

AMENDED - ORIGINALLY POSTED OCTOBER 31, 2019

AGENDA

ISLAND CITY DEVELOPMENT Regular Meeting November 8, 2019 at 9:30 AM Independence Plaza – Community Room 703 Atlantic Avenue, Alameda

- 1. CALL TO ORDER & ROLL CALL
- 2. PUBLIC COMMENT (Non-Agenda)
- 3. CONSENT CALENDAR (Action)
 - a. Approval of Minutes July 23, 2019 Meeting, Page 1
 - b. Authorize the President, or Designee, to Execute a Services Agreement Amendment with the Housing Authority of the City of Alameda, **Page 3**
 - c. Accept the Report on Banking Activity of Island City Development, Page 5
- 4. NEW BUSINESS
 - a. Accept the Annual Report and Audited Financial Statements for Fiscal Year Ending 12/31/2018, **Page 7 (Action)**
 - b. Approve the Federal and State Tax Returns for the Fiscal Year Ending 12/31/2018, **Page 32 (Action)**
 - c. Approve and Adopt the Budget for Fiscal Year 2020, Page 76 (Action)
 - d. Authorize the President, or Designee, to Execute a Third Services Agreement Amendment with Holthouse, Carlin and Van Trigt LLP, Page 79 (Action)
 - e. Approve the Authorizing Resolution Regarding Purchasing Authority for Island City Development, **Page 81 (Action)**
- 5. NON-AGENDA (Public Comment)
- 6. WRITTEN COMMUNICATIONS
- 7. ORAL COMMUNICATIONS BOARD MEMBERS AND STAFF
- 8. ADJOURNMENT

NOTES:

• If you need special assistance to participate in the meetings of the Island City Development Board of Directors, please contact Stacey Wilson at (510) 747-



4307 (TTY/TRS: 711) or <u>swilson@alamedahsg.org</u>. Notification 48 hours prior to the meeting will enable the Island City Development Board of Directors to make reasonable arrangements to ensure accessibility.

- Documents related to this agenda are available for public inspection and copying at the Office of the Housing Authority, 701 Atlantic Avenue, during normal business hours.
- Know Your RIGHTS Under The Ralph M. Brown Act: Government's duty is to serve the public, reaching its decisions in full view of the public. The Board of Directors exists to conduct the business of its constituents. Deliberations are conducted before the people and are open for the people's review. In order to assist Island City Development's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help Island City Development accommodate these individuals.

IF YOU WISH TO ADDRESS THE BOARD:

- Anyone wishing to address the Board on agenda items or business introduced by Board members may speak for a maximum of three (3) minutes per agenda item when the subject is before the Board. Please file a speaker's slip with the Board President. Upon recognition by the President, approach the rostrum and state your name.
- Lengthy testimony should be submitted in writing and only a summary of pertinent points presented verbally.
- Applause and demonstrations are prohibited during Board meetings.

MINUTES Draft until approved ISLAND CITY DEVELOPMENT Special Meeting July 23, 2019 at 11:30 AM Independence Plaza, - Community Room, 703 Atlantic Avenue, Alameda

1. CALL TO ORDER & ROLL CALL

President Cooper called the meeting to order at 11:30 a.m. and corrected the Agenda to acknowledge this is a Special Meeting, not a Regular Meeting. The following Board Members were present: Secretary/Treasurer Basta. Members absent/Note: Board Member John McCahan resigned as Vice President as he is no longer on the AHA Board of Commissioners. Nominations for the 3rd ICD Director will be held during the next regular Housing Authority meeting which will be held on August 21, 2019. Staff in Attendance: Kathleen Mertz, Stacey Wilson.

- 2. PUBLIC COMMENT (Non-Agenda) (None)
- 3. CONSENT CALENDAR (Action)
 - a. Approve Minutes of the Board of Directors Meeting Held April 30, 2019

Director Basta moved to accept all items on the Consent Calendar, Director Cooper seconded. The motion carried unanimously.

- 4. NEW BUSINESS
 - a. Accept the Rosefield Project Update Report and Ratify the Acceptance and Execution of the Amended \$2 Million Predevelopment Loan from the Housing Authority of the City of Alameda, **Page 2 (Action)**

Director Basta moved to accept the motion, Director Cooper seconded. The motion carried unanimously.

b. Approve the Authorizing Resolution to Apply for State of California Multifamily Housing Program Funds for Rosefield Village, **Page 5 (Action)**

Director Basta moved to accept the motion, Director Cooper seconded. The motion carried unanimously.

- 5. NON-AGENDA (Public Comment) (none)
- 6. WRITTEN COMMUNICATIONS (none)

Director Cooper noted that the only written communication received was and email from former Director, John McCahan, regarding his resignation from the ICD Board.

7. ORAL COMMUNICATIONS – BOARD MEMBERS AND STAFF (none)

Staff member Kathleen Mertz discussed a letter from the auditors regarding the accounting

of the two partnerships with respect to reconciliation of construction draws. Ms. Mertz stated that she, Finance, and Project Management will be handling the monthly reconciliation of pre-development draws. Director Cooper requested a copy of the auditor's letter via email.

8. ADJOURNMENT

The meeting was adjourned at 11:44 a.m.

Respectfully submitted,

Draft until approved Janet Basta Secretary

Re:	Authorize the President, or Designee, to Execute a Third Consultant Services Agreement Amendment with the Housing Authority of the City of Alameda
Date:	November 8, 2019
From:	Kathleen Mertz Director of Housing and Community Development
То:	Board of Directors Island City Development

DISCUSSION

In April 2015, Island City Development entered into contract with the Housing Authority of the City of Alameda to provide real estate services for the development of affordable housing on behalf of the Housing Authority. The contract had an initial term of 3 years and a contract price of \$100,000 annually for a total of \$300,000.

On December 5, 2017 a First Amendment to the Service Agreement was executed to clarify the terms of the Agreement so that it coincided with the calendar year end and ICD's fiscal year, which was the original intent of the Agreement. Therefore, the term of the Agreement was extended to December 31, 2018.

On December 20, 2018 a Second Amendment to the Service Agreement was executed to extend the term of the contract for one year. The amended term of the Agreement was extended to December 31, 2019, thereby making the contract a four year term.

Island City Development has no staff and relies on the services agreement to perform its duties as real estate developer on behalf of the Housing Authority. This Third Amendment to the Service Agreement will extend the existing contract for an additional one year, thereby making the contract a five year term until December 31, 2020. In addition, Consultant compensation shall be increased, pursuant to the Agreement, in the amount of \$100,000 annually for years 2019 and 2020 for a total contract amount not to exceed \$500,000.

FINANCIAL ANALYSIS

The services contract extension is for \$200,000 to be paid from earned developer fees from the Littlejohn Commons and Everett Commons projects. This fee is included in the 2019 annual budget.

RECOMMENDATION

Authorize the President, or Designee, to Execute a Third Consultant Services Agreement





Amendment with The Housing Authority of the City of Alameda.

Respectfully submitted,

Kathleen Mertz ' Director of Housing and Community Development

ISLAND CITY DEVELOPMENT

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Re:	Accept the Report on Banking Activity of Island City Development
Date:	November 8, 2019
From:	Candace Latigue, Asset Manager
To:	Board of Directors Island City Development

BACKGROUND

Island City Development, the general partners and the limited partnerships engage in banking activity related to the Low-Income Housing Tax Credit properties. Staff is providing a periodic report to update the ICD Board on this banking activity. This activity is in compliance with Resolution 2014-02.

DISCUSSION

Below is a chart summarizing the bank accounts for Sherman and Buena Vista LP (Littlejohn Commons), Everett and Eagle LP (Everett Commons), Island City Development, and its affiliated Limited Liability Companies who serve as the General Partner for the above referenced limited partnerships.

ENTITY	BANK INSTITUTION	REASON
Everett & Eagle LP	Chase Bank (to be	Construction Checking
	closed within 60 days)	
Everett & Eagle LP	Chase Bank (to be	Equity Account
	closed within 60 days)	
Everett & Eagle LP	Citibank	Operating Checking
Everett & Eagle LP	Citibank	Tenant Security Deposits
Everett & Eagle LP	Citibank	Replacement Reserves
Everett & Eagle LP	Beneficial State Bank	Insured Cash Sweep (ICS)
Sherman & Buena Vista LP	BBVA Compass	Equity Account
	(closed)	
Sherman & Buena Vista LP	BBVA Compass	Construction Draws
	(closed)	
Sherman & Buena Vista LP	US Bank (to be closed	Construction Checking
	within 60 days)	
Sherman & Buena Vista LP	Citibank	Operating Checking
Sherman & Buena Vista LP	Citibank	Tenant Security Deposits
Sherman & Buena Vista LP	Beneficial State Bank	Insured Cash Sweep (ICS)
Sherman & Buena Vista LP	CCRC	Replacement Reserves
Del Monte LLC	US Bank	Checking- Required per
2		Operating Agreement to
		validate existing entity as





ENTITY	BANK INSTITUTION	REASON
		part of the Limited
		Partnership
2437 Eagle Avenue LLC	US Bank	Checking- Required per
		Operating Agreement to
		validate existing entity as
		part of the Limited
		Partnership
Island City Development	US Bank	Money Market- established
		when ICD was formed
Island City Development	US Bank	Checking Account
Rosefield LLC	US Bank	Checking- Required per
		Operating Agreement to
		validate existing entity as
		part of the Limited
		Partnership

All accounts are reconciled monthly by the Finance staff.

The US Bank accounts follow the same collateralization requirements of AHA accounts. Chase Bank and BBVA Compass Bank accounts were required per the loan documents when a lender was chosen for the project. This is common practice with lending partners for real estate development deals. The operating and tenant security deposit accounts are managed by John Stewart Company (JSCO), but in the name of the limited partnership owner, which is also common practice with 3rd party property management companies and outlined as part of the Property Management Agreement. JSCO also manages the Insured Cash Sweep (ICS) accounts established to sweep and hold excess cash over the FDIC limit of \$250,000. JSCO's core banking is all through Citibank and FDIC insured establishments.

FISCAL IMPACT

None.

RECOMMENDATION

Accept the Report on Banking Activity of Island City Development

Respectfully submitted,

Cándace Latigue Asset Manager



ISLAND CITY DEVELOPMENT

ITEM 4A

- To: Board of Directors Island City Development
- From: Vanessa Cooper President
- Date: November 8, 2019
- Re: Accept the Annual Report and Audited Financial Statements for Fiscal Year Ending 12/31/2018

BACKGROUND

Per Section 7.7 of the Island City Development Bylaws, the President shall furnish a written annual report to the Directors.

