	1,101.
65	135-0021 CARPET REPLACEMENT - 2013-5	01/01/06	SL	9.00		16	1,093.				1,093.	1,093.		0.	1,093.
66	135-0022 NEW CARPET - 2021-5	01/01/06	SL	9.00		16	1,089.				1,089.	1,089.		0.	1,089.
69	135-0025 PERMIT	01/01/06	SL	10.00		16	250.				250.	250.		0.	250.
77	135-0034 NEW CARPET - 1710	07/19/06	SL	9.00		16	820.				820.	820.		0.	820.
78	135-0035 NEW CARPET - 1509	08/21/06	SL	9.00		16	1,451.				1,451.	1,451.		0.	1,451.
79	135-0036 NEW CARPET - 1503	08/21/06	SL	9.00		16	1,052.				1,052.	1,052.		0.	1,052.
80	135-0037 NEW CARPET - 1712	08/21/06	SL	9.00		16	979.				979.	979.		0.	979.
81	135-0038 NEW CARPET - 1102	08/23/06	SL	9.00		16	1,057.				1,057.	1,057.		0.	1,057.
82	135-0039 NEW CARPET - 1708	10/20/06	SL	9.00		16	786.				786.	786.		0.	786.
83	135-0040 NEW CARPET - 1907	10/26/06	SL	9.00		16	1,061.				1,061.	1,061.		0.	1,061.
84	135-0041 NEW CARPET - 2502	10/31/06	SL	9.00		16	1,034.				1,034.	1,034.		0.	1,034.
85	135-0042 NEW CARPET - 1308	10/31/06	SL	9.00		16	1,034.				1,034.	1,034.		0.	1,034.
86	135-0043 NEW CARPET - 2104	12/20/06	SL	9.00		16	1,107.				1,107.	1,107.		0.	1,107.
87	135-0044 NEW CARPET - 1307	12/20/06	SL	9.00		16	1,107.				1,107.	1,107.		0.	1,107.
88	135-0045 NEW CARPET - 2108	10/16/06	SL	9.00		16	1,052.				1,052.	1,052.		0.	1,052.
89	135-0046 NEW CARPET - 1711	01/19/07	SL	9.00		16	852.				852.	852.		0.	852.

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90	135-0047 NEW CARPET - 1904	03/16/07	SL	9.00		16	1,068.				1,068.	1,068.		0.	1,068.
91	135-0048 NEW CARPET - 2106	05/23/07	SL	9.00		16	1,087.				1,087.	1,087.		0.	1,087.
96	135-0053 NEW CARPET - 2311	06/22/07	SL	9.00		16	874.				874.	874.		0.	874.
97	135-0054 NEW CARPET - 2101	06/23/07	SL	9.00		16	1,161.				1,161.	1,161.		0.	1,161.
155	135-0079 NEW CARPET - 2302	08/06/07	SL	9.00		16	585.				585.	585.		0.	585.
156	135-0080 NEW CARPET - 2015-8	09/12/07	SL	9.00		16	902.				902.	902.		0.	902.
157	135-0082 NEW CARPET - 2019-3	11/07/07	SL	9.00		16	841.				841.	838.		0.	838.
158	135-0083 NEW CARPET - 2011-6	10/18/07	SL	9.00		16	902.				902.	902.		0.	902.
159	135-0084 NEW CARPET - 2023-8	11/21/07	SL	9.00		16	584.				584.	584.		0.	584.
160	135-0085 NEW CARPET - 2025-4	12/07/07	SL	9.00		16	902.				902.	902.		0.	902.
161	135-0086 NEW CARPET - 2015-2	12/10/07	SL	9.00		16	779.				779.	779.		0.	779.
162	135-0087 NEW CARPET - 2019-6	01/04/08	SL	9.00		16	1,082.				1,082.	1,082.		0.	1,082.
163	135-0088 NEW CARPET - 2023-6	01/11/08	SL	9.00		16	709.				709.	709.		0.	709.
166	135-0091 NEW CARPET - 2021-8	01/30/08	SL	9.00		16	902.				902.	902.		0.	902.
167	135-0092 NEW CARPET - 2021-7	10/29/07	SL	9.00		16	861.				861.	861.		0.	861.
168	135-0093 NEW CARPET - 2015-6	03/10/08	SL	9.00		16	902.				902.	902.		0.	902.
169	135-0094 NEW CARPET - 2021-2	04/28/08	SL	9.00		16	911.				911.	911.		0.	911.
170	135-0095 NEW CARPET - 2017-1	04/21/08	SL	9.00		16	1,025.				1,025.	1,025.		0.	1,025.

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171	135-0096 NEW CARPET - 2023-5	05/22/08	SL	9.00		16	600.				600.	600.		0.	600.
172	135-0097 NEW CARPET - 2019-5	05/31/08	SL	9.00		16	911.				911.	911.		0.	911.
174	135-0099 A/C REPLACEMENT UNIT #2503	05/21/08	SL	10.00		16	1,677.				1,677.	1,677.		0.	1,677.
190	135-0104 NEW CARPET 2019-2	12/31/08	SL	9.00		16	1,011.				1,011.	1,008.		0.	1,008.
191	135-0105 A/C REPLACEMENT UNITS 2011-5, 2011-7, 2017-9	09/02/08	SL	10.00		16	15,053.				15,053.	15,050.		0.	15,050.
192	135-0106 A/C REPLACEMENT UNITS 1702, 1903, 1908	11/13/08	SL	10.00		16	9,109.				9,109.	9,109.		0.	9,109.
193	135-0107 HVAC 2309	02/12/09	SL	10.00		16	3,325.				3,325.	3,325.		0.	3,325.
194	135-0108 HVAC 2023-7	03/06/09	SL	10.00		16	3,325.				3,325.	3,325.		0.	3,325.
195	135-0109 NEW SHOWER TUB #1902	11/03/08	SL	10.00		16	1,440.				1,440.	1,440.		0.	1,440.
196	135-0110 NEW TUB #1905	02/27/09	SL	10.00		16	1,062.				1,062.	1,062.		0.	1,062.
224	135-0125 NEW TUB #2025-6	08/23/10	SL	10.00		16	1,101.				1,101.	1,101.		0.	1,101.
243	135-0129 NEW CARPET #1505	09/26/12	SL	9.00		16	1,017.				1,017.	989.		28.	1,017.
244	135-0130 NEW CARPET #2508	10/05/12	SL	9.00		16	1,020.				1,020.	989.		28.	1,017.
245	135-0131 NEW TUB #1301	05/22/13	SL	10.00		16	1,570.				1,570.	1,282.		157.	1,439.
265	135-0134 NEW CABINETS #1302	01/31/14	SL	40.00		16	2,832.				2,832.	527.		71.	598.
268	135-0137 REPLACEMENT OF 124 TOILETS	06/30/14	SL	40.00		16	19,592.				19,592.	3,497.		490.	3,987.
275	135-0140 CONCRETE IMPROVEMENTS	09/01/14	SL	20.00		16	1,900.				1,900.	649.		95.	744.
276	135-0141 POOL REPLASTER AND NEW TILE	08/20/14	SL	20.00		16	9,907.				9,907.	3,424.		495.	3,919.

