Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

C Name of organization
LA Family Housing Corp

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
7843 Lankershim Blvd

City or town, state or province, country, and ZIP or foreign postal code
North Hollywood, CA 91605

D Employer identification number
95-3920560

E Telephone number
(818) 255-2702

G Gross receipts $ 109,580,536

F Name and address of principal officer:
CARL GAYDEN
7843 LANKERSHIM BLVD
N HOLLYWOOD,CA 91605

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

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

J Website: ▶ LAFH.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
LOW-INCOME HOUSING THE MISSION OF L.A. FAMILY HOUSING IS TO HELP PEOPLE TRANSITION OUT OF HOMELESSNESS AND POVERTY THROUGH A CONTINUUM OF HOUSING ENRICHED WITH

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	687
6	Total number of volunteers (estimate if necessary)	6	694
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	73,789,287	103,286,146
9	Program service revenue (Part VIII, line 2g)	4,818,375	7,131,491
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	449,127	518,538
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-20,869	-4,416,674
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,035,920	106,519,501

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,570,358	3,931,314
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,737,488	34,986,540
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,126,192		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	35,645,073	44,560,288
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	69,952,919	83,478,142
19	Revenue less expenses. Subtract line 18 from line 12	9,083,001	23,041,359

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	161,041,001	180,345,032
21	Total liabilities (Part X, line 26)	129,042,757	125,735,094
22	Net assets or fund balances. Subtract line 21 from line 20	31,998,244	54,609,938

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2023-11-15

Stephanie Klasky-Gamer PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
				P00785773

Firm's name ▶ Van Trigts Accounting Service — Firm's EIN ▶

Firm's address ▶ 10799 E Las Posas Rd
Santa Rosa Valley, CA 93012

Phone no. (805) 491-3008

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:

L.A. FAMILY HOUSING CORPORATION AND ITS AFFILIATED ORGANIZATIONS HELP HOMELESS AND LOW-INCOME FAMILIES AND INDIVIDUALS OF THE GREATER LOS ANGELES AREA TRANSITION OUT OF POVERTY AND CREATE LASTING STABILITY BY PROVIDING A COMPREHENSIVE RANGE OF SUPPORTIVE SERVICES AND OFFERS A CONTINUUM OF HOUSING, INCLUDING EMERGENCY AND BRIDGE, SCATTERED SITE PLACEMENT, PERMANENT SUPPORTIVE AND PERMANENT AFFORDABLE HOUSING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 570,324 including grants of $ 0) (Revenue $ 538,136)

ALABAMA COURT- A 42-UNIT APARTMENT BUILDING HOUSING LOW INCOME FORMERLY HOMELESS INDIVIDUALS AND FAMILIES LOCATED IN CANOGA PARK, CALIFORNIA. 2018. THE OFFICE SPACE WAS PLACED IN SERVICE IN JULY 2019 AND THE CLINIC DECEMBER 2019.

4b (Code:) (Expenses $ 61,971,950 including grants of $ 3,931,314) (Revenue $ 3,732,390)

THE L.A. FAMILY HOUSING HOMELESS SERVICES PROVIDES FOR CRISIS AND BRIDGE HOUSING FOR THOUSANDS OF HOMELESS PEOPLE EACH YEAR, INCLUDING 250 BEDS FOR SINGLE ADULTS AND 12 UNITS FOR UP TO 65 FAMILIES. COMMUNIDAD CESAR CHAVEZ IS A 27-UNIT BUILDING THAT PROVIDES EMERGENCY OR "BRIDGE" HOUSING TO APPROXIMATELY 75 FAMILIES FROM EAST AND SOUTH LOS ANGELES EACH YEAR. WHEN FAMILIES COME TO L.A. FAMILY HOUSING, THEY ARE MOST OFTEN HOMELESS, HAVING EXHAUSTED ALL OTHER RESOURCES OF STAYING WITH FAMILY AND FRIENDS, OR IN MOTELS AND HOSTELS. WALKING THROUGH OUR DOORS, THEY FIND IMMEDIATE ASSISTANCE. OUR FAMILY RESPONSE TEAM ASSESSES THEIR MOST PRESSING NEEDS AND, IF THEY HAVE NO OTHER PLACE TO GO, STAFF WILL PLACE THEM INTO ONE OF OUR BRIDGE HOUSING PROPERTIES. WITH AN ONSITE FOOD PANTRY, COMPUTER LAB, LIBRARY AND COMMUNITY ROOM, PLUS A PLAYGROUND, BASKETBALL COURT AND COMMUNITY GARDEN, WE PROVIDE CHILDREN AND THEIR FAMILIES A SAFE AND SECURE PLACE TO STAY WHILE WE HELP THEM LOCATE AND MOVE INTO PERMANENT HOUSING. A CASE MANAGER IMMEDIATELY BEGINS WORKING WITH PARTICIPANTS TO PROVIDE SUPPORTIVE SERVICES TO INCREASE SELF-SUFFICIENCY. A COMPREHENSIVE SERVICE CENTER, WITH COMMUNITY PARTNERS LOCATED ON-SITE, STAFF FOCUSES ON INCREASING THE STABILITY OF EACH MEMBER OF THE FAMILY AND ENSURING THAT PHYSICAL AND BEHAVIORAL NEEDS ARE MET. ADULTS HAVE ACCESS TO EMPLOYMENT SERVICES, JOB TRAINING, LINKAGES TO CONTINUING EDUCATION, FINANCIAL LITERACY WORKSHOPS, TREATMENT FOR SUBSTANCE USE DISORDERS, LIFE SKILLS TRAININGS, AND MORE. CHILDREN HAVE MULTIPLE OPPORTUNITIES FOR HEALTHY EDUCATIONAL, SOCIAL, PHYSICAL AND MENTAL HEALTH DEVELOPMENT THROUGH VARIOUS WORKSHOPS, TUTORING AND HOMEWORK HELP GROUPS, FIELD TRIPS, AND MORE.