DISCUSSION

The attached audited Financial Statements reflect the consolidated financial status of the corporation and subsidiaries as of 12/31/2018. During fiscal year 2018, there were no transactions, indemnifications or advances to any officer or director of the corporation.

RECOMMENDATION

Accept the Annual Report and Audited Financial Statements for Fiscal Year Ending 12/31/2018.

Respectfully submitted,

eua lorn.

Vanessa Cooper President

Attachments:

- 1. HCVT Audit Letter for ICD
- 2. HCVT Annual Report and Financial Statement for FYE 12/31/2018 for ICD





Camarillo, CA Encino, CA Long Beach, CA Los Angeles, CA Orange County, CA Pasadena, CA Walnut Creek, CA West Los Angeles, CA Westlake Village, CA Fort Worth, TX Park City, UT

PERSONAL & CONFIDENTIAL

October 8, 2019

Ms. Victoria Johnson Director of Housing and Community Development Housing Authority of the City of Alameda 701 Atlantic Avenue Alameda, CA 94501

Re: Island City Development

We have audited the consolidated financial statements of Island City Development (the Company) for the year ended December 31, 2018, and have issued our report thereon dated October 8, 2019. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter dated July 25, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by the Company are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2018. We noted no transactions entered into by the Company during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management, and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. There were no sensitive estimates during 2018.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Misstatements were identified by HCVT during the audit (see the attached copy of adjustments). Management represented that they recorded all of the adjustments to correct the identified misstatements.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. No such disagreements arose during the course of our audit.

Management Representations

We have requested and received certain representations from management that are included in the management representation letter dated October 8, 2019.

Management Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Company's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Company's auditor. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

While auditing receivables, we noted that developer fee receivables from consolidated entities are being comingled with other receivables. We recommend creating a new account to track developer fee receivables separately as these fees are going to increase in frequency in the future.

While auditing the intercompany accounts, we noted that numerous transactions are being recorded that result in the intercompany accounts not being reconcilable in relation to consolidated entities. We recommend refraining from booking manual journal entries to intercompany accounts.

Other Matters

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Ms. Victoria Johnson October 8, 2019 Page 3

This information is intended solely for your use and management of the Company, and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Holthouse Carlin & Van Trigt LLP

HOLTHOUSE CARLIN & VAN TRIGT LLP

ATTACHMENT

Client Engagement Period Ending: Trial Balance:	0900022.0 - Island City Development, Inc. 2018 AUD - Island City Development 12/31/2018 A.40.1 - ICD TB			
Workpaper:	A.30.01 - ICD - AJE Report			
Account	Description	W/P Ref	Debit	Credit
Adjusting Journal	Entries JE# 101 re interest for AHA loan and Rosefield Loan	M-1		
			\$ 125.00	
1900350 1900350	CIP - Loan Interest - Soft CIP - Loan Interest - Soft		8,125.00 17,500.00	
9500100	Interest Expense		3,125.00	
F 9500100	Interest Expense		12,500.00	
3120060	Accrued Interest Payable			11,250.00
* 3120060 Total	Accrued Interest Payable		41,250.00	30,000.00 41,250.00
Adjusting Journal	Entries JE# 102	O-1		
	r income to separate account	na nanajina 2001 ni bana si sumani su		
1255555-HCVT	Developer fee receivable		405,628.00	
1255555-HCVT			506,000.00	
1250010	Accounts Receivable - Other			405,628.00
1250010 Total	Accounts Receivable - Other	ا موجد در استان استان از این را همین میزاند. این و سال این - مراجع استان استان استان این این این این این این این این این ا	911,628.00	506,000.00 911,628.00
Adjusting Journal		0-1		
to true up ICD port	on of developer income received			
1255555-HCVT	Developer fee receivable		423,372.00	
7110092	Professional Service Revenue			423,372.00
Total			423,372.00	423,372.00
Adjusting Journal	Entries JE # 104	O-1		
to record additiona	I 10% of device to AHA and to reclass what was booked to			
interprogram			10 500 00	
3470050	Interprogram (Due to)		40,563.00 42,337.00	
7110092	Professional Service Revenue		42,337.00	40,563.00
3120070 3120070	Accrued Payables Accrued Payables			42,337.00
Total			82,900.00	82,900.00
		14.2		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Entries JE# 105 ting services provided to AHA and ICD. Not allocable to any one	1.1.2		
project. 9710090	Pre-development Cost		26,105.00	
1900230	CIP - Professional Services (Other)			26,105.00
Total			26,105.00	26,105.00
Adjusting Journal to reclass develop	Entries JE # 106 er fee payable to AHA to proper account per AHA chart of accounts	A.20.1		
3120070	Accrued Payables		167,500.00	
3330300	Developer Fee Payable			167,500.00
Total			167,500.00	167,500.00
Adjusting Journal	Entries JE# 107	C-1		
to record investme	int income in Del Monte LLC for fees earned on SBV			
149999-HCVT	Investment in Subsidiary - Del Monte LLC		8,333.00	
7110010	Investment Income - Unrestricted			8,333.00
Total			8,333.00	8,333.00

(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) CONSOLIDATED FINANCIAL STATEMENTS, SUPPLEMENTARY INFORMATION, AND INDEPENDENT AUDITOR'S REPORT DECEMBER 31, 2018



(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) DECEMBER 31, 2018 TABLE OF CONTENTS

	<u>Page No.</u>
Independent Auditor's Report	1-2
Consolidated Financial Statements	
Consolidated Statement of Financial Position	3
Consolidated Statement of Activities	4
Consolidated Statement of Functional Expenses	5
Consolidated Statement of Changes in Net Assets	6
Consolidated Statement of Cash Flows	7
Notes to Consolidated Financial Statements	8-15
Supplementary Information	
Consolidating Statement of Financial Position (Schedule I)	16-17
Consolidating Statement of Operations (Schedule II)	18



### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Island City Development:

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of Island City Development (a California nonprofit public benefit corporation) and its Subsidiaries, which comprise the consolidated statement of financial position as of December 31, 2018, and the related consolidated statements of activities, functional expenses, changes in net assets, and cash flows, for the year then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion on Consolidated Financial Statements**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Island City Development and its Subsidiaries as of December 31, 2018, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Report on Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The information in Schedules I and II is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual entities, and is not a required part of the consolidated financial statements. Such information is the responsibility of management, and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Holthouse Carlin + Van Trigt LLP

Westlake Village, California October 8, 2019

(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) CONSOLIDATED STATEMENT OF FINANCIAL POSITION

### DECEMBER 31,

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### ASSETS Property, at cost Land improvements \$ 2,170,596 Building and improvements 26,136,686 Furniture and equipment 512,067 **Total property** 28,819,349 Less: accumulated depreciation (183, 946)Net property 28,635,403 Cash and cash equivalents 725,048 Other receivables 255,081 Due from affiliates 29,437 Restricted funds: Tenant security deposits 22,924 Prepaid ground lease and other 3,363,574 Preacquisition costs 627,621 Prepaid ground lease 5,933 **Deposits - TCAC** 64,487 Deferred costs - TCAC fees 89,717 **Total assets** \$ 33,819,225 LIABILITIES AND NET ASSETS Notes payable, net \$ 30,537,441 Accounts payable and accrued expenses 21,499 Accrued construction and development costs 2,157,399 Accrued interest payable 610,469 Developer fee payable 167,500 Accrued Asset Management Fee payable 2.083 Accrued ground lease 997 Tenant security deposits 22,924 **Total liabilities** 33,520,312 Net assets Without donor restrictions - controlling interests (370, 473)Without donor restrictions - noncontrolling interests 669,386 **Total net assets** 298,913 Total liabilities and net assets \$ 33,819,225

See notes to consolidated financial statements.

(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) CONSOLIDATED STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31,	2018
Revenue:	
Residential rent	\$ 47,546
Tenant subsidies	156,185
Development fee	82,900
Other revenue	41
Total revenue	286,672
-	
Expenses:	601 050
Program services-housing	621,858
Supporting services	169,700
Total expenses	791,558
Change in net assets from operations	(504,886)
Syndication costs	(7,224)
Total change in net assets	\$ (512,110)

See notes to consolidated financial statements.

		Program Services	es	Supporting Services	vices	
	Island City	City		Island City	1-1	
A desinic traditor	nevelopment	nent	nousing (a)	печеюршент	nousing (a)	I OTAI
Auminisuauve	¢	¢		c	e	100 0
Manager s salaries	Ð	₽ '	4,400 1		Ð I	- 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Office expense			acı'ı	00000	I .	740,01
Professional fees - accounting		ı	1	23,336	34,541	57,877
Professional fees - legal		,	160	T	I	160
Property management fees		1	7,998	3		7,998
Total administrative expenses		-	25,297	31,730	34,541	91,568
Utilities						
Electricity		,	2.305	J		2.305
Water and sewer		1	2 648	2635	I	5 283
Gas		1	122	) 1		122
Total utilities		r	5,075	2,635		7,710
Onorating and maintenance						
Maintenance salaries		a	9.564	Ĩ	5	9.564
Repairs and maintenance			3 346	1		3 346
Trash removal		8 J <b>I</b>	3.659	,		3.659
Total operating and maintenance			16,569	1		16.569
Taxes and insurance						
Payroll taxes		т	1,773	9	э	1,773
Property and liability insurance		1	3,016	ſ	·	3,016
Employee benefits		1	2,504		a	2,504
State taxes			2,437	75	ï	2,512
Total taxes and insurance		ч	9,730	75		9,805
Other expenses						
Depreciation		·	183,946	·	·	183,946
Amortization		1	1,179	,		1,179
Advertising and lease-up		F	149,739	ı	ĩ	149,739
Interest expense			189,969	15,625		205,594
Asset Management Fee				Ľ	2,083	2,083
Development fee - AHA		1	,	82,900	1	82,900
Development consulting		26,105		ł	,	26,105
Ground lease		1	14,249	,	x	14,249
Organization costs		ı		a.	111	111
Total other expenses		26,105	539,082	98,525	2,194	665,906
Total functional expenses	e	26 105 \$	595 753	\$ 132 965 \$	36 735 \$	791 558

ISLAND CITY DEVELOPMENT AND SUBSIDIARIES (A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

(a) Sherman and Buena Vista, LP and Everett and Eagle, LP

See notes to financial statements.