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277	135-0142 FIREKING CABINET	03/23/15	SL	10.00		16	1,980.				1,980.	1,254.		198.	1,452.
280	135-0145 NEW CARPET #1306	04/20/15	SL	9.00		16	1,008.				1,008.	700.		112.	812.
281	135-0146 NEW CARPET #2503	05/12/15	SL	9.00		16	1,149.				1,149.	789.		128.	917.
285	135-0150 NEW CARPET #1502	06/18/15	SL	9.00		16	1,001.				1,001.	674.		111.	785.
310	135-0160 NEW CARPET#1305	07/14/15	SL	9.00		16	1,002.				1,002.	666.		111.	777.
311	135-0161 NEW CARPET #1507	08/31/15	SL	9.00		16	1,002.				1,002.	648.		111.	759.
312	135-0162 NEW CARPET #1906	09/03/15	SL	9.00		16	1,002.				1,002.	648.		111.	759.
313	135-0163 NEW CARPET #1905	09/15/15	SL	9.00		16	1,008.				1,008.	653.		112.	765.
314	135-0164 NEW VINYL PLANKING #2021-2	04/30/16	SL	9.00		16	2,736.				2,736.	1,571.		304.	1,875.
315	135-0165 NEW VINYL PLANKING #2015-1	03/24/16	SL	9.00		16	2,736.				2,736.	1,596.		304.	1,900.
316	135-0166 NEW VINYL PLANKING #2025-6	05/03/16	SL	9.00		16	2,717.				2,717.	1,560.		302.	1,862.
317	135-0167 NEW VINYL PLANKING #2019-7	05/04/16	SL	9.00		16	2,911.				2,911.	1,669.		323.	1,992.
318	135-0168 VINYL PLANKING #1102	05/11/16	SL	9.00		16	2,795.				2,795.	1,607.		311.	1,918.
319	135-0169 VINYL PLANKING #2306	05/12/16	SL	9.00		16	1,960.				1,960.	1,126.		218.	1,344.
320	135-0170 VINYL PLANKING #2307	05/25/16	SL	9.00		16	2,518.				2,518.	1,423.		280.	1,703.
321	135-0171 VINYL PLANKING #2501	06/10/16	SL	9.00		16	2,736.				2,736.	1,545.		304.	1,849.
322	135-0172 VINYL PLANKING #1107	06/28/16	SL	9.00		16	3,086.				3,086.	1,715.		343.	2,058.
362	135-0174 NEW VINYL PLANKING #1904	07/22/16	SL	9.00		16	2,877.				2,877.	1,573.		320.	1,893.

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363	135-0175 NEW VINYL PLANKING #2101	07/26/16	SL	9.00		16	2,807.				2,807.	1,534.		312.	1,846.
364	135-0176 VINYL PLANKING #2504	08/12/16	SL	9.00		16	2,947.				2,947.	1,608.		327.	1,935.
365	135-0177 VINYL PLANKING #1105	08/25/16	SL	9.00		16	1,390.				1,390.	745.		154.	899.
366	135-0178 VINYL PLANK FLOORING REPLACEMENT 1103	10/12/16	SL	9.00		16	2,876.				2,876.	1,520.		320.	1,840.
367	135-0179 VINYL PLANKING #1501	10/27/16	SL	9.00		16	2,736.				2,736.	1,419.		304.	1,723.
368	135-0180 NEW VINYL PLANK FLOOR FOR VACANT 2104	11/22/16	SL	9.00		16	3,415.				3,415.	1,737.		379.	2,116.
369	135-0181 UNIT 1108, NEW FLOOR TO ELIMINATE HAZARD WO	01/25/17	SL	9.00		16	3,014.				3,014.	1,480.		335.	1,815.
370	135-0182 NEW FLOOR ENTIRE UNIT -VINYL PLANK- AS PART O	02/24/17	SL	9.00		16	2,543.				2,543.	1,226.		283.	1,509.
371	135-0183 NEW FLOOR VINYL PLANK ENTIRE UNIT #1305; WO#	03/01/17	SL	9.00		16	2,887.				2,887.	1,391.		321.	1,712.
372	135-0184 VACANT 2508 VINYL PLANKING	03/10/17	SL	9.00		16	2,944.				2,944.	1,417.		327.	1,744.
373	135-0185 VINYL PLANKING #1705	02/09/17	SL	9.00		16	2,521.				2,521.	1,237.		280.	1,517.
374	135-0186 VINYL PLANKING #1508	04/11/17	SL	9.00		16	2,944.				2,944.	1,390.		327.	1,717.
375	135-0187 FLOOR VINYL PLANK NATURAL OAK VAC. 1707	06/08/17	SL	9.00		16	2,650.				2,650.	1,201.		294.	1,495.
383	135-0198 UNIT 1106, VINYL PLANKING	07/06/17	SL	9.00		16	2,923.				2,923.	1,300.		325.	1,625.
386	135-0201 MAJOR REHAB VACANT VINYL PLANK #1105 WO#2547	07/19/17	SL	9.00		16	3,658.				3,658.	1,591.		406.	1,997.
389	135-0204 VINYL PLANK WHOLE VACANT #2107	08/03/17	SL	9.00		16	2,993.				2,993.	1,304.		333.	1,637.
390	135-0205 VINYL PLANK FLOOR WHOLE UNIT VACANT #2310	09/05/17	SL	9.00		16	3,068.				3,068.	1,307.		341.	1,648.
396	135-0211 VACANT 1901 VINYL PLANK NATURAL OAK COLOR- ENT	03/05/18	SL	9.00		16	2,961.				2,961.	1,097.		329.	1,426.