4c (Code:) (Expenses $ 1,382,924 including grants of $ 0) (Revenue $ 768,251)

GLENOAKS GARDENS - A 60-UNIT RESIDENTIAL APARTMENT COMPLEX IN SUN VALLEY, CALIFORNIA PROVIDES PERMANENT SUPPORTIVE HOUSING FOR HOMELESS ADULTS WITH MENTAL DISABILITIES AND QUALIFYING LOW INCOME INDIVIDUALS. COMMENCED OPERATIONS IN DECEMBER 2011.

(Code:) (Expenses $ 153,815 including grants of $ 0) (Revenue $ 60,085)

DETAILS OF SPECIFIC HOMELESS SERVICES PROGRAMS FOLLOW: MARTIN LUTHER KING JR.: A 7-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES.

(Code:) (Expenses $ 60,142 including grants of $ 0) (Revenue $ 27,688)

GENTRY VILLAGE IS A 3-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES

(Code:) (Expenses $ 163,001 including grants of $ 0) (Revenue $ 76,623)

STRONG HOUSE, A 6-UNIT HISTORICAL MANSION PROVIDING HOUSING FOR LOW-INCOME FAMILIES.

(Code:) (Expenses $ 70,300 including grants of $ 0) (Revenue $ 50,196)

GENTRY NORTH IS A 5-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES FOR A PERIOD OF UP TO 2 YEARS.

(Code:) (Expenses $ 101,078 including grants of $ 0) (Revenue $ 85,977)

DELANO I IS A 9-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES.

(Code:) (Expenses $ 86,493 including grants of $ 0) (Revenue $ 108,961)

DELANO II IS A 9-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES.

(Code:) (Expenses $ 108,121 including grants of $ 0) (Revenue $ 29,292)

CASA FIGUEROA IS A 4-UNIT COMPLEX PROVIDING PERMANENT HOUSING FOR LOW-INCOME FAMILIES.

(Code:) (Expenses $ 271,787 including grants of $ 0) (Revenue $ 119,462)

KLUMP IS A 26-UNIT SINGLE-ROOM OCCUPANCY COMPLEX LOCATED IN N. HOLLYWOOD, CALIFORNIA, WHICH PROVIDES PERMANENT HOUSING FOR SINGLES FROM TRANSITIONAL LIVING.

(Code:) (Expenses $ 380,069 including grants of $ 0) (Revenue $ 237,523)

VINELAND PLACE (LAFH IS LIMITED PARTNER) - 18 UNITS LOCATED IN SUN VALLEY, CALIFORNIA

(Code:) (Expenses $ 297,389 including grants of $ 0) (Revenue $ 273,229)

HYDE PARK-A 25-UNIT APARTMENT BUILDING THAT PROVIDES PERMANENT HOUSING AND SERVICES FOR VERY LOW-INCOME FAMILIES IN INGLEWOOD, CA.

(Code:) (Expenses $ 541,041 including grants of $ 0) (Revenue $ 326,030)

11649 SATICOY - A CALIFORNIA LIMITED PARTNERSHIP WHICH OWNS A 30-UNIT COMPLEX LOCATED IN VAN NUYS, CALIFORNIA, WHICH RENTS TO QUALIFIED LOW-INCOME TENANTS.

(Code:) (Expenses $ 279,725 including grants of $ 0) (Revenue $ 161,522)

HARMONY GARDENS LIMITED PARTNERSHIP - A CALIFORNIA LIMITED PARTNERSHIP WHICH OWNS A 14-UNIT COMPLEX LOCATED IN NORTH HOLLYWOOD, CALIFORNIA, THAT RENTS TO QUALIFIED LOW-INCOME TENANTS.

(Code:) (Expenses $ 360,205 including grants of $ 0) (Revenue $ 201,486)

11754 VANOWEN GARDENS LIMITED PARTNERSHIP - A CALIFORNIA LIITED PARTNERSHIP WHICH OWNS A 15-UNIT COMPLEX LOCATED IN NORTH HOLLYWOOD, CALIFORNIA, WHICH RENTS TO QUALIFIED LOW-INCOME TENANTS.

(Code:) (Expenses $ 277,023 including grants of $ 0) (Revenue $ 178,560)

VICTORY PARTNERS- VICTORY PARTNERS IS INVOLVED IN THE DEVELOPMENT AND MANAGEMENT OF A 15-UNIT RESIDENTIAL BUILDING LOCATED IN LOS ANGELES, CALIFORNIA, CONSISTING PRIMARILY OF AFFORDABLE RENTAL HOUSING. THE PROJECT WAS PLACED IN SERVICE IN DECEMBER 2001.

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

(Expenses $ 3,150,189 including grants of $ 0) (Revenue $ 1,936,634)

4e **Total program service expenses** ▶ 67,075,387

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	695		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	687		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	25		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ C A

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: ▶LA FAMILY HOUSING CORP 7843 LANKERSHIM BLVD N HOLLYWOOD, C A 91605 (818) 982-4091