Page 5

(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS

	Controlling Interest	Noncontrolling Interest	Total
Balance, December 31, 2017	\$ (302,641) \$	1,113,664 \$	811,023
Syndication costs	-	(7,224)	(7,224)
Net loss	 (67,832)	(437,054)	(504,886)
Balance, December 31, 2018	\$ (370,473) \$	669,386 \$	298,913

See notes to consolidated financial statements.

(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) CONSOLIDATED STATEMENT OF CASH FLOWS

Adjustments to reconcile change in net assets from operations to net cash used in operating activities: Depreciation Amortization of TCAC fees Amortization of debt issuance costs Ground lease expense Change in operating assets and liabilities: Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability	504,886) 183,946 1,179 32,698 14,249 (22,924) (4,936) 96,667 2,083 22,924
Change in net assets from operations       \$ (         Adjustments to reconcile change in net assets from operations       to net cash used in operating activities:         Depreciation       Amortization of TCAC fees         Amortization of debt issuance costs       Ground lease expense         Change in operating assets and liabilities:       Tenant security deposits         Prepaid ground lease       Accrued interest payable         Accrued asset management fee payable       Tenant security deposits - liability         Net cash used in operating activities       (	183,946 1,179 32,698 14,249 (22,924) (4,936) 96,667 2,083 22,924
Adjustments to reconcile change in net assets from operations to net cash used in operating activities: Depreciation Amortization of TCAC fees Amortization of debt issuance costs Ground lease expense Change in operating assets and liabilities: Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities	183,946 1,179 32,698 14,249 (22,924) (4,936) 96,667 2,083 22,924
to net cash used in operating activities: Depreciation Amortization of TCAC fees Amortization of debt issuance costs Ground lease expense Change in operating assets and liabilities: Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities (	1,179 32,698 14,249 (22,924) (4,936) 96,667 2,083 22,924
Depreciation Amortization of TCAC fees Amortization of debt issuance costs Ground lease expense Change in operating assets and liabilities: Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities (	1,179 32,698 14,249 (22,924) (4,936) 96,667 2,083 22,924
Amortization of TCAC fees Amortization of debt issuance costs Ground lease expense Change in operating assets and liabilities: Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities	1,179 32,698 14,249 (22,924) (4,936) 96,667 2,083 22,924
Amortization of debt issuance costs Ground lease expense Change in operating assets and liabilities: Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities	32,698 14,249 (22,924) (4,936) 96,667 2,083 22,924
Ground lease expense Change in operating assets and liabilities: Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities	14,249 (22,924) (4,936) 96,667 2,083 22,924
Change in operating assets and liabilities: Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities (	(22,924) (4,936) 96,667 2,083 22,924
Tenant security deposits Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities (	(4,936) 96,667 2,083 22,924
Prepaid ground lease Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities (	(4,936) 96,667 2,083 22,924
Accrued interest payable Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities	96,667 2,083 22,924
Accrued asset management fee payable Tenant security deposits - liability Net cash used in operating activities (	2,083 22,924
Tenant security deposits - liability         Net cash used in operating activities	22,924
Net cash used in operating activities	
Cash flows from investing activities:	(179,000)
	131,985)
	(374,653)
	,506,638)
Cash flows from financing activities:Proceeds from notes payable12,Expenditures for debt issuance costs12Expenditures for deferred costs - TCAC fees12	,365,647 (38,457) (20,090)
Expenditures for syndication costs	(7,224)
	,299,876
Net change in cash and cash equivalents (2,	,385,762)
Cash and cash equivalents at beginning of year 3,	,110,810
	110,010
Cash and cash equivalents at end of year \$	725,048
Supplemental disclosure of cash activities:	
Cash paid for interest, net of capitalized interest \$	37,345
Supplemental disclosure of non-cash activities:	
Accrued construction costs \$ 2,	,157,399
	560,955

See notes to consolidated financial statements.

### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Organization** Island City Development is a California nonprofit public benefit corporation (the Company or ICD) exempt from income tax under Section 501(c)(3) of the U.S. Internal Revenue Code. The Company was formed in 2014 primarily to engage in acquiring, developing, rehabilitating, owning, and managing affordable housing (the Project(s)) for low and moderate-income individuals and families in the City of Alameda, California. In connection with the development of the Projects, the Company, or its affiliates, intend to enter into regulatory agreements with the California Tax Credit Allocation Committee (TCAC), which govern the ownership, occupancy, management, maintenance and operations of the Project.

The Company is a discrete component unit of the City of Alameda Housing Authority (AHA) and its Board of Directors is made up of three directors appointed by the AHA Executive Director.

As of December 31, 2018, the Company's consolidated financial statements include California limited partnerships and single member California limited liability companies (LLC), (the Partnership(s) or the Subsidiary(ies)) organized primarily to acquire, develop/rehabilitate, and manage multi-family affordable housing projects. As of December 31, 2018, the Company, through its Subsidiaries, owns the following Projects:

Partnership Name	Project Name	City, State	Units
Sherman and Buena Vista LP	Littlejohn Commons	Alameda, California	31
Everett and Eagle L.P.	Everett Commons	Alameda, California	20

Allocation of profit and losses of the Partnerships that owns the above projects are allocated as follows:

Company	0.01%
Limited Partner (non-controlling)	99.99%

In addition, the Company has established the following Subsidiaries:

Del Monte Senior LLC 2437 Eagle Avenue LLC Rosefield LLC Constitution and Eagle LP

**Principles of Consolidation and Accounting for Investments in a Limited Partnership** Accounting standards generally accepted in the United States of America establishes the presumption that the general partner(s) in a limited partnership controls that limited partnership (or similar entity) regardless of ownership percentage. The presumption of control by the general partner is overcome when the limited partners have either (a) the substantive ability to dissolve or liquidate the limited partnership or otherwise remove the general partner without cause or (b) substantive participating rights. If the presumption of control cannot be overcome, then the general partner is required to consolidate the limited partnership. As of and for the year ended December 31, 2018, ICD or its wholly owned Subsidiaries, as a controlling general partner, conformed their accounting to this presumption and determined the presumption of control for the limited partnerships had not been overcome.

Due to shared control with other entities, ICD records its investments in limited partnerships for which ICD serves as limited partner under the equity method of accounting. Under the equity

### **ISLAND CITY DEVELOPMENT AND SUBSIDIARIES** (A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018

method of accounting, ICD records its acquisition of the initial investment at cost and thereafter, records its portion of the entities income or loss on an annual basis. In the event its investment goes negative, based on management's assessments, the recording of further loss may be suspended until profitability returns.

ICD serves as a limited partner in the following limited partnership and records its investment under the equity method of accounting:

Project Name	City, State	Acquisition Date	Units
Stargell Commons	Alameda, California	2015	32*

*The project was placed in service in June 2017 and ICD's investment is \$0.

The portion of the equity of the Subsidiaries that is not owned or controlled by ICD is shown as noncontrolling interests within net assets without donor restrictions and all material intercompany transactions between consolidated entities have been eliminated.

**Method of Accounting** These consolidated financial statements, which are presented in accordance with accounting principles generally accepted in the United States of America (GAAP), as such, revenues are recognized when earned and expenses are recorded when incurred. In addition, the consolidated financial statements have been prepared to focus on ICD as a whole and to present balances and transactions according to the existence of absence of donor-imposed restrictions. This has been accomplished by the classification of transactions into three classes of net assets as follows:

- Net assets without donor restrictions represent expendable funds available for operations, which are not otherwise limited by donor restrictions.
- Net assets with donor restrictions represent the part of the net assets of ICD resulting from contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources will be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. As of December 31, 2018, there were no net assets with donor restrictions.

*Functional Allocation of Expenses* The costs of providing ICD's programs and other activities have been summarized on a functional basis in the consolidated statement of functional expenses. The functional classifications are defined as follows:

- Program service expenses consist of costs incurred in connection with providing housing services.
- **Supporting service** expenses consist of costs incurred in connection with the overall activities of ICD, which are not allocable to another functional expense category.

### ISLAND CITY DEVELOPMENT AND SUBSIDIARIES (A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018

**Income Taxes** The Company has received a determination letter from the Internal Revenue Service stating that it qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and, accordingly, no provision for federal income taxes is recorded in the accompanying consolidated financial statements. In addition, the Company does not have any income, which it believes would subject it to unrelated business income taxes. Accordingly, there is no provision for income taxes in the accompanying consolidated financial statements.

Income taxes on limited partnership and limited liability company (LLC) income are included in the tax returns of the partners or members. The federal tax status as a pass-through entity is based on the entity's legal status as a partnership or LLC and is 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. However, the limited partnerships and the LLCs are required to pay an \$800 fee to the California Franchise Tax Board. The Organization determined there are no tax positions, which must be considered for disclosure. There are no current tax examinations pending.

**Estimates** The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the financial reporting period. Management believes actual results will not differ significantly from those estimates.

**Cash and Cash Equivalents** For purposes of the consolidated statement of cash flows, the Company considers all highly liquid unrestricted investments with an original maturity of three months or less to be cash equivalents.

**Property** Property is stated at cost. Upon completion, depreciation expense will be provided primarily using the straight-line method over the following estimated useful lives:

### Description

Description	
Buildings and improvements	40 years
Land improvements	20 years
Furniture and equipment	5 - 7 years

ICD capitalizes development costs, including interest and insurance until the project is placed in service. Thereafter, ICD capitalizes expenditures or betterments that materially increase asset lives, charging to depreciation expense the estimated net book value of the improvement cost being replaced, and charges ordinary repairs and maintenance to operations as incurred. When assets are sold or otherwise disposed of, the costs and related reserves are removed from the accounts, and any resulting gain or loss is included in operations.

The Company reviews its property for impairment whenever events or changes in circumstances indicate that the carrying value of such property may not be recoverable. When evaluating recoverability, management considers future undiscounted cash flows estimated to be generated by the property including the low-income housing tax credits and any estimated proceeds from the eventual disposition. In the event these accumulated cash flows are less than the carrying amount of the property, the Company recognizes an impairment loss equal to the excess of the carrying amount

Life

over the estimated fair value of the property. No impairment losses were recognized during the year ended December 31, 2018.

**Other Receivables** Other receivables primarily consists of property tax receivables from the Alameda County Tax Collector. The Company evaluates collectability on a case-by-case basis and provides a reserve when collection is doubtful.

**Concentration of Credit and Business Risk** The Company's cash and cash equivalents are maintained in various banks. The Company has exposure to credit risk to the extent that its cash and cash equivalents exceed amounts covered by federal deposit insurance. The Company believes that its credit risk is not significant.