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407	135-0213 VINYL PLANKING FOR 6 UNITS	06/18/19	SL	9.00		16	18,329.				18,329.	4,074.		2,037.	6,111.
429	135-0215 VINYL PLANKING FOR MULTIPLE UNITS	06/30/20	SL	9.00		16	25,329.				25,329.	2,814.		2,814.	5,628.
442	135-0216 VINYL PLANKING FOR MULTIPLE UNITS	08/20/20	SL	9.00		16	2,712.				2,712.	251.		301.	552.
443	135-0217 VINYL PLANKING FOR MULTIPLE UNITS	10/13/20	SL	9.00		16	3,047.				3,047.	254.		339.	593.
444	135-0218 VINYL PLANKING FOR MULTIPLE UNITS	11/15/20	SL	9.00		16	3,034.				3,034.	225.		337.	562.
445	135-0219 VINYL PLANKING FOR MULTIPLE UNITS	12/02/20	SL	9.00		16	3,034.				3,034.	197.		337.	534.
446	135-0220 VINYL PLANKING FOR MULTIPLE UNITS	05/17/21	SL	9.00		16	3,785.				3,785.	35.		421.	456.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						265,504.				265,504.	146,014.		17,650.	163,664.
	MACHINERY & EQUIPMENT														
51	135-0007 CANNON COPIER	01/01/06	SL	5.00		16	643.				643.	643.		0.	643.
54	135-0010 COMPUTER - MGR	01/01/06	SL	5.00		16	1,432.				1,432.	1,432.		0.	1,432.
57	135-0013 ALTIGEN PHONE SYSTEM	01/01/06	SL	10.00		16	1,510.				1,510.	1,510.		0.	1,510.
67	135-0023 WATER HEATER BLDG. - 2021	01/01/06	SL	10.00		16	5,500.				5,500.	5,500.		0.	5,500.
68	135-0024 WATER HEATER BLDG. - 2011	01/01/06	SL	10.00		16	4,750.				4,750.	4,750.		0.	4,750.
70	135-0026 WATER HEATER BLDG. - 2013	01/01/06	SL	10.00		16	5,650.				5,650.	5,650.		0.	5,650.
71	135-0027 WATER HEATER BLDG. - 2015	01/01/06	SL	10.00		16	5,650.				5,650.	5,650.		0.	5,650.
72	135-0028 WATER HEATER BLDG. - 2019	01/01/06	SL	10.00		16	5,650.				5,650.	5,650.		0.	5,650.
73	135-0029 WATER HEATER BLDG. - 2025	01/01/06	SL	10.00		16	5,650.				5,650.	5,650.		0.	5,650.