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, box 6 of 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) IMA NSIEN DIRECTOR	0.50	X						0	0	0
(2) BRIE DORFMAN DIRECTOR	0.50	X						0	0	0
(3) ROSS E WINN ESQ DIRECTOR	0.50	X						0	0	0
(4) GILLIAN WRIGHT DIRECTOR	0.50	X						0	0	0
(5) STEVE M BROWN DIRECTOR	0.50	X						0	0	0
(6) ZEEDA DANIELE DIRECTOR	0.50	X						0	0	0
(7) BLAIR RICH DIRECTOR	0.50	X						0	0	0
(8) JILL KOENIG DIRECTOR	0.50	X						0	0	0
(9) MICHELLE MISSAGHIEH DIRECTOR	0.50	X						0	0	0
(10) DEBORAH KAZENELSON DEANE DIRECTOR	0.50	X						0	0	0
(11) JACOB LIPA DIRECTOR	0.50	X						0	0	0
(12) KAREN BRODKIN DIRECTOR	0.50	X						0	0	0
(13) ROBYN LATTAKER-JOHNSON DIRECTOR	0.50	X						0	0	0
(14) TONY SALAZAR DIRECTOR	0.50	X						0	0	0
(15) RASHAD WINSTON DIRECTOR	0.50	X						0	0	0
(16) MICHAEL ZIERING DIRECTOR	0.50	X						0	0	0
(17) JONATHAN RUIZ DIRECTOR	0.50	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) MICHELE BRESLAUER DIRECTOR	0.50	X						0	0	0
(19) GARY MEISEL DIRECTOR	0.50	X						0	0	0
(20) GARRETT GIN DIRECTOR	0.50	X						0	0	0
(21) WAYNE BRANDER DIRECTOR	0.50	X						0	0	0
(22) DEBBIE BURKART VICE CHAIR	0.50	X		X				0	0	0
(23) GREG SHERKIN CHAIR	0.50	X		X				0	0	0
(24) DANIEL HOWARD TREASURER & SECRETARY	0.50	X		X				0	0	0
(25) STEPHANIE KLASKY-GAMER PRES & CEO	40.00	X		X				282,601	0	0
(26) KRISTINE FREED CHIEF PROGRAMS OFFICER	40.00			X				265,010	0	7,816
(27) TOI CHISOM CHIEF ADMIN OFFICER	40.00			X				210,114	0	161
(28) ELDA MENDEZ VP RE DEVELOP	40.00				X			190,455	0	7,182
(29) KIMBERLY ROBERTS DEPUTY CHIEF, PROGRAMS	40.00				X			164,561	0	2,842
(30) JOHN K HORN VICE PRESIDENT, HR	40.00					X		132,860	0	2,246
(31) KELSEY MADIGAN DIR INTERIM HOUSING	40.00					X		131,209	0	88
(32) MARTHA MACIAS DIR OF STRATEGIC INITIATIVES	40.00					X		139,278	0	322
(33) HILLARY MANDEL DEPUTY CHIEF HOUSING PROGRAMS OFFICER	40.00					X		130,281	0	521
(34) TIMIKA HITE SR DIR INFORMATION TECH	40.00					X		139,844	0	6,601
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,786,213	0	27,779

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 ▶ 20

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
12 STEPS CONSTRUCTION 14421 CHATSWORTH DR SAN FERNANDO, CA 91340	REPAIRS AND MAINTENANCE	689,197
ATI RESTORATION LLC PO BOX 8318 PASADENA, CA 91109	REPAIRS AND MAINTENANCE	825,583
SFV PORTFOLIO GP LLC 2001 ROSS AVENUE STE 3400 DALLAS, TX 75201	RENT	251,897
HCVT 1801 W OLYMPIC BLVD PASADENA, CA 91199	AUDIT AND TAX SERVICES	394,425
JVS HOSPITALITY LLC 601 S BRAND BLVD STE 310 SAN FERNANDO, CA 91340	RENT	221,000

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 ▶ 5

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c	1,887,988			
d Related organizations 1d				
e Government grants (contributions) 1e	71,800,821			
f All other contributions, gifts, grants, and similar amounts not included above 1f	29,597,337			
g Noncash contributions included in lines 1a - 1f:$ 1g	3,632,911			
h **Total.** Add lines 1a-1f . . . . . ▶	103,286,146			
Program Service Revenue	Business Code			
2a LOW INCOME HOUSING	624200	3,269,033	0	0
b LAUNDRY/VENDING	624200	19,436	0	0
c MANAGEMENT & DEVELOPMENT FEES	624200	3,620,854	0	0
d CHILDCARE INCOME	624200	32,723	0	0
e DEVELOPER FEE INTEREST REVENUE	624200	21,482	0	0
f All other program service revenue.		167,963	0	0
g **Total.** Add lines 2a–2f. . . . . ▶	7,131,491			
3 Investment income (including dividends, interest, and other similar amounts)		509,483	0	509,483
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶				
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
	(i) Securities	(ii) Other ▶		
7a Gross amount from sales of assets other than inventory 7a	2,238,870			
b Less: cost or other basis and sales expenses 7b	2,229,815			
c Gain or (loss) 7c	9,055			
d Net gain or (loss) . . . . . ▶	9,055	0	0	9,055
8a Gross income from fundraising events (not including $ 1,887,988 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	345,823			
b Less: direct expenses 8b	831,220			
c Net income or (loss) from fundraising events . . ▶	-485,397		0	-485,397
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . . ▶				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . . ▶				
Other Revenue	Business Code			
11a LOSS ON CANCELLATION OF DEBT	642420	-3,931,277	0	0 -3,931,277
b				
OtherRevenueMiscAmt c				
d All other revenue				
e **Total.** Add lines 11a–11d . . . . . ▶		-3,931,277		
12 **Total revenue.** See instructions . . . . ▶		106,519,501	7,131,491	0 -3,898,136