ICD, either as a direct owner, advisor or general partner, has an economic interest in the Projects that are subject to business risks associated with the economy and level of unemployment in California, which affects occupancy as well as the tenants' ability to make rental payments. In addition, these Projects operate in a heavily regulated environment and the operations of these Projects will be subject to the administrative directives, rules and regulations of federal, state and local regulatory agencies, including, but not limited to, the U.S. Department of Housing and Urban Development (HUD). Such administrative directives, rules and regulations are subject to change by an act of Congress or an administrative change mandated by HUD and may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change.

Adoption of New Accounting Principle Effective January 1, 2018, the Company adopted Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities (ASU 2016-14). The ASU amends the current reporting model for nonprofit organizations and enhances their required disclosures. The major changes include: (a) requiring the presentation of only two classes of net assets now entitled "net assets without donor restrictions" and "net assets with donor restrictions", (b) requiring that all nonprofits present an analysis of expenses by function and nature in either the statement of activities, a separate statement, or in the notes, and disclose a summary of the methods used to allocate costs, (c) requiring the disclosure of quantitative and qualitative information regarding liquidity and availability of resources, (d) presenting investment return net of external and direct expenses, and (e) modifying other financial statement reporting requirements and disclosures intended to increase the usefulness of nonprofit financial statements.

### 2. PREPAID GROUND LEASE

Littlejohn Commons entered into a ground lease agreement with AHA commencing December, 2016 for a period of 99 years. In accordance with the ground lease agreement, \$3,410,000 was recorded as a prepaid ground lease with a corresponding ground lease payable, see Note 5. During the term of the lease, the Subsidiary will annually amortize prepaid ground lease of \$34,444. As of December 31, 2018, the prepaid ground lease balance was \$3,341,112.

Everett Commons entered into a ground lease agreement with AHA commencing June 2017 for a period of 99 years. Prepaid rent for the full lease term (99 years) of \$9,900 was paid at lease commencement. The ground lease will begin to amortize in January 2019.

### 3. PREAQUISITION COSTS

In connection with the Company's development efforts, ICD incurs preaquisition costs, which are capitalized until management determines the proposed development is not feasable. As of December 31, 2018, preacquisition costs for future Projects of \$627,621 has been incurred and is recorded in the accompanying consolidated statement of financial position.

### 4. DEFERRED COSTS – TCAC FEES AND DEBT ISSUANCE COSTS

**Deferred TCAC Costs** Deferred TCAC costs consist of fees paid to TCAC that will be be amortized over a 15-year period, beginning in the year the applicable Project is placed in service. As of December 31, 2018, unamortized TCAC costs were \$89,717.

**Debt Issuance Costs** Debt issuance costs of \$260,293 net of accumulated amortization as of December 31, 2018 is reported as a direct reduction of the obligation to which such costs relate. While the projects are under development, the amortization of debt issuance costs are capitalized. Thereafter, the amortization is reported as a component of interest expense using a method that approximates the effective interest method.

### 5. NOTES PAYABLE

	2018
A summary of ICD's financing arrangements as of December 31, 2018 is as follows:	
<b>AHA preacquisition loans</b> Various unsecured promissory notes payable to AHA for the purpose of funding preacquisition efforts with principal amounts ranging from \$250,000 to \$3,700,000. Interest on the notes shall accrue at a simple rate of 3.00% beginning on July 1, 2016. The notes have various maturity dates ranging from 2022	
to 2074.	\$ 1,550,000
<b>AHA line of credit</b> During 2018, AHA issued \$3,400,000 of additional development proceeds to ICD for the development of a project, and evidenced through an unsecured promissory note payable to AHA. As of December 31, 2018, \$3,400,000 of the line-of-credit is unused.	-
Total ICD notes payable	 1,550,000
A summary of the Subsidiaries' financing arrangements as of December 31, 2018 is as follows:	
Construction loans Notes payable in the aggregate amounts up to \$20,181,856,	

**Construction loans** Notes payable in the aggregate amounts up to \$20,181,856, secured by a deed of trust, with interest at LIBOR (ranging from 2.34% to 2.50% as of December 31, 2018), as defined, plus 1.80% to 1.85%, with interest only payments due monthly through December 2018 and March 2019. The construction loans are expected to be paid down to an aggregate amount of \$5,882,168, with interest accruing at 5.39% to 5.55%. The permanent loans mature from 2034 to 2039.

17,639,712

(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018

	2018
<i>City HOME Loan - residual receipts</i> Notes payable to the City of Alameda in the aggregate amounts up to \$349,022, secured by a deed of trust, simple interest accrues at 3.00% with interest and principal payments due annually from Residual Receipts, as defined. All unpaid principal and interest are due from 2073 to 2074.	348,022
<b>AHA Loan – residual receipts</b> Notes payable to AHA, secured by a deed of trust, interest accrues at 2.26% to 2.68%, with interest and principal payments due annually from Residual Receipts, as defined. All unpaid principal and interest are from 2073 to 2074.	7,850,000
<i>Ground lease</i> Ground lease payable to AHA, secured by a deed of trust, interest accrues at 2.26%, with interest and principal payments due annually from Residual Receipts, as defined. All unpaid principal and interest are due in December 2073.	3,410,000
Total Subsidiaries notes payable	29,247,734
Total notes payable	30,797,734
Less: unamortized debt issuance costs	(260,293)
Total notes payable, net	\$ 30,537,441

Principal payments on notes payable are required as follows:

Year Ending December 31,	Amount
2019 (a)	\$ 17,639,712
2020	a and a second
2021	-
2022	250,000
2023	
Thereafter	12,908,022
	\$ 30,797,734

(a) It is anticipated that the construction loans will be paid down in 2019 with limited partner contributions and converted to permanent loans.

### 6. RELATED PARTY TRANSACTIONS

**Consulting Services** ICD entered into an agreement with AHA, commencing on April 15, 2015, in which AHA shall provide professional project management services for a term of three years. For these services, ICD will annually compensate AHA \$100,000, not to exceed \$300,000 in total. The total fees of \$300,000 had been charged by AHA as of December 31, 2017, and no fees were charged for the year ended December 31, 2018. In December 2018, the agreement was amended to extend through December 31, 2019.

**Developer Fee Payable** The Subsidiaries have entered into joint developer fee agreements with ICD and AHA (together referred to as the Developers in the amounts of 90.00% and 10.00%, respectively, or such amount agreed to by the Developers). As of December 31, 2018, the Developers have entered into developer fee agreements in the amounts of \$1,675,000. ICD's portion (90.00%) has been eliminated,

net of costs incurred to provide development services, (\$82,900 in 2018). As of December 31, 2018, \$167,500 of developer fees are payable to AHA.

*Due from Affiliates* Due from Affiliates are net amounts advanced by ICD to AHA. These advances are unsecured, due on demand and do not accrue interest. As of December 31, 2018, \$29,437 is due from AHA.

*Limited Partner Fees* In connection with the limited partnerships, the limited partners (noncontrolling entities) charge an Asset Management Fee for miscellaneous services rendered to the Partnerships.

### 7. COMMITMENTS

In connection with the development and operations of the Subsidiaries, AHA and the Company, together as Guarantor, made certain guaranties regarding the duties and performance obligations of the Subsidiaries' general partners. These duties include, but are not limited to, ensuring complete development of the Subsidiaries, ensuring tax credit delivery, maintaining the Subsidiaries' compliance with various regulatory agencies, and providing operating deficit guarantees of \$314,000 to Everett Commons and \$245,668 to Little John Commons. In addition, the Company has entered into cost plus guaranteed maximum construction contracts up to \$22,979,664.

### 8. LIQUIDITY AND AVAILABILITY

The Company's financial assets available to meet cash needs for general expenditures within one year of the date of the statement of financial position include:

Cash	\$ 725,048
Receivables	255,081
Less: Subsidiaries operating cash due to partnership and lender restrictions	 (285,594)
Estimated financial assets available to meet general expenditures within one year	694,535

In addition to the financial assets available in the above table, AHA has committed an additional \$3,400,000 of development proceeds to ICD (Note 5).

Regarding the Subsidiaries' liquidity needs, each subsidiary has been established to develop and operate affordable housing. As a result, the Subsidiaries have been structured in such a way to be self-sufficient regarding their liquidity needs. In the event, the subsidiaries have unplanned liquidity needs over and above that which is provided by its operations, they have access to cash reserves, reported as restricted funds, subject to lender and limited partner withdrawal approval, upon conversion to permanent financing. In addition, in the normal course of business, the Subsidiaries under development rely on receiving funds from, non-recourse permanent loan commitments and limited partner capital contributions. In the event, the Subsidiaries are unable to meet their liquidity needs, AHA and the Company as together as Guarantor have provided limited guarantees to fund operating deficits. As of December 31, 2018, ICD's management believes they have sufficient liquidity availability to meets it obligations for the coming year.

### 9. SUBSEQUENT EVENTS

Management evaluated all activity of the Company through the independent auditor's report date, which is the date that the consolidated financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition in the consolidated financial statements or disclosure in the notes to the consolidated financial statements.

(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) CONSOLIDATING STATEMENT OF FINANCIAL POSITION

### AS OF DECEMBER 31, 2018

ASSETS	Isla	Island City		
	Developmen	opment	Housing (a)	
Property, at cost:				
Land improvements	÷	ہ ب	2,170,596	÷
Building and building improvements		ī	27,564,186	

	De	Island City Development	Housing (a)	Pre- Consolidation	Eliminating Entries	Consolidated
Property, at cost:						
Land improvements	\$	+ ج	2,170,596 \$	2,170,596 \$	ہ م	2,170,596
Building and building improvements		T	27,564,186	27,564,186	(1,427,500)	26,136,686
Furniture and equipment		Ŗ	512,067	512,067	L L	512,067
		Ŀ	30,246,849	30,246,849	(1,427,500)	28,819,349
Accumulated depreciation		ı	(183,946)	(183,946)		(183,946)
Property		z	30,062,903	30,062,903	(1,427,500)	28,635,403
Cash and cash equivalents		439,454	285,594	725,048	1	725,048
Tenant security deposits		6	22,924	22,924		22,924
Developer fee receivable		1,335,000	I	1,335,000	(1,335,000)	
Other receivable		230,183	24,898	255,081	1	255,081
Due from affiliates		181,509		181,509	(152,072)	29,437
Prepaid ground lease and other		1	3,363,574	3,363,574		3,363,574
Investment in affiliates		8,333	ï	8,333	(8,333)	1
Preacquisition costs		627,621	1	627,621	1	627,621
Deposits - TCAC		ı	64,487	64,487	I	64,487
Ground lease costs			5,933	5,933	I	5,933
Deferred costs - TCAC fees, net amortization		I	89,717	89,717	1	89,717
Total assets	\$	2,822,100 \$	33,920,030 \$	36,742,130 \$	(2,922,905) \$	33,819,225

(a) Sherman and Buena Vista, LP and Everett and Eagle, LP

See independent auditor's report.