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92	135-0049 A/C REPLACEMENT UNIT 1501	07/17/06	SL	10.00		16	4,215.				4,215.	4,215.		0.	4,215.
93	135-0051 PUREX 1 H.P. PUMP FOR POOL	08/16/06	SL	10.00		16	500.				500.	500.		0.	500.
95	135-0052 PUREX 60 SQ. FT. FILTER FOR POOL	08/16/06	SL	10.00		16	760.				760.	760.		0.	760.
165	135-0090 NEW FURNACE - 2307	12/17/07	SL	10.00		16	1,675.				1,675.	1,675.		0.	1,675.
173	135-0098 NEW HOUSING CENTRAL SERVER	05/28/08	SL	5.00		16	1,175.				1,175.	1,175.		0.	1,175.
198	135-0112 REPLACE WATER HEATER-BLDG 2021	06/01/09	SL	10.00		16	5,690.				5,690.	5,690.		0.	5,690.
204	135-0114 WATER HEATER BUILDING 2023	01/19/10	SL	10.00		16	5,550.				5,550.	5,550.		0.	5,550.
205	135-0115 AIR CONDITIONERS (62)	06/30/10	SL	10.00		16	204,309.				204,309.	204,309.		0.	204,309.
223	135-0124 A/C FILTER RACK INSTALLATIONS (10)	08/23/10	SL	10.00		16	2,745.				2,745.	2,745.		0.	2,745.
232	135-0128 WATER HEATER BUILDING 2017	12/29/11	SL	10.00		16	4,600.				4,600.	4,407.		193.	4,600.
309	135-0159 NEW WATER HEATER BOILER BLDG 2021	12/16/15	SL	10.00		16	7,825.				7,825.	4,306.		783.	5,089.
385	135-0200 NEW WATER HEATER AND PUMP BUILDING 2019	07/18/17	SL	9.00		16	7,750.				7,750.	3,372.		861.	4,233.
387	135-0202 REPLACEMENT CONDENSER COIL UNIT 2301 WO	07/29/17	SL	9.00		16	1,650.				1,650.	717.		183.	900.
388	135-0203 CONDENSER COIL REPLACED UNIT 2105 WO#2660	08/03/17	SL	9.00		16	1,850.				1,850.	806.		206.	1,012.
391	135-0206 #2102 REPLACEMENT WITH NEW CONDENSER COIL	10/03/17	SL	9.00		16	1,650.				1,650.	687.		183.	870.
392	135-0207 #1906 REPLACEMENT A/C CONDENSER COIL	10/03/17	SL	9.00		16	1,650.				1,650.	687.		183.	870.
393	135-0208 UNIT 1701 HOT WATER LINE BROKEN WO#3206	10/17/17	SL	9.00		16	1,530.				1,530.	623.		170.	793.
395	135-0210 EMERGENCY REPLACEMENT WATER HEATER BUI	02/21/18	SL	9.00		16	8,025.				8,025.	2,973.		892.	3,865.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
406	135-0212 NEW WATER HEATER BUILDING 2011	12/03/18	SL	9.00		16	7,630.				7,630.	2,191.		848.	3,039.
428	135-0214 NEW WATER HEATER BUILDING 2025	11/04/19	SL	9.00		16	7,961.				7,961.	1,475.		885.	2,360.
463	135-0222 BLDG #2025 INSTALLATION OF WATER HEATER	09/01/21	SL	9.00		16	10,330.				10,330.			956.	956.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						325,505.				325,505.	285,298.		6,343.	291,641.
	LAND														
46	135-0002 LAND	06/30/05	L				4,720,765.				4,720,765.			0.	
94	135-0050 NEW GARDEN	03/05/07	SL	20.00		16	1,800.				1,800.	1,290.		90.	1,380.
263	135-0132 TREE TRIMMING	02/05/14	SL	20.00		16	9,000.				9,000.	3,338.		450.	3,788.
301	135-0151 PRUNING OF 85 TREES	01/28/16	SL	20.00		16	15,206.				15,206.	4,117.		760.	4,877.
	* 990 PAGE 10 TOTAL LAND						4,746,771.				4,746,771.	8,745.		1,300.	10,045.
	OTHER														
74	135-0030 LOAN COSTS	07/01/05	461	360M		HY43	79,144.				79,144.	42,208.		2,638.	44,846.
75	135-0032 ISSUANCE COSTS	07/01/05	461	360M		HY43	116,500.				116,500.	62,130.		3,883.	66,013.
	* 990 PAGE 10 TOTAL OTHER						195,644.				195,644.	104,338.		6,521.	110,859.
	* 990 PAGE 10 TOTAL -						16842955.				16842955.	4,898,583.		322,260.	5,220,843.
	BUILDINGS														
424	122-0002 BUILDINGS	11/30/18	SL	40.00		16	1,560,113.				1,560,113.	100,758.		39,003.	139,761.
	* 990 PAGE 10 TOTAL BUILDINGS						1,560,113.				1,560,113.	100,758.		39,003.	139,761.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
431	122-0007 FLOORING, PAINT AND SUBFLOORING REPAIR UNIT 220	11/12/19	SL	9.00		16	6,885.				6,885.	1,275.		765.	2,040.
452	122-0008 FLOORING REPAIR UNIT 244B	11/16/20	SL	9.00		16	4,333.				4,333.	281.		481.	762.
453	122-0009 VINYL PLANKING UNIT 224A	02/28/21	SL	9.00		16	5,211.				5,211.	193.		579.	772.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						16,429.				16,429.	1,749.		1,825.	3,574.
	MACHINERY & EQUIPMENT														
425	122-0003 WATER HEATER UNIT #228A	06/30/19	SL	9.00		16	2,500.				2,500.	556.		278.	834.
426	122-0004 WATER HEATER UNIT #236B	06/30/19	SL	9.00		16	2,500.				2,500.	556.		278.	834.
430	122-0006 NEW WATER HEATER BUILDING 232B	08/15/19	SL	9.00		16	2,500.				2,500.	533.		278.	811.
454	122-0010 NEW WATER HEATER UNIT 224B	02/28/21	SL	9.00		16	2,950.				2,950.	109.		328.	437.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						10,450.				10,450.	1,754.		1,162.	2,916.
	LAND														
423	122-0001 LAND	11/30/18	L				389,443.				389,443.			0.	
	* 990 PAGE 10 TOTAL LAND						389,443.				389,443.	0.		0.	0.
	OTHER														
427	122-0005 LOAN FEES	11/30/18	461	360M		HY43	30,500.				30,500.	2,627.		1,017.	3,644.
	* 990 PAGE 10 TOTAL OTHER						30,500.				30,500.	2,627.		1,017.	3,644.
	* 990 PAGE 10 TOTAL -						2,006,935.				2,006,935.	106,888.		43,007.	149,895.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
123	145-0002 BUILDING	11/01/01	SL	40.00		16	2,054,800.				2,054,800.	1,010,274.		51,370.	1,061,644.
124	145-0003 BUILDING IMPROVEMENTS	04/01/04	SL	40.00		16	1,856,145.				1,856,145.	800,467.		46,404.	846,871.
125	145-0004 DREYFUS CONSTRUCTION	04/01/05	SL	40.00		16	18,000.				18,000.	7,313.		450.	7,763.
126	145-0005 RENT ALLOW AND RELOC COSTS	04/01/05	SL	40.00		16	23,208.				23,208.	9,426.		580.	10,006.
127	145-0006 RENT ALLOW AND RELOC COSTS	04/01/05	SL	40.00		16	717.				717.	292.		18.	310.
128	145-0007 RENT ALLOW AND RELOC COSTS	04/01/05	SL	40.00		16	144.				144.	63.		4.	67.
129	145-0008 RENT ALLOW AND RELOC COSTS	04/01/05	SL	40.00		16	13,046.				13,046.	5,298.		326.	5,624.
130	145-0009 PRIVATE INV FEES-LOCATE TENANTS	04/01/05	SL	40.00		16	1,013.				1,013.	408.		25.	433.
131	145-0010 FUMIGATION COSTS	04/01/05	SL	40.00		16	15,321.				15,321.	6,224.		383.	6,607.
132	145-0011 TEMPORARY RELOCATION COSTS	04/01/05	SL	40.00		16	3,600.				3,600.	1,463.		90.	1,553.
133	145-0012 RENT ALLOW AND RELOC COSTS	04/01/05	SL	40.00		16	5,129.				5,129.	2,081.		128.	2,209.
134	145-0013 RELOC COSTS-PER AGREEMENT LESS TAX REFUNDS	04/01/05	SL	40.00		16	4,581.				4,581.	1,867.		115.	1,982.
145	145-0025 RENT ALLOWANCE & RELOC COSTS	01/01/06	SL	40.00		16	19,057.				19,057.	7,380.		476.	7,856.
154	145-0035 RENT ALLOWANCE	01/01/07	SL	40.00		16	11,209.				11,209.	4,061.		280.	4,341.
180	145-0039 IRRIGATION LINES TO REPLANT SLOPE	03/10/08	SL	20.00		16	1,250.				1,250.	839.		63.	902.
181	145-0040 SLOPE CLEAN UP TO REPLANT SLOPE	02/27/08	SL	20.00		16	2,400.				2,400.	1,610.		120.	1,730.
182	145-0041 REPLANT SLOPE WITH GROUND COVER	03/17/08	SL	20.00		16	420.				420.	280.		21.	301.