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,931,314	3,931,314		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	830,140	567,484	227,458	35,198
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	28,684,651	19,609,598	7,859,435	1,215,618
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	338,646	219,893	102,846	15,907
9 Other employee benefits	2,937,316	2,028,795	786,822	121,699
10 Payroll taxes	2,195,787	1,486,725	614,081	94,981
11 Fees for services (non-employees):				
a Management				
b Legal	221,420	221,420	0	0
c Accounting	462,818	462,818	0	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	0	-953	953	0
13 Office expenses	1,442,014	786,782	533,861	121,371
14 Information technology				
15 Royalties				
16 Occupancy	3,191,315	2,796,425	374,158	20,732
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	588,490	474,488	113,859	143
20 Interest	844,345	747,151	97,194	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,437,264	2,298,630	138,634	0
23 Insurance	1,263,025	844,766	409,782	8,477
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT SERVICES	2,580,083	2,463,113	68,821	48,149
b LOSS ON CANCELLATION OF DEBT	1,055,677	1,055,677	0	0
c CLIENT FOOD SUPPLIES	16,408,138	16,408,138	0	0
d REPAIRS AND MAINT	2,418,626	2,174,584	230,943	13,099
e All other expenses	11,647,073	8,498,539	2,717,716	430,818
25 **Total functional expenses.** Add lines 1 through 24e	83,478,142	67,075,387	14,276,563	2,126,192
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		9,993,838	1	10,143,259
	2	Savings and temporary cash investments		3,813,321	2	3,519,089
	3	Pledges and grants receivable, net		1,463,288	3	5,026,209
	4	Accounts receivable, net		16,098,253	4	18,570,872
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		25,313,538	7	17,402,328
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		383,970	9	453,417
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 121,117,545			
	b	Less: accumulated depreciation	10b 23,701,520	89,956,401	10c	97,416,025
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		14,018,392	15	27,813,833
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		161,041,001	16	180,345,032
Liabilities	17	Accounts payable and accrued expenses		15,917,802	17	15,967,023
	18	Grants payable			18	
	19	Deferred revenue		15,029,353	19	7,321,080
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		90,002,276	23	91,660,569
	24	Unsecured notes and loans payable to unrelated third parties		1,045,974	24	26,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		7,047,352	25	10,760,422
	26	**Total liabilities.** Add lines 17 through 25		129,042,757	26	125,735,094
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		24,518,953	27	29,949,250
	28	Net assets with donor restrictions		7,479,291	28	24,660,688
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		31,998,244	32	54,609,938
	33	Total liabilities and net assets/fund balances		161,041,001	33	180,345,032

Part XI Reconcilliation 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	106,519,501
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,478,142
3	Revenue less expenses. Subtract line 2 from line 1	3	23,041,359
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,998,244
5	Net unrealized gains (losses) on investments	5	-599,765
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	170,100
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	54,609,938

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: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID: 22015534

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	43,964,626	43,677,946	52,074,628	73,789,287	103,286,146	316,792,633
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						0
4 **Total.** Add lines 1 through 3	43,964,626	43,677,946	52,074,628	73,789,287	103,286,146	316,792,633
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						0
6 **Public support.** Subtract line 5 from line 4.						316,792,633

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	43,964,626	43,677,946	52,074,628	73,789,287	103,286,146	316,792,633
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	306,486	631,878	553,426	449,127	518,538	2,459,455
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	85,150	48,468	61,086	0	-485,397	-290,693
11 **Total support.** Add lines 7 through 10						318,961,395

12 Gross receipts from related activities, etc. (see instructions) **12** 25,864,791

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 99.320 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 98.500 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						0

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	0 %
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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.*	2b		

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

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
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.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 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-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 22015534

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
LA Family Housing Corp

Employer identification number
95-3920560

Part I Contributors

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
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
LA Family Housing Corp

Employer identification number
95-3920560

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

Name of organization
LA Family Housing Corp

Employer identification number
95-3920560

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 information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

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

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

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

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

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

	Yes	**No**
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	0	29,911,546		29,911,546
b Buildings		72,111,334	22,381,587	49,729,747
c Leasehold improvements				
d Equipment		4,424,993	985,279	3,439,714
e Other		14,669,672	334,654	14,335,018
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				97,416,025

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)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

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

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

(a) Description	(b) Book value
(1)DUE FROM AFFILIATES	883,157
(2)INVESTMENTS	20,340,947
(3)OTHER ASSETS	0
(4)SECURITY DEPOSITS	372,199
(5)RIGHT OF USE ASSET, NET	1,846,877
(6)DEVELOPER FEE RECEIVABLE	4,370,653
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	27,813,833

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	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	10,760,422

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	114,090,414
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	114,090,414
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	114,090,414

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

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

1	Total expenses and losses per audited financial statements			1	88,939,043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	88,939,043
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	88,939,043

Part XIII Supplemental Information

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

Return Reference	Explanation
Pt XI, Line 2d	INCOME($3,562,227) OF OTHER ENTITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS, SEPARATELY REPORTED FOR TAX PURPOSES. CONSOLIDATION ENTRIES FOR GAAP REPORTING COMPLIANCE ADDED BACK FOR TAX PURPOSES ($2,225,586). ALSO, SPECIAL EVENT RELATED EXPENSES MOVED TO NET AGAINST INCOME ($77,423).
Pt XII, Line 2d	SEE ABOVE EXPLANATION FOR PART XI, Line 2d - EXPENSES ($6,299,905) OF OTHER ENTITIES SEPARATELY REPORTED FOR TAX PURPOSES AND CONSOLIDATION ENTRIES FOR GAAP REPORTING COMPLIANCE ADDED BACK FOR TAX PURPOSES ($2,192,003). ALSO, SPECIAL EVENT RELATED EXPENSES MOVED TO NET AGAINST INCOME ($77,423).
Pt XI, Line 4b	SEE EXPLANATIONS FOR LINE 2d, ABOVE.
Pt XII, Line 4b	SEE EXPLANATIONS FOR LINE 2d, ABOVE.
Pt X, Line 2	THE NONPROFIT ENTITIES CONSOLIDATED IN THESE CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE AND SECTION 23701(d) OF THE CALIFORNIA REVENUE AND TAXATION CODE. IN ADDITION, THESE NONPROFITS DO NOT HAVE ANY INCOME WHICH THEY BELIEVE WOULD SUBJECT IT TO UNRELATED BUSINESS INCOME TAXES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. WITH FEW EXCEPTIONS, THE NONPROFIT ENTITIES ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018. THERE ARE NO CURRENT TAX EXAMINATIONS PENDING.
Pt X, Line 2	NO PROVISION FOR INCOME TAXES HAS BEEN MADE FOR THE CONSOLIDATED PARTNERSHIPS OR THE CONSOLIDATED LLCs AS ANY INCOME OR LOSS IS INCLUDED IN THE TAX RETURNS OF THE PARTNERS OR MEMBERS. THE FEDERAL TAX STATUS AS A PASS-THROUGH ENTITY IS BASED ON ITS LEGAL STATUS AS A PARTNERSHIP OR LLC. THE PARTNERSHIPS AND LLCs ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE PARTNERSHIPS AND LLC's HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. THE PARTNERSHIPS AND LLC's ARE REQUIRED TO PAY AN ANNUAL FEE TO THE CALIFORNIA FRANCHISE TAX BOARD. WITH FEW EXCEPTIONS, THESE PARTNERSHIPS AND LLC's ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018. THERE ARE NO CURRENT TAX EXAMINATIONS PENDING.