SCHEDULE I

		Island City		Pre-	Eliminating	
		Development	Housing (a)	Consolidation	Entries	Consolidated
Notes payable, net	ω	1,550,000 \$	28,987,441	\$ 30,537,441 \$	<del>сэ</del> ,	30,537,441
Accounts payable and accrued expenses		6,484	15,015	21,499	ı	21,499
Accrued construction and development costs		ı	2,157,399	2,157,399	ľ	2,157,399
Due to affiliates		r,	152,072	152,072	(152,072)	ſ
Accrued Partnership Management Fee payable		L	8,333	8,333	(8,333)	ĩ
Accrued asset management fee payable		I	2,083	2,083	I	2,083
Accrued interest payable		41,250	569,219	610,469	Т	610,469
Developer fee payable		167,500	1,335,000	1,502,500	(1, 335, 000)	167,500
Prepaid rents			266	266	а <b>т</b>	266
Tenant security deposits		,	22,924	22,924		22,924
Total liabilities		1,765,234	33,250,483	35,015,717	(1,495,405)	33,520,312
Net assets						
Nat accate without donor restrictions						

Net assets without donor restrictions					
Controlling interest	1,056,866	161	1,057,027	(1,427,500)	(370,473)
Noncontrolling interest		669,386	669,386		669,386
Total net assets	1,056,866	669,547	1,726,413	(1,427,500)	298,913
Total liabilities and net assets	2,822,100 \$	33,920,030 \$	36,742,130 \$	(2,922,905) \$	33,819,225

(a) Sherman and Buena Vista, LP and Everett and Eagle, LP

See independent auditor's report.

Page 17

(A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION) CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS

### SCHEDULE II

## FOR THE YEAR ENDED DECEMBER 31, 2018

FOR THE YEAR ENDED DECEMBER 31, 2018						
		Island City			Eliminating	
	_	Development		Housing (a)	Entries	Consolidated
Revenue:						
al revenue	S	۲ ج	0,	47,546 \$	۰ ۲	47,546
Rental revenue - subsidy		1		156,185		156,185
Total rental revenue		1		203,731	1	203,731
Development fee revenue		829,000		L	(746,100)	82,900
Other revenue		8,374		I,	(8,333)	41
Total other revenue		837,374		1	(754,433)	82,941
Total revenue		837,374		203,731	(754,433)	286,672
Expenses:						
Program services		26,105		595,753	I	621,858
Supporting services		132,965		45,068	(8,333)	169,700
Total operating expenses		159,070		640,821	(8,333)	791,558
Operating loss		678,304		(437,090)	(746,100)	(504,886)
Change in net assets		678,304		(437,090)	(746,100)	(504,886)
Syndication costs-noncontrolling interests		1		(7,224)	ı	(7,224)
Total change in net assets		678,304		(444,314)	(746,100)	(512,110)
Net assets, beginning of the year		378,562		1,113,861	(681,400)	811,023
Net assets, end of the year	↔	1,056,866	\$	669,547 \$	(1,427,500) \$	298,913

(a) Sherman and Buena Vista, LP and Everett and Eagle, LP

See independent auditor's report.

Re:	Approve the Federal and State Tax Returns for the Fiscal Year Ending 12/31/2018
Date:	November 8, 2019
From:	Kathleen Mertz Director of Housing and Community Development
То:	Board of Directors Island City Development

### BACKGROUND

All tax exempt corporations must file an annual information return to the Internal Revenue Service (IRS), known as Form 990, and to the State of California, known as Form 199. Prior to filing the federal tax return form, the Board of Directors is required to review and approve the documentation.

### DISCUSSION

ICD's auditor Holthouse Carlin & Van Trigt, LLP has prepared the IRS Form 990 and state Form 199 based on the audited financial statements. (Attached) Once these filings are complete, staff will also file this information with the California Attorney General, as required.

### FISCAL IMPACT

None.

### RECOMMENDATION

Approve the Federal and State Tax Returns for the Fiscal Year Ending 12/31/2018.

Respectfully submitted,

Kathleen Mertz Director of Housing and Community Development

Attachment: 1. IRS Form 990 and California Form 199





Form 9	y	U
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### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

8

201

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
Co to www irs gov/Form990 for instructions and the latest information

Open to Public Inspection

Inter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instruction	ns and t	he latest inf	ormation.		Inspection	
<b>A</b>	For the	e 2018 cale	ndar year, or tax year beginning	, 2018, a	and ending		, 20		
В	Check it	if applicable:	C Name of organization ISLAND CITY DEVELOPMENT				D Employ	er identification number	
	Address	s change	Doing business as				47-2	164827	
	Name c	change	Number and street (or P.O. box if mail is not delivered to street add	ress)	Room/suite		E Telepho	ne number	
	Initial re	eturn	701 ATLANTIC AVENUE				(510	)747-4320	
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal c	ode					
		ed return	ALAMEDA, CA 94501				<b>G</b> Gross re	eceipts \$ 837,374.	
	Applicat	tion pending	F Name and address of principal officer:			H(a) Is this a gr	oup return for	subordinates? 🗌 Yes 🛛 No	
			VANESSA COOPER, 701 ATLANTIC AVE., ALAN	IEDA,	CA 94501	H(b) Are all s	ubordinate	s included? 🗌 Yes 🗌 No	
I	Tax-exe	empt status:	× 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947	(a)(1) or	527	lf "No	o," attach a	a list. (see instructions)	
J	Website	e: 🕨 🛛 N	/A			H(c) Group	exemption	number 🕨	
κ	Form of	organization:	X Corporation ☐ Trust ☐ Association ☐ Other ►	L Yea	ar of formatior	: 2014	M State	of legal domicile: CA	
Ρ	art I	Summ	•						
	1	Briefly de	escribe the organization's mission or most significant a	ctivities:	LOW-IN	ICOME HO	DUSING		
S		SEE PA	GE 2 FOR FURTHER EXPLANATION.						
Activities & Governance									
veri	2	Check th	is box $\blacktriangleright$ if the organization discontinued its operatic	ns or di	sposed of	more than	25% of	its net assets.	
õ	3	Number	of voting members of the governing body (Part VI, line	la)			3	3	
ŏ	4	Number	of independent voting members of the governing body	(Part VI	, line 1b)		4	3	
ties	5	Total nur	nber of individuals employed in calendar year 2018 (Pa	rt V, line	e 2a) .		5	0	
tivi	6	Total nur	nber of volunteers (estimate if necessary)				6	0	
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line	12 .			7a	0.	
	b	Net unrel	ated business taxable income from Form 990-T, line 38	3.			7b	0.	
						Prior Ye	ar	Current Year	
Ð	8		tions and grants (Part VIII, line 1h)						
Revenue	9	•	service revenue (Part VIII, line 2g)			761	,400.	837,333.	
Sev.	10		nt income (Part VIII, column (A), lines 3, 4, and 7d) .				298.	41.	
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and						
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, colun	nn (A), lii	ne 12)	761	,698.	837,374.	
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)						
	14		paid to or for members (Part IX, column (A), line 4) .						
es	15		other compensation, employee benefits (Part IX, column (		· ·	2	,847.	8.	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e) .						
xpe	b		draising expenses (Part IX, column (D), line 25) ►		0.				
ш	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			135	,068.	159,062.	
	18		enses. Add lines 13–17 (must equal Part IX, column (A			137	,915.	159,070.	
	19	Revenue	less expenses. Subtract line 18 from line 12			623	,783.	678,304.	
Net Assets or Fund Balances					Beg	ginning of Cu	rrent Year	End of Year	
sets	20	Total ass	ets (Part X, line 16)			2,049	,542.	2,822,100.	
t As	21	Total liab	ilities (Part X, line 26)			1,670		1,765,234.	
						378	,562.	1,056,866.	
Pa	art II	Signat	ture 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	Signature of officer D			e			
Here	VANESSA COOPER, PRESIDE	ENT					
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN			
Preparer	JONATHAN SIAO			self-employed P00244223			
Use Only	Firm's name  HOLTHOUSE CARLI	IN & VAN TRIGT LLP	C LLP Firm's EIN ► 95-43				
	Firm's address ► 15760 VENTURA B	LVD SUITE 1700 , ENCINO,	CA 91436 Phor	ne no. (818)849-3140			
May the IRS	discuss this return with the preparer s	shown above? (see instructions) .		🗙 Yes 🗌 No			
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 05/20/19 PRO Form 990						

	90 (2018)	Page <b>2</b>
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	🗵
•	LOW TRADE RELIGING	
	SEE PAGE 2 FOR FURTHER EXPLANATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		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	
		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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$0.) (Revenue \$	)
	LITTLEJOHN COMMONS - LITTLEJOHN COMMONS, FKA DEL MONTE SENIOR HOUSING	
	PROJECT, IS A 31-UNIT SENIOR RENTAL PROJECT CONSISTING OF 30 ONE-BEDROOM	
	AND ONE TWO-BEDROOM MANAGER'S UNIT INTENDED TO PROVIDE AFFORDABLE HOUSING	
	FOR LOW AND VERY LOW INCOME SENIORS IN THE CITY OF ALAMEDA, CALIFORNIA.	
	THE PROJECT WAS COMPLETED AS OF AUGUST 2, 2018, AND WAS 100% LEASED BY AUGUST 30, 2018.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
	EVERETT COMMONS - EVERETT COMMONS, FKA 2437 EAGLE AVENUE FAMILY PROJECT,	
	IS A 20-UNIT MULTI-FAMILY, TOWNHOUSE-STYLE PROPERTY INCLUDING ONE	
	TWO-BEDROOM MANAGER'S UNIT, INTENDED TO PROVIDE AFFORDABLE HOUSING	
	FOR LOW AND VERY LOW INCOME FAMILIES AND VETERANS IN THE CITY OF ALAMEDA, CALIFORNIA. THE PROJECT COMPLETED AS OF DECEMBER 17, 2018, AND	
	WAS 100% LEASED BY DECEMBER 31, 2018.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	ROSEFIELD VILLAGE- THE ROSEFIELD VILLAGE PROJECT INCLUDES THE REDEVELOP-	
	MENT OF A 53-UNIT PROPERTY INTO 92 UNITS OF AFFORDABLE HOUSING FOR	
	LOW INCOME FAMILIES IN THE CITY OF ALAMEDA, CALIFORNIA. THIS PROJECT IS	
	IN THE PREDEVELOPMENT AND FUNDING APPLICATION PHASE AS OF DECEMBER 31, 2018	•
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses >	- 000
	REV 05/20/19 PRO	Form 990 (2018)