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183	145-0042 RENT ALLOWANCE	01/01/08	SL	40.00		16	8,511.				8,511.	2,875.		213.	3,088.
199	145-0043 UPGRADE POOL - SAFETY	06/23/09	SL	20.00		16	1,780.				1,780.	1,070.		89.	1,159.
213	145-0046 BUILDING IMPROVEMENTS	06/30/08	SL	40.00		16	190,585.				190,585.	52,415.		4,765.	57,180.
233	145-0048 LANDSCAPE IMPROVEMENTS	06/30/12	SL	20.00		16	7,500.				7,500.	3,375.		375.	3,750.
234	145-0049 BUILDING IMPROVEMENTS	06/30/12	SL	40.00		16	101,526.				101,526.	22,842.		2,538.	25,380.
235	145-0050 ROOF REHAB/REPAIRS	06/30/12	SL	40.00		16	26,483.				26,483.	5,958.		662.	6,620.
236	145-0051 REPLASTER POOL AND NEW DRAIN COVERS	06/30/12	SL	20.00		16	5,265.				5,265.	2,367.		263.	2,630.
237	145-0052 PARKING LOT IMPROVEMENTS	06/30/12	SL	20.00		16	46,539.				46,539.	20,943.		2,327.	23,270.
294	145-0058 REPAIR BROKEN WATER MAIN LINE BY BLDG #2	02/05/15	SL	40.00		16	4,425.				4,425.	712.		111.	823.
295	145-0059 REPLACE EXPOSED MAIN ELECTRICAL SERVICE LINE	02/21/15	SL	40.00		16	11,639.				11,639.	1,867.		291.	2,158.
296	145-0060 INSTALL CONDUIT, PULL BOXES FOR FUTURE CAMERA	03/26/15	SL	40.00		16	1,200.				1,200.	190.		30.	220.
297	145-0061 GARAGE DOOR INSTALL #15-16	04/23/15	SL	40.00		16	1,395.				1,395.	219.		35.	254.
300	145-0064 GARAGE DOOR INSTALL #3-4	06/17/15	SL	40.00		16	1,395.				1,395.	213.		35.	248.
333	145-0067 INSTALLATION OF 9 METAL GARAGE DOORS	04/13/16	SL	40.00		16	11,076.				11,076.	1,454.		277.	1,731.
334	145-0068 REPLACE 27 TOILETS	04/13/16	SL	40.00		16	12,902.				12,902.	1,696.		323.	2,019.
335	145-0069 WOOD SIDING REPLACEMENT BLDG A, B AND CA	05/11/16	SL	40.00		16	31,564.				31,564.	4,077.		789.	4,866.
336	145-0070 WOOD FENCE REPLACEMENT	05/11/16	SL	40.00		16	10,805.				10,805.	1,395.		270.	1,665.
337	145-0071 REROUTE CONDUITS	06/24/16	SL	40.00		16	2,680.				2,680.	335.		67.	402.

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380	145-0073 POOL LEAK REPAIR	06/08/17	SL	20.00		16	2,350.				2,350.	482.		118.	600.
381	145-0074 TRIM 22 TREES	07/14/16	SL	20.00		16	4,355.				4,355.	1,090.		218.	1,308.
403	145-0075 SLIDING DOOR REPLACEMENTS	06/26/18	SL	40.00		16	130,015.				130,015.	9,750.		3,250.	13,000.
417	145-0078 CDBG-REPLACE SIDING AT BALCONIES, PAINT TO MATC	03/02/19	SL	40.00		16	90,260.				90,260.	5,266.		2,257.	7,523.
418	145-0079 CDBG-MISC PATCHING AT CARPORT AREAS	03/02/19	SL	40.00		16	3,900.				3,900.	229.		98.	327.
419	145-0080 REPAIR ROOF TO PREVENT LEAKING	04/30/19	SL	40.00		16	4,240.				4,240.	230.		106.	336.
435	145-0084 BUILDING IMPROVEMENTS	10/22/19	SL	40.00		16	153,255.				153,255.	6,385.		3,831.	10,216.
450	145-0091 SITE IMPROVEMENTS	06/30/21	SL	20.00		16	8,425.				8,425.			421.	421.
460	145-0093 LANDSCAPING COSTS	05/05/22	SL	20.00		16	5,562.				5,562.			46.	46.
	* 990 PAGE 10 TOTAL BUILDINGS						4,909,672.				4,909,672.	2,006,781.		124,658.	2,131,439.
	FURNITURE & FIXTURES														
135	145-0015 FURNITURE & FIXTURES	01/24/03	SL	10.00		16	2,105.				2,105.	2,105.		0.	2,105.
136	145-0016 FURNITURE & FIXTURES	09/18/02	SL	10.00		16	4,298.				4,298.	4,298.		0.	4,298.
137	145-0017 FURNITURE & FIXTURES	10/30/02	SL	10.00		16	655.				655.	655.		0.	655.
138	145-0018 FURNITURE & FIXTURES	01/24/03	SL	10.00		16	573.				573.	573.		0.	573.
139	145-0019 FURNITURE & FIXTURES	01/01/04	SL	10.00		16	20,698.				20,698.	20,698.		0.	20,698.
141	145-0021 HOT POINT REFRIGERATOR	01/01/05	SL	10.00		16	1,529.				1,529.	1,529.		0.	1,529.
142	145-0022 CARPET #11	01/01/05	SL	9.00		16	1,355.				1,355.	1,355.		0.	1,355.