Additional Data

Return to Form

Software ID: 22015534

Software Version:

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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 HOME TOGETHER/ANNUAL DINNER (event type)	(b) Event #2 GOLF TOURN (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,135,434	98,377		2,233,811
	2 Less: Contributions	1,847,434	40,554		1,887,988
	3 Gross income (line 1 minus line 2)	288,000	57,823		345,823
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	31,435			31,435
	6 Rent/facility costs	401,808			401,808
	7 Food and beverages	76,280			76,280
	8 Entertainment	156,405	18,267		174,672
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				684,195
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-338,372

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PALSNPETS INC 14020 NW PASSAGE MARINA DEL REY,C A 90292	82-4088255	501(C)3		36,000	CASH	SEE NOTE IN ADDITIONAL INFORMATION	PET ASSISTANCE AND SUPPORT
(2) HOPE OF THE VALLEY 8165 SAN FERNANDO RD SUN VALLEY,C A 91352	27-2053273	501(C)3		1,371,595	CASH	SEE NOTE IN ADDITIONAL INFORMATION	HOMELESS SERVICES
(3) BRIDGE TO HOME 23752 NEWHALL AVE NEWHALL,C A 91321	95-4587823	501(C)3		249,510	CASH	SEE NOTE IN ADDITIONAL INFORMATION	HOMELESS SERVICES
(4) NORTHEAST VALLEY HEALTH CORP 1172 N MACLAY AVE SAN FERNANDO,C A 91340	23-7120632	501(C)3		423,991	CASH	MEDICAL SERVICES	HOMELESS SERVICES
(5) CHILDRENS HOMES OF SOUTHERN CALIFORNIA 3560 ELM DR CALABASAS,C A 91302	95-1658754	501(C)3		876,000	CASH	CRISIS HOUSING SUPPORT	HOMELESS SERVICES
(6) WVHY INC 21000 DEVONSHIRE ST STE 111 CHATSWORTH,C A 91311	86-2841607	501(C)3		710,018	CASH	SEE NOTE IN ADDITIONAL INFORMATION	HOMELESS SERVICES
(7) ANTELOPE VALLEY PARTNERS FOR HEALTH 44226 10TH STREET LANCASTER,C A 93534	47-0957404	501(C)3		74,000	CASH	MEDICAL SERVICES	HOMELESS SERVICES
(8) ASCENSIA 1851 TYBURN ST GLENDALE,C A 91204	20-4233522	501(C)3		175,200	CASH	CRISIS HOUSING SUPPORT	HOMELESS SERVICES
(9) BETTER TOGETHER FOREVER PO BOX 21172 GLENDALE,C A 91221	20-1329182	501(C)3		15,000	CASH	SEE NOTE IN ADDITIONAL INFORMATION	PET ASSISTANCE AND SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
Pt I Line 2	LAFH'S FUNDER ENTITIES REQUIRE THE ORGANIZATION TO CONDUCT PERIODIC MONITORING REVIEWS OF THE PROGRAM ACTIVITIES RUN BY THE SUBCONTRACTORS. THE FOLLOWING PROCEDURES ARE EXECUTED:
Pt I Line 2	1. MONITORING NOTICES ARE SENT TO SUBCONTRACTORS.
Pt I Line 2	2. THE ORGANIZATION SELECTS THE REVIEW SAMPLE.
Pt I Line 2	3. THE ORGANIZATION CONDUCTS THE REVIEW OF THE SAMPLE SELECTION.
Pt I Line 2	4. AFTER THE REVIEW A MONITORING REPORT IS PREPARED FOR SUBMISSION TO THE SUBCONTRACTORS WITHIN 30 DAYS OF THE REVIEW DATE.
Pt I Line 2	5. IF CORRECTIVE ACTION IS NEEDED FOR FINDINGS, THE SUBCONTRACTOR HAS 30 DAYS TO MAKE CORRECTIONS AND PROVIDE A CORRECTIVE ACTION PLAN.
Pt I Line 2	6. LAFH VERIFIES THE FINDING CORRECTIONS ARE MADE.
Pt I Line 2	7. IF THE SUBCONTRACTOR FAILS TO ADDRESS THEIR FINDINGS WITHIN THE ALLOTTED TIME PERIOD, THE ORGANIZATION MAY ISSUE A CORRECTIVE ACTION NOTICE RESULTING IN PLACING THE SUBCONTRACTOR IN A PROBATION PERIOD AND/OR INCREASED FREQUENCY OF MONITORING.

Additional Data

Return to Form

Software ID: 22015534
Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1STEPHANIE KLASKY-GAMER	**(i)**	282,601	0	0	0	0	282,601	0
	(ii)	0	0	0	0	0	0	0
2KRISTINE FREED	**(i)**	265,010	0	0	7,816	0	272,826	0
	(ii)	0	0	0	0	0	0	0
3TOI CHISOM	**(i)**	210,114	0	0	161	0	210,275	0
	(ii)	0	0	0	0	0	0	0
4ELDA MENDEZ	**(i)**	190,455	0	0	7,182	0	197,637	0
	(ii)	0	0	0	0	0	0	0
5KIMBERLY ROBERTS	**(i)**	164,561	0	0	2,842	0	167,403	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STEPHANIE KLASKY-GAMER	KEY EMPLOYEE	282,601	ALSO DIRECTOR/OFFICER OF AFFILIATE ORGANIZATION		No
(2) TOI CHISOM	KEY EMPLOYEE	210,275	ALSO DIRECTOR/OFFICER OF AFFILIATE ORGANIZATION		No
(3) ALL DIRECTORS AND OFFICERS	DIRECTOR AND OFFICER	0	ALSO DIRECTOR/OFFICER OF AFFILIATE ORGANIZATION		No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 22015534