Form 99	0 (2018)		F	Page 3
Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
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 $\ldots$	10		×
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
с	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ ×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20 a		20a		×
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? Identify the solid provide the schedule I, Parts I and II	21		×
		Form	n <b>990</b>	(2018)

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		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a 24b		×
b 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?	240 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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	×	
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	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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		
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		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	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 <b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

REV 05/20/19 PRO

Form 990 (2018)

Form **990** (2018)

Page **4** 

Form 99	0 (2018)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 <b>2a</b> 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		×
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	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		×
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).			
а	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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>X</b>
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization mave excess business nothings at any time during the years	0		
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:	0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand	14-		~
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	-		

Form **990** (2018)

Form 99	0 (2018)			F	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. S	ee ins	tructi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI				X
Secti	on 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 .	<b>1a</b> 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an avecutive committee or similar				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	<b>1b</b> 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business r				
-	any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or u	under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		×
6	Did the organization have members or stockholders?		6		×
7a	Did the organization have members, stockholders, or other persons who had the power to e	elect or appoint			
	one or more members of the governing body?		7a		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions und	dertaken during			
-	the year by the following:		80		
a b	The governing body?		8a 8b	× ×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		00	^	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		×
Secti	on B. Policies (This Section B requests information about policies not required by the		-	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		×
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 exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	· · · · · ·	12a	<u>×</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done		12c	~	
13	Did the organization have a written whistleblower policy?		13	× ×	
14	Did the organization have a written document retention and destruction policy?		14	×	
15	Did the process for determining compensation of the following persons include a review a			~	
	independent persons, comparability data, and contemporaneous substantiation of the deliberatio				
а	The organization's CEO, Executive Director, or top management official		15a		×
b	Other officers or key employees of the organization		15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil	•			
	with a taxable entity during the year?		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps t		166		
Secti	organization's exempt status with respect to such arrangements?		16b		
17	List the states with which a copy of this Form 990 is required to be filed  CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable				
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that		1000		
	Own website X Another's website X Upon request Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	,	erest i	oolicv	/, 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		cords		
	VANESSA COOPER, 701 ATLANTIC AVE, ALAMEDA, CA 94501 (510)747-43	320			

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

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

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

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(0	C)					
(A)	(B)	(-1	-4 -1-	Posi				(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated
	hours per					or/trust	ee)	compensation from	compensation from related	amount of
	week (list any hours for	ord	Ins	Officer	Ke	em	Former	the	organizations	other compensation
	related	ividi dire	titut	icer	y en	ploy	me.	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual t	iona		Key employee	'ee	Ċ	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	ll tru		yee	ηpe				organizations
		iee	Institutional trustee			Highest compensated employee				
			<b>v</b>			ed				
(1) VANESSA COOPER	0.25				K					
PRESIDENT	36.00	×		×				0.	244,441.	0.
(2) JANET BASTA	0.25									
SECRETARY/TREASURER	36.00	×		X				0.	156,608.	0.
(3) JOHN MCCAHAN	0.25									
VICE PRESIDENT	36.00	×		×				0.	600.	0.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	<b>mployees</b> (c	ontinue	d)		
					•	C)								
	(A)	(B)	(do n		Posi		e than c	ano	(D)	(E)			(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable			mated	
		hours per week (list any		<u> </u>			or/trust	<u> </u>	compensation from	compensation related	from	n amount of other		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	the	organization		comp	ensatio	n
		related organizations	/idu	tutio	er	emp	lest loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nization	
		below dotted	tor tr	onal		oloy	eom		(			and	related	
		line)	Jste	trus		ee	pen					organ	izations	6
			e	tee			Highest compensated employee							
(15)							<u>م</u>							
(15)														
(16)														
(10)														
(17)														
<u>/</u>			n.											
(18)														
<u></u>														
(19)														
(20)														
(21)														
					4									
(22)								K						
(23)														
(24)														
(25)														
	<u> </u>									401 64				
1b	Sub-total			•	•	• •	·		0.	401,64	<u>19.</u>			0.
c d	Total from continuation sheets to Part		ΠΑ	·	•	• •	·		0	101 6/	10			0
2	Total (add lines 1b and 1c) Total number of individuals (including bu		· ·						0.	401,64		,f		0.
2	reportable compensation from the organ		1104	lose	list		0 0	<i>*)</i> vv	no received m	Jie liiali și u	0,000 0	71		
	reportable compensation nom the organ						0						Yes	No
3	Did the organization list any former of	ficer direc	tor c	vr tri	ucto	20	kov c	mn	lovoo or high	oct compon	eated		103	
0	employee on line 1a? If "Yes," complete							-				3		×
4	For any individual listed on line 1a, is the													~
4	organization and related organizations													
	individual	•							•			4	×	
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	ion	fror	n any	' un	related organiz	ation or indi	vidual			
	for services rendered to the organization											5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rep													ıx
	year.								(B)			(0)		
	<b>(A)</b> Name and business add	lress							(B) Description of s	ervices	Co	(C) ompens	ation	
יעע	IN GROUP, INC., 5865 OWENS DRIV		: <u>ለ</u> እፐጥ/	זאר	<u></u>	0,	1500	דים						
	III GROOF, INC., 5005 OWENS DRI	, ETURYS		, ит	CA	<u>بو</u> .	100	0 در	TITTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	110 110				
	Tatal musican of independent contracts				- + 1				Ratad ala					

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 ►

Form 990 (2018)

	990 (201						Page 9
Part	EVIII	Statement of Revenue			5		_
		Check if Schedule O contains a res	ponse or note t	o any line in this (A) Total revenue	Bart VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g h	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1cGovernment grants (contributions)All other contributions, gifts, grants, and similar amounts not included aboveNoncash contributions included in lines 1a–1f: \$Total. Add lines 1a–1f					
_			Business Code				
Program Service Revenue	2a b c	PROFESSIONAL SERVICES	541640	837,333.	837,333.	0.	0.
л Sr	d e						
gran	f	All other program service revenue.					
Proj	g	<b>Total.</b> Add lines 2a–2f		837,333.			
	3	Investment income (including divid and other similar amounts)	ends, interest, ▶	41,	0.	0.	41.
	4	Income from investment of tax-exempt be					
	5	Royalties	► (ii) Personal				
	6a b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)					
	d 7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c d	Gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
the	b	Less: direct expenses b					
Ò	b c	Net income or (loss) from fundraising					
	-	Gross income from gaming activities. See Part IV, line 19 a					
	b c 10a	Less: direct expenses <b>b</b> Net income or (loss) from gaming acti Gross sales of inventory, less returns and allowances <b>a</b>	vities 🕨				
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inve					
	11a	Miscellaneous Revenue	Business Code				
	11a						
	b c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a–11d	►				
	12	Total revenue. See instructions .	🕨	837,374.	837,333.	0.	41.
						· · · · · · · · · · · · · · · · · · ·	Earm <b>QQ</b> (2019

Form **990** (2018) 41 of 83

# Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	ise or note to any III	ne in this Part IX .	· · · · · · ·	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8.	0.	8.	0
9 10	Other employee benefits				
11 a	Fees for services (non-employees):      Management				
b c	Legal	23,336.	0.	23,336.	0
d e	Lobbying				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion			4.042	
13 14	Office expenses	4,043.	0.	4,043.	0
15 16	Royalties				
17 18	Travel				
19	Conferences, conventions, and meetings				
20 21	Interest	15,625.	0.	15,625.	0
22 23	Depreciation, depletion, and amortization .				
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.)				
а	BANK CHARGES	4,343.	0.	4,343.	0
b	STATE TAXES	75.	0.	75.	0
С	DEVELOPMENT	109,005.	26,105.	82,900.	0
d	UTILITIES	2,635.	0.	2,635.	0
е	All other expenses	150.050	06.105	100.005	
25 26	Total functional expenses. Add lines 1 through 24e 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	159,070.	26,105.	132,965.	0

Form 990 (2018)

	990 (20 art X	·			Page 11
ГС		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	657,297.	1	387,595.
	2	Savings and temporary cash investments	51,818.	2	51,859.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	196,464.	4	230,183.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation <b>10b</b>		10c	
	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	1,143,963.	15	2,152,463.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,049,542.	16	2,822,100.
Γ	17	Accounts payable and accrued expenses	36,380.	17	47,734.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and discussified persons.			
-iat	~~	disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		24	
		of Schedule D	1,634,600.	25	1,717,500.
	26	Total liabilities. Add lines 17 through 25	1,670,980.	26	1,765,234.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	378,562.	27	1,056,866.
Ba	28	Temporarily restricted net assets		28	
or Fund Balances	29	Permanently restricted net assets		29	
S	30	Capital stock or trust principal, or current funds		30	
e	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ō		Retained earnings, endowment, accumulated income, or other funds .		32	
Ass	32				
Net Assets or	32 33	Total net assets or fund balances	378,562.	33	1,056,866.