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144	145-0024 MAILBOXES	01/01/05	SL	10.00		16	2,443.				2,443.	2,443.		0.	2,443.
146	145-0027 CARPET REPLACEMENT #6	01/01/06	SL	9.00		16	669.				669.	669.		0.	669.
147	145-0028 CARPET REPLACEMENT #28	01/01/06	SL	9.00		16	725.				725.	725.		0.	725.
148	145-0029 CARPET REPLACEMENT 760 #1	01/01/06	SL	9.00		16	1,278.				1,278.	1,278.		0.	1,278.
149	145-0030 VERTICAL FIREPROOF CABINET	01/01/06	SL	9.00		16	1,073.				1,073.	1,073.		0.	1,073.
150	145-0031 ALTIGEN PHONE SYSTEM	01/01/06	SL	9.00		16	587.				587.	587.		0.	587.
151	145-0032 CARPET REPLACEMENT #3	09/18/06	SL	9.00		16	1,067.				1,067.	1,067.		0.	1,067.
152	145-0033 CARPET REPLACEMENT #20	09/18/06	SL	9.00		16	684.				684.	684.		0.	684.
153	145-0034 CARPET REPLACEMENT #14	04/19/07	SL	9.00		16	971.				971.	971.		0.	971.
177	145-0036 NEW CARPET #18	07/24/07	SL	9.00		16	680.				680.	680.		0.	680.
178	145-0037 NEW CARPET #4	11/26/07	SL	9.00		16	963.				963.	963.		0.	963.
206	145-0045 NEW CARPET #1	12/11/09	SL	9.00		16	1,024.				1,024.	1,024.		0.	1,024.
225	145-0047 NEW CARPET #2	10/22/10	SL	9.00		16	1,088.				1,088.	1,088.		0.	1,088.
238	145-0053 NEW TILE ADA #26	08/18/11	SL	9.00		16	2,137.				2,137.	2,137.		0.	2,137.
257	145-0056 NEW CARPET #3	02/24/14	SL	9.00		16	1,039.				1,039.	853.		115.	968.
258	145-0057 NEW VINYL TILE #21	05/12/14	SL	9.00		16	1,325.				1,325.	1,054.		147.	1,201.
299	145-0063 FIREKING CABINET	03/23/15	SL	10.00		16	1,980.				1,980.	1,254.		198.	1,452.
331	145-0065 NEW VINYL PLANKING #1	04/07/16	SL	9.00		16	2,929.				2,929.	1,706.		325.	2,031.



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332	145-0066 NEW VINYL PLANKING #17	06/23/16	SL	9.00		16	2,288.				2,288.	1,270.		254.	1,524.
379	145-0072 VINYL PLANKING #24	12/13/16	SL	9.00		16	3,158.				3,158.	1,609.		351.	1,960.
404	145-0076 VINYL PLANK UNIT #5	07/31/17	SL	9.00		16	1,893.				1,893.	823.		210.	1,033.
405	145-0077 VINYL PLANK UNIT #21	06/30/18	SL	9.00		16	2,333.				2,333.	777.		259.	1,036.
421	145-0082 VINYL PLANKING UNIT #S 6,10,25,28	04/30/19	SL	9.00		16	7,823.				7,823.	1,883.		869.	2,752.
422	145-0083 VINYL PLANKING UNIT #7	04/30/19	SL	9.00		16	1,981.				1,981.	477.		220.	697.
437	145-0086 UNIT FLOORING 8, 16, 20, 26	11/30/19	SL	9.00		16	13,397.				13,397.	2,357.		1,489.	3,846.
438	145-0087 VINYL FLOORING UNIT 20	01/31/20	SL	9.00		16	3,063.				3,063.	482.		340.	822.
439	145-0088 SLIDING DOORS UNIT 23	01/31/20	SL	9.00		16	5,686.				5,686.	895.		632.	1,527.
440	145-0089 UNIT 5 VINYL FLOORING	02/28/20	SL	9.00		16	3,013.				3,013.	447.		335.	782.
441	145-0090 NEW FLOORING UNIT 16	03/31/20	SL	9.00		16	3,178.				3,178.	441.		353.	794.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						101,688.				101,688.	62,930.		6,097.	69,027.
	MACHINERY & EQUIPMENT														
140	145-0020 2 DELL COMPUTERS	01/01/05	SL	5.00		16	984.				984.	984.		0.	984.
143	145-0023 FURNACE UNIT #18	01/01/05	SL	10.00		16	756.				756.	756.		0.	756.
179	145-0038 NEW POOL PUMP MOTOR	01/24/08	SL	10.00		16	534.				534.	534.		0.	534.
200	145-0044 75 GALLON BLDG WATER HEATER	02/27/09	SL	7.00		16	1,821.				1,821.	1,809.		0.	1,809.
239	145-0054 NEW WATER HEATER TANK - FRONT BUILDING	01/24/12	SL	10.00		16	5,560.				5,560.	5,282.		278.	5,560.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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240	145-0055 NEW WALL HVAC UNITS	06/30/12	SL	10.00		16	29,208.				29,208.	26,289.		2,919.	29,208.
298	145-0062 REPLACE WATER HEATER BLDG #1	02/03/15	SL	7.00		16	3,500.				3,500.	3,208.		292.	3,500.
420	145-0081 CDBG-CAMERAS-INSTALLATION AN	11/28/18	SL	9.00		16	25,800.				25,800.	7,406.		2,867.	10,273.
436	145-0085 NEW HEATERS FOR UNITS 3,5,6,8,17,20,21,28	11/15/19	SL	9.00		16	19,855.				19,855.	3,677.		2,206.	5,883.
451	145-0092 NEW WATER HEATER	06/30/21	SL	9.00		16	2,325.				2,325.			258.	258.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						90,343.				90,343.	49,945.		8,820.	58,765.
	LAND														
122	145-0001 LAND	01/01/01	L				800,000.				800,000.			0.	
	* 990 PAGE 10 TOTAL LAND						800,000.				800,000.	0.		0.	0.
	OTHER														
187	LOAN FEES	03/22/04	461	120M		HY43	22,367.				22,367.	22,367.		0.	22,367.
	* 990 PAGE 10 TOTAL OTHER						22,367.				22,367.	22,367.		0.	22,367.
	* 990 PAGE 10 TOTAL -						5,924,070.				5,924,070.	2,142,023.		139,575.	2,281,598.
	BUILDINGS														
207	117-0001 BUILDING	10/29/09	SL	40.00		16	424,400.				424,400.	124,704.		10,610.	135,314.
208	117-0002 BUILDING IMPROVEMENTS	10/29/09	SL	40.00		16	818,118.				818,118.	240,393.		20,453.	260,846.
456	117-0016 EMERGENCY TREE WORK	09/08/21	SL	20.00		16	5,404.				5,404.			225.	225.
	* 990 PAGE 10 TOTAL BUILDINGS						1,247,922.				1,247,922.	365,097.		31,288.	396,385.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
209	117-0003 FURNITURE AND FIXTURES	10/29/09	SL	10.00		16	8,380.				8,380.	8,380.		0.	8,380.
361	117-0010 DOOR INSTALLATION FOR 8 UNITS	06/23/17	SL	10.00		16	3,000.				3,000.	1,226.		300.	1,526.
397	117-0011 VINYL PLANK UNIT #3603	11/21/17	SL	9.00		16	2,994.				2,994.	1,193.		333.	1,526.
398	117-0012 SLAB LEAK LR LAUNDRY ROOM	09/05/17	SL	9.00		16	2,763.				2,763.	1,177.		307.	1,484.
455	117-0015 FLOORING REPAIRS	03/29/22	SL	9.00		16	4,394.				4,394.			122.	122.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						21,531.				21,531.	11,976.		1,062.	13,038.
	MACHINERY & EQUIPMENT														
262	117-0007 WATER HEATER BLDG 1050	07/26/13	SL	10.00		16	2,250.				2,250.	1,800.		225.	2,025.
327	117-0008 7 DIGITAL CAMERAS AND UPGRADE OF CAMERA SYSTEM	06/30/16	SL	10.00		16	7,304.				7,304.	3,650.		730.	4,380.
360	117-0009 REPLACEMENT WATER HEATER FOR BLDG 1036	04/28/17	SL	10.00		16	2,828.				2,828.	1,179.		283.	1,462.
399	117-0013 NEW WATER HEATER 1050 ASHLAND AVE	08/24/17	SL	9.00		16	2,800.				2,800.	1,192.		311.	1,503.
448	117-0014 SECURITY CAMERAS	01/11/21	SL	10.00		16	5,450.				5,450.	273.		545.	818.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						20,632.				20,632.	8,094.		2,094.	10,188.
	LAND														
212	117-0006 LAND	10/29/09	L				1,000,000.				1,000,000.			0.	0.
	* 990 PAGE 10 TOTAL LAND						1,000,000.				1,000,000.	0.		0.	0.
	OTHER														