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

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	X		5,000	FMV
5	Clothing and household goods	X		403,096	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	5	2,229,815	FMV
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	X	0	500,000	FMV
20	Drugs and medical supplies	X	0	200,000	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (▶ BABY SUPPLIES)	X	0	250,000	FMV
26	Other (▶ GIFTS, GIFT CARDS, TOYS, GAMES)	X	0	366,377	FMV
27	Other (▶ PET SUPPLIES)	X	0	5,000	FMV
28	Other (▶ SCHOOL SUPPLIES, BABY ITEMS)	X	0	50,000	FMV

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

		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?		No
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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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.		

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

Return Reference	Explanation
Pt I col(b)	-0- INDICATES THE NUMBER OF DONATIONS ARE TOO NUMEROUS TO COUNT.
Pt I Line 32b	THE ORGANIZATION UTILIZES FINANCIAL BROKERS TO SELL AND REPORT DONATED SECURITY TRANSACTIONS. THE CURRENT BROKER IS RAYMOND JAMES & ASSOCIATES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

Return Reference	Explanation
Pt VI, Line 11b	THE FORM 990 IS REVIEWED BY THE L.A. FAMILY HOUSING CFO. ANY SIGNIFICANT 990 ISSUES ARE DISCUSSED WITH THE CEO/PRESIDENT OF L.A. FAMILY HOUSING AND THE TREASURER.
Pt VI, Line 12c	L.A. FAMILY HOUSING REQUIRES ALL EMPLOYEES AND BOARD MEMBERS TO AVOID AND/OR DISCLOSE ALL CONFLICTS OF INTEREST, POTENTIAL OR REALIZED. FAILURE TO DISCLOSE ANY CONFLICTS OF INTEREST WILL RESULT IN IMMEDIATE DISCIPLINARY ACTION. EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY.
Pt VI, Line 15a	EVALUATION OF COMPENSATION DETERMINATION IS PERFORMED ANNUALLY BY THE BOARD OF DIRECTORS FOR THE CEO AND CFO POSITIONS. THE COMPENSATION MUST COMPLY WITH THE LEGAL REQUIREMENTS FOR MAXIMUM COMPENSATION AND REPORTING OF TAX ELEMENTS. ALSO APPLIES TO Pt VI, Line 15b.
Pt VI, Line 15b	SEE ABOVE
Pt VI, Line 19	L.A. FAMILY HOUSING HAS A WEBSITE, WWW.LAFH.ORG, WHERE THE PUBLIC CAN REQUEST ANY GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL INFORMATION. ADDITIONALLY, ANY ORAL OR WRITTEN REQUESTS MADE TO L.A. FAMILY HOUSING ARE ACCOMMODATED. COPIES OF FINANCIAL STATEMENTS, FORMS 990 AND GOVERNING DOCUMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE CALIFORNIA REGISTRY OF CHARITABLE TRUSTS WEBSITE AND GUIDESTAR.
Pt XI	AMOUNT OF OTHER CHANGES IN EQUITY IS A NET RESULT OF SYNDICATION COSTS ($30,000) AND CONTRIBUTION ($200,100).
Form 990, Part III, Line 4d	DETAILS OF SPECIFIC HOMELESS SERVICES PROGRAMS FOLLOW: 153815. 0. 60085.
Form 990, Part III, Line 4d	GENTRY VILLAGE IS A 3-UNIT COMPLEX PROVIDING PERMANENT 60142. 0. 27688.
Form 990, Part III, Line 4d	STRONG HOUSE, A 6-UNIT HISTORICAL MANSION PROVIDING 163001. 0. 76623.
Form 990, Part III, Line 4d	GENTRY NORTH IS A 5-UNIT COMPLEX PROVIDING PERMANENT 70300. 0. 50196.
Form 990, Part III, Line 4d	DELANO I IS A 9-UNIT COMPLEX PROVIDING PERMANENT HOUSING 101078. 0. 85977.
Form 990, Part III, Line 4d	DELANO II IS A 9-UNIT COMPLEX PROVIDING PERMANENT 86493. 0. 108961.
Form 990, Part III, Line 4d	CASA FIGUEROA IS A 4-UNIT COMPLEX PROVIDING PERMANENT 108121. 0. 29292.
Form 990, Part III, Line 4d	KLUMP IS A 26-UNIT SINGLE-ROOM OCCUPANCY COMPLEX LOCATED 271787. 0. 119462.
Form 990, Part III, Line 4d	VINELAND PLACE (LAFH IS LIMITED PARTNER) - 18 UNITS 380069. 0. 237523.
Form 990, Part III, Line 4d	HYDE PARK-A 25-UNIT APARTMENT BUILDING THAT PROVIDES PERMANENT 297389. 0. 273229.
Form 990, Part III, Line 4d	11649 SATICOY - A CALIFORNIA LIMITED PARTNERSHIP WHICH OWNS A 541041. 0. 326030.
Form 990, Part III, Line 4d	HARMONY GARDENS LIMITED PARTNERSHIP - A CALIFORNIA 279725. 0. 161522.
Form 990,	11754 VANOWEN GARDENS LIMITED PARTNERSHIP - A 360205. 0. 201486.