Form 9	90 (2018)			Pa	age <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	59,0	70.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	78,3	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	78,5	62.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,0	56,8	66.
Part					
	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled 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	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	×	<b></b>
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		0-		
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		26		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.	3b		(2018)
			1 011		(2010)

SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

(D)

(E) Total

2018
Open to Public Inspection

Name of the o	organization
---------------	--------------

Name	of the organization					Employer identification	number
ISLA	AND CITY DEVELOPMENT					47-2164827	
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The c	organization is not a private founda	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	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 (F	orm 990	or 990-E2	<u>Z</u> ).)	
3	A hospital or a cooperative ho	spital service org	anization described in	n <b>section</b>	170(b)(1	)(A)(iii).	
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in <b>s</b>	ection 170(b)(1)(A)(	ii). Enter the
	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a governmenta	al unit described in
6 7	<ul> <li>A federal, state, or local gover</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				the general public
8	A community trust described i	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
10	An organization that normally	receives: (1) mor	e than 331/2% of its e	inport fro	m contril	outions membershir	fees and gross
10	receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	eptions, le (less se	and (2) no more than action 511 tax) from	1 33 ¹ /3% of its
11	An organization organized and	l operated exclus	sively to test for public	safety. S	See <b>sect</b> i	ion 509(a)(4).	
12	X An organization organized and	operated exclus	ively for the benefit o	f, to perfo	rm the fu	unctions of, or to car	y out the purposes
	of one or more publicly support Check the box in lines 12a thro						
а	X <b>Type I.</b> A supporting organ the supported organization						
	supporting organization. Y						
b	<b>Type II.</b> A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	upported organizatio	on(s), by having
	control or management of						
	organization(s). You must	complete Part I	V, Sections A and C.				
с	Type III functionally integ	rated. A support	ting organization oper	rated in co	onnectior	n with, and functiona	lly integrated with,
	its supported organization	(s) (see instructio	ns). <b>You must comp</b>	lete Part	IV, Secti	ons A, D, and E.	
d	Type III non-functionally	integrated. A su	pporting organization	operated	l in conne	ection with its suppo	rted organization(s)
	that is not functionally inte						d an attentiveness
	requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е	Check this box if the organ functionally integrated, or						II, Type III
f	Enter the number of supported of	• •					1
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10	listed in you docur		support (see	other support (see
			above (see instructions))	uocui	nent:	instructions)	instructions)
				Yes	No		
(A) _{H0}	DUSING AUTHORITY OF THE CITY OF ALAMEDA	94-6003048	б	×		82,900.	0.
(B)							
(C)							
/							

Schedu Part	<ul> <li>I Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to</li> </ul>	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Secti	on A. Public Support				-		
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)			X			
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		d, third, fourth			( )( )
	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017 Sch	,				15	<u>%</u>
16a	331/3% support test-2018. If the organiz	zation did not	cneck the box	k on line 13, ar	na line 14 is 30	31/3% or more,	cneck this

- box and **stop here.** The organization qualifies as a publicly supported organization 33¹/₃% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check b
- 17a 10%-facts-and-circumstances test-2018. 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
- 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line b 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  $\Box$
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990 or 990-EZ) 2018

►

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

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	6 (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						
F							
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6							
6 7a	<b>Total.</b> Add lines 1 through 5						
74	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	6 (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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ar as a se	ction 501(c)(3)
	organization, check this box and stop he	•					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			13. column (f))		15	%
16	Public support percentage from 2017 Sch					16	%
	on D. Computation of Investment In						,,,
17	Investment income percentage for 2018 (			v line 13 colu	imn (f))	17	%
18	Investment income percentage for 2010			-		18	<u> </u>
19a	33 ¹ / ₃ % support tests – 2018. If the organ						
130	17 is not more than $33^{1}/_{3}$ %, check this box						
h		-	-	-		-	
b	<ul> <li>b 33¹/₃% support tests – 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>						
00		-	-				-
20	Private foundation. If the organization di		box on line 14,	, 19a, or 19D, (	SHECK THIS DOX 8	and see ins	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1	×	
2		×
3a		×
3b		
3c		
4		•••
4a		×
4b		×
4c		×
5a		×
5b		<u>×</u>
<u>5c</u>		
6		×
7		×
8		×
9a		×
9b		×
9c		×
10a		×
10h		Y

Schedule A (Form 990 or 990-EZ) 2018

10b

X

Schedu	le A (Form 990 or 990-EZ) 2018		F	Page 5
Part	IV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		×
b	A family member of a person described in (a) above?	11b		×
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		×
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		×
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	on 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		

By reason of the relationship described in (2), did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2018

3

2a

2b

3a

Yes No

### 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				

		(i) The Teal	(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		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	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):			
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.	S		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Charles have if the surgest up of in the surgest		e averte al Trune III er un a arti	ng examination (as

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

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)	3) Supporting Organi	zations (continued)	Page
Sect	ion D-Distributions		, , , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		rtod	
2	organizations, in excess of income from activity	empt purposes of suppo	inteo	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
•	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E–Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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.)

Pt I Ln 12g: PROFESSIONAL PROJECT MANAGEMENT SERVICES.

SCHEDULE	D
(Form 990)	

Department of the Treasury

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

2018 **Open to Public** 

OMB No. 1545-0047

	of the organization		Encelerated and the state of a second second
TOT	-		Employer identification number
TST	AND CITY DEVELOPMENT		47-2164827
Par			ds or Accounts.
	Complete if the organization answered '		1
1 2	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
3 4	Aggregate value of grants from (during year) . Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefic conferring impermissible private benefit?		or any other purpose
Par			
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1 2	<ul> <li>Purpose(s) of conservation easements held by the</li> <li>Preservation of land for public use (e.g., recreated)</li> <li>Protection of natural habitat</li> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization here</li> <li>easement on the last day of the tax year.</li> </ul>	tion or education)  Preservation of Preservation of	a certified historic structure
а			<b>2</b> a
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in historic structure listed in the National Register		on a
3	Number of conservation easements modified, trans tax year ►	sferred, released, extinguished, or term	_
4 5	Number of states where property subject to conservation bave a written policy required violations, and enforcement of the conservation early a statement of the conservation early a sta	garding the periodic monitoring, insp	
6	Staff and volunteer hours devoted to monitoring, inspec		
7	Amount of expenses incurred in monitoring, inspectin \$ Does each conservation easement reported on line		
0	and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
9	balance sheet, and include, if applicable, the text or organization's accounting for conservation easeme	of the footnote to the organization's fina ents.	ancial statements that describes the
Part	Complete if the organization answered '		Other Similar Assets.
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	AS 116 (ASC 958), not to report in its assets held for public exhibition, edu	ucation, or research in furtherance o
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, eding to these items:	ucation, or research in furtherance o
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S Revenue included on Form 990, Part VIII, line 1 .		

Schedu	e D (Form 990) 2018						Page <b>2</b>
Part	Organizations Maintaining		<u> </u>				. ,
3	Using the organization's acquisition, collection items (check all that apply):		ther records,	check any of th	ne followi	ing that are a sig	gnificant use of its
а	Public exhibition		d 🗌	_oan or exchang	ge progra	ams	
b	Scholarly research						
с	Preservation for future generations	5					
4	Provide a description of the organization XIII.	tion's collections	and explain h	ow they further	the orga	anization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						. 🗌 Yes 🗌 No
Part				er trie er gamzat			
T all t	Complete if the organization 990, Part X, line 21.		" on Form 9	90, Part IV, line	e 9, or r	eported an ame	ount on Form
1a							:
h	If "Yes," explain the arrangement in P						
b	in res, explain the analigement in F	an An and comp		ing table.		Am	nount
•	Paginning balance				10	7.01	
C A	Beginning balance				1c 1d		
d	Additions during the year						
e	Distributions during the year				1e 1f		
f	Ending balance						
2a	If "Yes," explain the arrangement in P						
Par		art All. Check her		lauon nas been	provided		· · · 🛛
1 ai	Complete if the organization	answered "Yes	" on Form 9	90 Part IV line	e 10		
		(a) Current year	(b) Prior yea			(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 t	the current year en	nd balance (lir	ne 1g, column (a	a)) held as	S:	
а	Board designated or quasi-endowment	nt 🕨	%				
b	Permanent endowment ►	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in the	e possession of t	he organizatio	on that are held	and adm	ninistered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related o						3b
4	Describe in Part XIII the intended uses	-	on's endowm	ent funds.			
Part	VI Land, Buildings, and Equip		" C				
	Complete if the organization						
	Description of property	(a) Cost or o (investri		Cost or other basis (other)		ccumulated preciation	(d) Book value
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, co	lumn (B), line 10	)c.).	🕨	

Schedule D (Form 990) 2018

### Schedule D (Form 990) 2018 Page 3 Investments-Other Securities. Part VII 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 (c) Method of valuation: (b) Book value (including name of security) 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. (b) Book value (c) Method of valuation: (a) Description of investment 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. (b) Book value (a) Description (1) CONSTRUCTION IN PROGRESS 627,621. (2) DEVELOPER FEE RECEIVABLE 1,335,000. (3) DUE FROM AHA 181,509. (4) INVESTMENT IN AFFILIATES 8,333. (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . 2,152,463 Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) AHA PROPERTY LOAN 1,550,000 (3) ACCRUED DEVELOPER FEE 167,500 (4)

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 1,717,500.

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

	le D (Form 990) 2018			Page 4
Part			Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements	8	1	286,672.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments		-	
b	Donated services and use of facilities		-	
c	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)			
e	Add lines <b>2a</b> through <b>2d</b>		2e	-550,702.
3	Subtract line <b>2e</b> from line <b>1</b>	$\cdots$	3	837,374.
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		-	
b	Other (Describe in Part XIII.)			
с 5	Add lines <b>4a</b> and <b>4b</b>		4c	
Part			5	<u>837,374.</u>
Part	Complete if the organization answered "Yes" on Form 990,		er Retur	n.
	Total expenses and losses per audited financial statements		1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	791,558.
	Donated services and use of facilities			
a b			-	
b	Prior year adjustments         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .		-	
c d	Other (Describe in Part XIII.)	<b>2d</b> 632,488.	-	
e	Add lines <b>2a</b> through <b>2d</b>		2e	632,488.
3	Subtract line <b>2e</b> from line <b>1</b>		3	159,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		5	159,070.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		-	
c			4c	
5	Add lines <b>4a</b> and <b>4b</b>		5	159,070.
Part			5	133,070.
2; Par	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b: Also complete this part XI, lines 2d: INCOME AND EXPENSES FROM AFFILIATES I	t to provide any additional in	formation	
FINA	NCIAL STATEMENTS AS PER GAAP, SEPARATELY REPORTED	) FOR TAX PURPOSES.		
Pt X	II, Line 2d: SEE EXPLANATION ABOVE FOR PART XII,	LINE 2d.		