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
210	117-0004 CENTURY LOAN FEES	01/09/09	461	5M		HY43	19,120.				19,120.	19,120.		0.	19,120.
211	117-0005 CALHFA LOAN FEES	01/28/10	461	660M		HY43	25,291.				25,291.	5,520.		460.	5,980.
	* 990 PAGE 10 TOTAL OTHER						44,411.				44,411.	24,640.		460.	25,100.
	* 990 PAGE 10 TOTAL -						2,334,496.				2,334,496.	409,807.		34,904.	444,711.
	BUILDINGS														
248	119-0003 BUILDING	07/01/12	SL	40.00		16	588,965.				588,965.	132,516.		14,724.	147,240.
249	119-0004 BUILDING IMPROVEMENTS	07/01/12	SL	40.00		16	1,111,337.				1,111,337.	250,047.		27,783.	277,830.
413	119-0019 DRYWALL REPAIR DUE TO MOLD UNIT #D	04/10/19	SL	40.00		16	2,541.				2,541.	144.		64.	208.
414	119-0020 DRYWALL REPAIR DUE TO MOLD UNIT #D	04/10/19	SL	40.00		16	4,073.				4,073.	229.		102.	331.
459	119-0024 SLAB REPAIR UNIT A	06/30/22	SL	20.00		16	1,595.				1,595.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS						1,708,511.				1,708,511.	382,936.		42,673.	425,609.
	FURNITURE & FIXTURES														
323	119-0007 NEW VINYL PLANKING #E	09/09/15	SL	9.00		16	2,117.				2,117.	1,371.		235.	1,606.
324	119-0008 NEW VINYL PLANKING #G	10/20/15	SL	9.00		16	2,380.				2,380.	1,496.		264.	1,760.
325	119-0009 NEW VINYL PLANKING #D	02/12/16	SL	9.00		16	1,645.				1,645.	991.		183.	1,174.
326	119-0010 NEW VINYL PLANKING #B	03/28/16	SL	9.00		16	1,753.				1,753.	1,024.		195.	1,219.
376	119-0011 VINYL PLANKING UNIT F	10/21/16	SL	9.00		16	2,845.				2,845.	1,475.		316.	1,791.
377	119-0012 VINYL PLANKING #C	08/08/16	SL	9.00		16	1,407.				1,407.	767.		156.	923.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
382	119-0013 VINYL PLANKING UNIT E	08/08/17	SL	9.00		16	6,225.				6,225.	2,710.		692.	3,402.
408	119-0014 VINYL FLOORING UNIT #C	06/30/19	SL	9.00		16	1,766.				1,766.	392.		196.	588.
411	119-0017 VINYL FLOORING UNIT #H	06/17/19	SL	9.00		16	1,706.				1,706.	380.		190.	570.
412	119-0018 VINYL FLOORING UNIT #8	03/27/19	SL	9.00		16	1,971.				1,971.	493.		219.	712.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						23,815.				23,815.	11,099.		2,646.	13,745.
	MACHINERY & EQUIPMENT														
409	119-0015 WATER HEATER UNIT #C	06/30/19	SL	9.00		16	2,200.				2,200.	488.		244.	732.
410	119-0016 WATER HEATER UNIT #G	06/30/19	SL	9.00		16	2,220.				2,220.	494.		247.	741.
432	119-0021 CAMERAS	03/24/20	SL	9.00		16	5,640.				5,640.	784.		627.	1,411.
457	119-0022 WATER REPIPE OF UNITS A AND B	12/28/21	SL	9.00		16	9,500.				9,500.			528.	528.
458	119-0023 WATER HEATER UNIT B	06/30/22	SL	9.00		16	985.				985.			0.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						20,545.				20,545.	1,766.		1,646.	3,412.
	LAND														
250	119-0005 LAND	05/06/11	L				377,121.				377,121.			0.	
251	119-0006 LAND IMPROVEMENTS	09/21/12	SL	20.00		16	3,950.				3,950.	1,732.		198.	1,930.
	* 990 PAGE 10 TOTAL LAND						381,071.				381,071.	1,732.		198.	1,930.
	OTHER														
246	119-0001 CENTURY LOAN FEES & COSTS	05/31/11	461	12M	HY	43	16,510.				16,510.	16,510.		0.	16,510.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
247	119-0002 MHSA LOAN FEES & COSTS	05/23/11	461	660M		HY43	7,997.				7,997.	1,306.		145.	1,451.
	* 990 PAGE 10 TOTAL OTHER						24,507.				24,507.	17,816.		145.	17,961.
	* 990 PAGE 10 TOTAL -						2,158,449.				2,158,449.	415,349.		47,308.	462,657.
	BUILDINGS														
253	121-0002 BUILDING	07/03/12	SL	40.00		16	130,234.				130,234.	29,304.		3,256.	32,560.
254	121-0003 BUILDING IMPROVEMENTS	11/13/12	SL	40.00		16	78,366.				78,366.	16,978.		1,959.	18,937.
256	121-0005 BUILDING IMPROVEMENTS	08/09/13	SL	40.00		16	1,081.				1,081.	214.		27.	241.
	* 990 PAGE 10 TOTAL BUILDINGS						209,681.				209,681.	46,496.		5,242.	51,738.
	LAND														
255	121-0004 LAND	07/03/12	L				200,000.				200,000.			0.	0.
	* 990 PAGE 10 TOTAL LAND						200,000.				200,000.	0.		0.	0.
	OTHER														
252	121-0001 LOC FEES & COSTS	07/03/12	461	12M		HY43	1,000.				1,000.	1,000.		0.	1,000.
	* 990 PAGE 10 TOTAL OTHER						1,000.				1,000.	1,000.		0.	1,000.
	* 990 PAGE 10 TOTAL -						410,681.				410,681.	47,496.		5,242.	52,738.
	BUILDINGS														
260	118-0002 BUILDING	10/18/13	SL	40.00		16	967,000.				967,000.	187,356.		24,175.	211,531.
261	118-0003 BUILDING IMPROVEMENTS	10/18/13	SL	40.00		16	74,199.				74,199.	14,376.		1,855.	16,231.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
293	118-0005 BUILDING IMPROVEMENTS	01/29/15	SL	40.00		16	1,069,798.				1,069,798.	173,843.		26,745.	200,588.
328	118-0006 INSTALLATION DECOMPOSED GRANITE	07/10/15	SL	20.00		16	1,515.				1,515.	456.		76.	532.
329	118-0007 RAILING, STAIR, BALCONY IMPROVEMENTS	01/15/16	SL	40.00		16	54,000.				54,000.	7,425.		1,350.	8,775.
330	118-0008 BUILDING IMPROVEMENTS	03/10/16	SL	40.00		16	3,000.				3,000.	400.		75.	475.
449	118-0017 BUILDING IMPROVEMENTS	02/19/21	SL	40.00		16	5,500.				5,500.	46.		138.	184.
461	118-0018 BUILDING IMPROVEMENTS RECYCLE BIN ARE	07/30/21	SL	40.00		16	5,050.				5,050.			116.	116.
462	118-0019 REPLACEMENT OF 22 SLIDING DOORS	05/25/22	SL	40.00		16	81,500.				81,500.			170.	170.
	* 990 PAGE 10 TOTAL BUILDINGS						2,261,562.				2,261,562.	383,902.		54,700.	438,602.
	FURNITURE & FIXTURES														
378	118-0009 UNIT 2 VINYL PLANKING	04/14/17	SL	9.00		16	2,124.				2,124.	1,003.		236.	1,239.
400	118-0010 UNIT 4 VINYL PLANK FLOORING	07/12/17	SL	9.00		16	3,385.				3,385.	1,504.		376.	1,880.
401	118-0011 UNIT 12 FLOORING EXPENSE (UNIT TURN)	08/30/17	SL	9.00		16	2,439.				2,439.	1,039.		271.	1,310.
402	118-0012 UNIT 9 FULL VINYL PLANKING	03/16/18	SL	9.00		16	3,577.				3,577.	1,290.		397.	1,687.
415	118-0013 VINYL FLOORING UNIT #6	03/06/19	SL	9.00		16	1,796.				1,796.	467.		200.	667.
416	118-0014 VINYL FLOORING UNIT #10	04/04/19	SL	9.00		16	2,717.				2,717.	679.		302.	981.
433	118-0015 UNIT 1 FLOORING EXPENSE	05/31/20	SL	9.00		16	2,627.				2,627.	316.		292.	608.
434	118-0016 UNIT 11 FLOORING EXPENSE	05/31/20	SL	9.00		16	2,661.				2,661.	321.		296.	617.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						21,326.				21,326.	6,619.		2,370.	8,989.