Return Reference	Explanation
Part III, Line 4d	
Form 990, Part III, Line 4d	VICTORY PARTNERS- VICTORY PARTNERS IS INVOLVED IN THE 277023. 0. 178560.
Form 990, Part IX, Line 24e	BAD DEBT EXPENSE 635384. 408073. 127311. 100000.
Form 990, Part IX, Line 24e	TAXES & LICENSES 745457. 745457. 0. 0.
Form 990, Part IX, Line 24e	VEHICLES 386579. 195485. 175756. 15338.
Form 990, Part IX, Line 24e	PAYROLL PROCESSING 267954. 77494. 190460. 0.
Form 990, Part IX, Line 24e	BANK & FINANCE CHARGES 92274. 421. 48309. 43544.
Form 990, Part IX, Line 24e	PROPERTY MANAGEMENT FEES 309681. 309681. 0. 0.
Form 990, Part IX, Line 24e	DUES & SUBSCRIPTIONS 30449. 12206. 18243. 0.
Form 990, Part IX, Line 24e	HIRING AND PERSONNEL COSTS 103267. 93139. 0. 10128.
Form 990, Part IX, Line 24e	BOARD RELATED EXPENSES 10702. 0. 10702. 0.
Form 990, Part IX, Line 24e	LEGAL SETTLEMENT 134100. 0. 134100. 0.
Form 990, Part IX, Line 24e	WORKERS' COMP INSURANCE 1473975. 1018561. 394410. 61004.
Form 990, Part IX, Line 24e	TEMPORARY STAFF 835404. 835404. 0. 0.
Form 990, Part IX, Line 24e	EVENTS AND PUBLIC RELATIONS 158854. 67690. 86465. 4699.
Form 990, Part IX, Line 24e	SUBCONTRACTORS 4432627. 2840524. 1480202. 111901.
Form 990, Part IX, Line 24e	SAFETY AND SECURITY 1945936. 1894404. 36107. 15425.
Form 990, Part IX, Line 24e	SPECIAL EVENTS 84430. 0. 15651. 68779.

Additional Data

Return to Form

Software ID: 22015534

Software Version:

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* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
LA Family Housing Corp

Employer identification number
95-3920560

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LA FAMILY HOUSING LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW-INCOME HOUSING	CA	1,112,849	0	LA FAMILY HOUSING CORP
(2) APARTMENTS AT DAY STREET LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW-INCOME HOUSING	CA	15,054	0	LA FAMILY HOUSING CORP
(3) PSH CAMPUS LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 81-2219201	LOW INCOME HOUSING	CA	11,322	0	LA FAMILY HOUSING CORP
(4) THE ANGEL 2018 LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP
(5) 9502 VN GP LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP
(6) PH GNINN LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP
(7) PHK HOJO LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP
(8) PHK PANO LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP
(9) THE EMERALD 2020 LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP
(10) 21300 DEVONSHIRE GP LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 87-1040499	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP
(11) PHK GNINN LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 86-2584833	LOW INCOME HOUSING	CA	-325,121	33,839,471	LA FAMILY HOUSING CORP
(12) PHK HOJO LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 86-2625128	LOW INCOME HOUSING	CA	-286,223	36,025,081	LA FAMILY HOUSING CORP
(13) PHK PANO LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 86-2567143	LOW INCOME HOUSING	CA	0	33,894,490	LA FAMILY HOUSING CORP
(14) 18722 SHERMAN WAY GP LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 87-1140539	LOW INCOME HOUSING	CA	0	0	LA FAMILY HOUSING CORP
(15) PHK SUP8 LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	45,434	0	LA FAMILY HOUSING CORP
(16) 14649 SATICOY PARTNERS LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 16-1682590	LOW INCOME HOUSING	CA	-215,012	4,240,095	LA FAMILY HOUSING CORP
(17) 21300 DEVONSHIRE LP 7843 LANKERSIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	7,128,947	LA FAMILY HOUSING CORP
(18) 18722 SHERMANY WAY LP 7843 LANKERSHIM BLV NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	0	5,675,975	LA FAMILY HOUSING CORP
(19) VINELAND PLACE LIMITED PARTNERSHIP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	-142,545	1,341,950	LA FAMILY HOUSING CORP
(20) ALABAMA COURT LIMITED PARTNERSHIP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	-32,188	2,285,940	LA FAMILY HOUSING CORP
(21) HARMONY GARDENS LIMITED PARTNERSHIP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	LOW INCOME HOUSING	CA	-118,203	916,653	LA FAMILY HOUSING CORP

(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
95-3920560					
(22) 11754 VANOWEN GARDENS LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	-158,718	1,117,403	LA FAMILY HOUSING CORP
(23) 13436 VICTORY GARDENS LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 95-3920560	LOW INCOME HOUSING	CA	-98,465	1,529,224	LA FAMILY HOUSING CORP