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
259	118-0001 LAND	10/18/13	L				470,000.				470,000.			0.	
	* 990 PAGE 10 TOTAL LAND						470,000.				470,000.	0.		0.	0.
	OTHER														
292	118-0004 CALHFA CLOSING COSTS	01/29/15	461	660M		HY43	4,921.				4,921.	579.		89.	668.
	* 990 PAGE 10 TOTAL OTHER						4,921.				4,921.	579.		89.	668.
	* 990 PAGE 10 TOTAL -						2,757,809.				2,757,809.	391,100.		57,159.	448,259.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						34660656.				34660656.	8,991,679.		684,268.	9,675,947.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						34536336.			0.	34536336.	8,991,679.			9,673,784.
	ACQUISITIONS						124,320.			0.	124,320.	0.			2,163.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						34660656.			0.	34660656.	8,991,679.			9,675,947.
	ENDING ACCUM DEPR											9,675,947.			
	ENDING BOOK VALUE											24984709.			



**Depreciation and Amortization**  
**(Including Information on Listed Property)** 990

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**MANY MANSIONS**

**FORM 990 PAGE 10**

**95-3424516**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions)	<b>1</b>	<b>1,050,000.</b>
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation	<b>3</b>	<b>2,620,000.</b>
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b> Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2020 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	<b>676,036.</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2021	<b>17</b>	
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year	/		30 yrs.	MM	S/L	
<b>d</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	
<b>22 Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	<b>22</b>	<b>676,036.</b>
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
<b>27</b> Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2021 tax year:					
	:	:			
<b>43</b> Amortization of costs that began before your 2021 tax year				<b>43</b>	8,232.
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report				<b>44</b>	8,232.