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	(g) Section 512(b)(13) controlled entity? No
(1)COCHRAN VILLA INC 7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 95-4311686	LOW-INCOME HOUSING	CA	501(C)3	10	NA		No
(2)LAFH PERMANENT HOUSING CORP 7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 95-4171142	LOW-INCOME HOUSING	CA	501(C)3	10	NA		No
(3)LAFH TEMPORARY HOUSING CORP I 7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 95-3967934	LOW-INCOME HOUSING	CA	501(C)3	7	NA		No
(4)HARMONY VILLA INC 7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 95-4340543	LOW-INCOME HOUSING	CA	501(C)3	10	NA		No
(5)LAFH PHASE I QALICB INC 7943 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 47-4960359	LOW-INCOME HOUSING	CA	501(C)3	12a	LA FAMILY HOUSING CORP	Yes	
(6)LAFH PHASE II QALICB INC 7943 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 81-1830036	LOW INCOME HOUSING	CA	501(C)3	12a	LA FAMILY HOUSING	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) GLENOAKS GARDENS LP 7943 LANKERSHIM BLVD N HOLLYWOOD, CA 91605 26-1937940	PERMANENT SUP-PORTIVE HOUSING	CA	LA FAMILY HOUSING CORP	RELATED	-470,830	13,863,864		No	0	Yes		99.000 %
(2) THE EMERALD 2020 LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 85-1917314	LOW INCOME HOUSING	CA	THE EMERALD 2020 LLC	RELATED	0	0		No	0	Yes		0.010 %
(3) DAY STREET LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 27-4786309	LOW-INCOME HOUSING	CA	APARTMENTS AT DAY STREET LLC	RELATED	14,951	464,075		No	0	Yes		0.010 %
(4) PSH CAMPUS LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 47-4393946	LOW-INCOME HOUSING	CA	PSH CAMPUS LLC	RELATED	11,182	833,999		No	0	Yes		0.010 %
(5) RESIDENCES ON MAIN LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-1686782	LOW-INCOME HOUSING	CA	RESIDENCES ON MAIN GP LLC	RELATED	10,181	1,014,418		No	0	Yes		0.010 %
(6) 11681 FOOTHILL LPSUMMIT VIEW 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-2460080	LOW-INCOME HOUSING	CA	FOOTHILL GP LLC	RELATED	0	2,206		No	0	Yes		0 %
(7) 11681 FOOTHILL GP LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-2443947	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING CORP	RELATED	0	1,103		No	0	Yes		50.000 %
(8) RESIDENCES ON MAIN GP LLC 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 82-1705816	LOW-INCOME HOUSING	CA	LA FAMILY HOUSING CORP	RELATED	10,299	518,161		No	0	Yes		60.000 %
(9) TOPANGA CANYON HOUSING PARTNERS LP 2600 WILSHIRE BLVD FL 4 LOS ANGELES, CA 90057 87-1899258	LOW INCOME HOUSING	CA	PHK SUP8 LLC	RELATED	-111,368	2,303,618		No	0	Yes		35.000 %
(10) 9502 VAN NUYS LP 9 CUSHING SUITE 200 IRVINE, CA 92618 83-1579243	LOW INCOME HOUSING	CA	9502 VN GP LLC	RELATED	0	1,771,022		No	0	Yes		0 %
(11) THE ANGEL 2018 LP 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605 83-3394980	LOW INCOME HOUSING	CA	THE ANGEL 2018 LLC	RELATED	0	14,151,268		No	0	Yes		0 %

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)LA FAMILY HOUSING PERMANENT HOUSING CORP I	o	14,139	ALLOCATED
(2)HARMONY VILLA INC	n, o,	48,346	ALLOCATED
(3)COCHRAN VILLA INC	n, o,	13,136	ALLOCATED
(4)GLENOAKS GARDENS LP	l	15,000	AGREEMENT
(5)LAFH PHASE I QALICB INC	n, o,	811,687	COST
(6)LAFH PHASE I QALICB INC	e	9,145,576	FMV
(7)LAFH PHASE II QALICB INC	e	1,055,677	AGREEMENT
(8)LAFH PHASE II QALICB INC	k	162,420	FMV
(9)LAFH PHASE II QALICB INC	o	492,876	COST
(10)LAFH PHASE II QALICB INC	m	84,262	COST
(11)LAFH PHASE I QALICB INC	k	318,811	AGREEMENT
(12)EMERALD 2020 LP	l	404,568	FMV
(13)PSH CAMPUS LP	d	1,000,000	AGREEMENT
(14)11681 FOOTHILL LP (SUMMIT VIEW)	l	1,120,355	AGREEMENT
(15)THE ANGEL 2018 LP	d	1,223,825	AGREEMENT
(16)VICTORY PARTNERS LP	l	15,000	COST
(17)VANOWEN GARDENS LP	l	25,630	COST
(18)HARMONY GARDENS LP	l	15,246	COST
(19)VINELAND PLACE LP	l	21,030	COST
(20)DAY STREET LP	l	18,750	COST
(21)RESIDENCES ON MAIN LP	l	450,054	COST
(22)9502 VAN NUYS LP (AKA TALISA APARTMENTS)	l	375,000	COST
(23)PSH CAMPUS LP	l	62,707	COST
(24)ALABAMA COURT	l	18,545	cost

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
Part V, d	L.A. FAMILY HOUSING HAS ESTABLISHED RESERVES FOR QALICB I AND QALICB II IN ACCORDANCE WITH NEW MARKETS TAX CREDIT AGREEMENTS RESTRICTED FOR THE PURPOSE OF DEVELOPMENT AND TO COVER ANNUAL TRANSACTION AND MANAGMENT FEES.
Part V, j, k	PSH CAMPUS AND QALICB II HAVE ENTERED INTO A RECIPROCAL EASEMENT AGREEMENT (REA) IN CONNECTION WITH A SHARED SUBTERRANEAN GARAGE THAT ESTABLISHES CERTAIN COVENANTS, CONDITIONS AND USE RESTRICTIONS WITH RESPECT TO THE PARKING, RESIDENTIAL AND COMMERCIAL PARCELS. LEASE COMMENCES IN 2017.
Part V, d	L.A. FAMILY HOUSING HAS ENTERED INTO VARIOUS AGREEMENTS WITH CERTAIN LIMITED PARTNERSHIPS OR THEIR AFFILIATED PARTNERS WHERBY L.A. FAMILY HOUSING GUARANTEES TO LOAN FUNDS TO THE PARTNERSHIPS IN THE EVENT THAT THE PARTNERSHIPS INCUR OPERATING DEFICITS, AS DEFINED IN THE RESPECTIVE PARTNERSHIP AGREEMENTS, OR FAIL TO MEET THEIR PARTNERSHIP OBLIGATIONS.
Part V, d	L.A. FAMILY HOUSING ENTERED INTO VARIOUS AGREEMENTS WITH CERTAIN LIMITED PARTNERSHIPS AND LLC'S OR THEIR AFFILIATED GENERAL PARTNERS OR MEMBERS WHEREBY LA FAMILY HOUSING OFFERS TAX INDEMNIFICATION IN THE EVENT OF LOW-INCOME HOUSING CREDIT RECAPTURE OR RECAPTURE OF LOANS FROM STATE AND LOCAL GOVERNMENTS FOR THE DEVELOPMENT OF AFFORDABLE HOUSING RESULTING FROM NON-COMPLIANCE WITH AFFORDABLE HOUSING REQUIREMENTS.

Additional Data

Return to Form

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