56 of 83

Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	

Schedule D (Form 990) 2018

SCHE	DULE J	Compensation Information	OME	OMB No. 1545-004				
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	G	20	18	2		
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	On	∍© en to	Puk	blic		
	ent of the Treasury Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	Open to Public Inspection					
	f the organization	Employer identifica						
-	ND CITY DE		'					
Part	Questions	s Regarding Compensation			Yes	No		
1a	Check the app	propriate box(es) if the organization provided any of the following to or for a person listed on	Form [		res	NO		
iu		Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class	or charter travel						
	Travel for c							
		nification and gross-up payments Health or social club dues or initiation fees						
	Discretiona	ary spending account						
b	If any of the h	boxes on line 1a are checked, did the organization follow a written policy regarding pay	mont					
D D		ment or provision of all of the expenses described above? If "No," complete Part						
				1b				
2		nization require substantiation prior to reimbursing or allowing expenses incurred b						
		stees, and officers, including the CEO/Executive Director, regarding the items checked or	i line					
	Ta:			2				
3	Indicate which	n, 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 b	by a					
	related organiz	zation to establish compensation of the CEO/Executive Director, but explain in Part III.						
	•	tion committee Written employment contract						
		nt compensation consultant						
	□ Form 990 c	of other organizations Approval by the board or compensation committee	e					
4	During the vea	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-		r a related organization:						
а		erance payment or change-of-control payment?	. [	4a		×		
b		or receive payment from, a supplemental nonqualified retirement plan?	. [	4b		×		
С		or receive payment from, an equity-based compensation arrangement?	•	4c		×		
	If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.						
5		sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	-	a contingent on the revenues of:						
а		ion?		5a		×		
b	•		•	5b		×		
	If "Yes" on line	e 5a or 5b, describe in Part III.						
6	For persons lis	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
-		a contingent on the net earnings of:						
а	•	tion?		6a		×		
b				6b		×		
	It "Yes" on line	e 6a or 6b, describe in Part III.						
7	For persons I	listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non	fixed					
•		described on lines 5 and 6? If "Yes," describe in Part III		7		×		
8	Were any amo	ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subje	ct					
	to the initial	contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," des	cribe					
	in Part III .		•	8		×		
0	lf "Voo" on "	ing Q did the organization also follow the reputtable pressumption presedure describe	nd in					
9		ine 8, did the organization also follow the rebuttable presumption procedure describe		0				
	. 109010110113 30	ection 53.4958-6(c)?	·	9		<u> </u>		

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

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

Note	The sum of columns (B)(i)–(iii) 1	for each listed individual must ec	ual the total amount of Forr	m 990. Part VII. Section A. lin	ne 1a. applicable column (l	D) and (E) amounts for that individual.

(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
VANESSA COOPER	(i)	0.	0.	0.	0.	0.	0.	0.	
1 PRESIDENT	(ii)	244,441.	0.	0.	0.	0.	244,441.	0.	
JANET BASTA	(i)	0.	0.	0.	0.	0.	0.	0.	
2 SECRETARY/TREASURER	(ii)	156,608.	0.	0.	0.	0.	156,608.	0.	
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)		<u> </u>						
14	(ii)								
	(i)		<b>  </b> .						
15	(ii)								
	(i)		<b>  </b> .						
16	(ii)								

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

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury	
Internal Revenue Service	

Name of the organization

FILING.

ISLAND CITY DEVELOPMENT

Employer identification number
47-2164827

Ρt	VI,	Line	15a:	THE	ORGANIZATION	DOES	NOT	COMPENSATE	ANY	OFFICERS	OR	EMPLOYEES.	

Pt VI, Line 15b: SEE ABOVE EXPLANATION Pt VI, Line 15a.

Pt VI, Line 19: THE FORMS 990 ARE AVAILABLE TO THE PUBLIC ON THE ATTORNEY GENERAL

WEBSITE AND GUIDESTAR.ORG. ALSO SEE EXPLANATION FOR Pt VI, Line 12c, BELOW.

Pt VI, Line 11b: A COMPLETE COPY OF THE FORM 990 IS DISCUSSED AND APPROVED AT

A MEETING OF ALL CURRENT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY BEFORE

Pt VI, Line 12c: THE GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS, ARE REVIEWED AND CONSIDERED AT A MEETING THAT IS OPEN

TO THE PUBLIC. AS A PUBLIC ENTITY, ALL OF THE HOUSING AUTHORITY RECORDS, INCLUDING

ISLAND CITY DEVELOPMENT, ARE PUBLICLY AVAILABLE.

Pt III, Line 4d:

Description: NORTH HOUSING-NORTH HOUSING PROJECT INCLUDES THE

DEVELOPMENT OF 12 ACRES OF FORMER MILITARY LAND INTO A NEW AFFORDABLE MIXED INCOME NEIGHBORHOOD THAT INCLUDES

360 UNITS OF SUPPORTIVE AND FAMILY HOUSING IN THE CITY OF ALAMEDA, CALIFORNIA. THIS PROJECT IS IN THE PLAN-

-NING STAGE AS OF DECEMBER 31, 2018.

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BAA. No. 51056K

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.											
Name of the organization							Employer	Inspect identification				
ISLAND CITY DE	VELOPMENT						47-2	164827				
Part I Identific	ation of Disregarded Entities. Comple	te if the o	rganization	answered "Yes	s" on Form 990, Pa	art IV, line 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity			Prima	<b>(b)</b> ary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct cor enti	ntrolling			
(1) 2437 EAGLE A	VENUE LLC 37-1852983											
701 ATLANTIC A	VE ALAMEDA CA 94501		LOW INCC	ME HOUSING	CA	0.	100.	ISLAND CITY I	DEVELOPMENT			
	NIOR LLC 38-4009678											
	VE ALAMEDA CA 94501		LOW INCC	ME HOUSING	CA	20.	316.	ISLAND CITY I	DEVELOPMENT			
(3) ROSEFIELD LL						0						
	VE ALAMEDA CA 94501		LOW INCC	ME HOUSING	CA	0.	0.	ISLAND CITY I	DEVELOPMENT			
(4)												
(5)												
(6)												
Part II Identific one or m	ation of Related Tax-Exempt Organizations du	ations. Court	omplete if th ax year.	ne organizatior	n answered "Yes" (	on Form 990, Pa	art IV, line 34, be	ecause it h	nad			
Name, ac	(a) Name, address, and EIN of related organization				<b>(b)</b> ary activity	<b>(c)</b> Legal domicile (st. or foreign countr		(e) n Public charity stat (if section 501(c)(		con	<b>(g)</b> 512(b)(13) htrolled htity?	
								Yes	No			
	SING AUTHORITY 94-6093048 VE ALAMEDA CA 94501	HOUSING	AUTHORITY	CA			N/A		×			
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

# 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>(b)</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) (g) Share of total income year assets		(h) Disproportionate allocations? (Form 1065)		(j) General or managing partner?		(k) Percentage ownership	
							Yes	No		Yes	No	
(1) SHERMAN & BUENA VISTA LP 81-3540156	1	<b>GN</b>	TOD		0.057	1 500 650	×			×		0.01
701 ATLANTIC AVE ALAMEDA CA 94501		CA	ICD	RELATED	8,257.	1,500,659.			0.			0.01
(2) EVERETT AND EAGLE LP 37-1854574 701 ATLANTIC AVE ALAMEDA CA 94501	1	CA	ICD	RELATED	-58	2,934,174.	×		0.	×		0.01
(3) STARGELL COMMONS, L.P. 47-3210229			ICD	REDATED		2,001,111.			0.			0.01
2220 OXFORD STREET BERKELEY CA 94704		CA	STARGELL COMMONS, LP	RELATED	0.	5,135.	×		0.		×	0.10
(4)												
(5)												
(6)												
(7)												

### 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)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Section 5 contr enti	rolled
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2018

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		×
b	Gift, grant, or capital contribution to related organization(s)	1b		×
С	Gift, grant, or capital contribution from related organization(s)	1c		×
d	Loans or loan guarantees to or for related organization(s)	1d		×
е		1e	×	
f	Dividends from related organization(s)	1f		×
g		1g		×
ĥ		1h		×
i	Exchange of assets with related organization(s)	1i		×
j		1j		×
		-		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	×	1
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		×
m		1m		×
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	×	
ο		10	×	
р	Reimbursement paid to related organization(s) for expenses	1p		×
q	Reimbursement paid by related organization(s) for expenses	1q		×
r	Other transfer of cash or property to related organization(s)	1r		×
S	Other transfer of cash or property from related organization(s)	1s	×	
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	n thre	eshol	ds.

(a) Name of related organization	<b>(b)</b> Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALAMEDA HOUSING AUTHORITY	k, n	3,419,900.	COST
(2) ALAMEDA HOUSING AUTHORITY	е	1,550,000.	COST
(3) ALAMEDA HOUSING AUTHORITY	0	401,649.	COST
(4) ALAMEDA HOUSING AUTHORITY	S	29,437.	COST
(5)			
_(6)			

### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all sec 501 organiz	e) partners ption (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	alloca	ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	<b>(k)</b> Percentag ownership
			3001013 012 - 014)	Yes	No			Yes	No		Yes	No	
·													

Schedule R (F	Form 990) 2018	Page 5
	Supplemental Information.	
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	

Form <b>8879-EO</b>
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Department of the Treasury

### **IRS e-file Signature Authorization** for an Exempt Organization

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning_____, 2018, and ending

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service Name of exempt organization

ISLAND CITY DEVELOPMENT

Employer identification number 47-2164827

Name and title of officer

VANESSA COOPER, PRESIDENT

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	837,374.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here Figure 6 Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here  B Balance Due (Form 8868, line 3c)	5b	

### Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

X I authorize	HOLTHOUSE	CARLIN	& VAN	TRIGT	LLP	to enter my PIN	1 2 3	4 5	as my signature
		ERC	) firm nan	1e			Enter five no do not enter		

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

9	5				4	5
-	9	95			9 5 7 5 9 6 0 0 0 Do not enter all zeros	9 5 7 5 9 6 0 0 4 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date

### **ERO Must Retain This Form – See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BAA

Form 8879-EO (2018)

### TAXABLE YEAR

# California Exempt Organization Annual Information Return 2018

	ar 2018 or fiscal year beginning (mm/dd/yyyy)		, and ending (m	nm/dd/yyyy)		_
Corporation/	Organization name ISLAND CITY DEVEL	OPMENT		California corpo	pration number	
				3707008		
Additional in	formation. See instructions.			FEIN		
				47216482	7	
Street addre	ess (suite or room)			4/210402	PMB no.	
	LANTIC AVENUE					
City	LANIIC AVENUE			State	Zip code	
ALAMED	λ			CA	94501	
Foreign cour		Foreign province/state/c	ounty	CA	Foreign postal code	
i oreign cou	n y name	Toreign province/state/o	ounty			
	urn		exempt under R&TC Sect	ion 23701d, ha	s the organization	N -
	d Return				ions • Yes	
C IRC Sect	ion 4947(a)(1) trust	Yes 🛛 No K IS	the organization exempt ( 'Yes," enter the gross rec	under R&TC Se	ction 23701g? • 🗌 Yes 🗵	NC
	ormation Return?	I 16 /	organization is a public ch	•		
	ssolved □ Surrendered (Withdrawn) □ Merge te: (mm/dd/yyyy) ● / /	a/Reorganized Se	ction 23701d and meets eck box. No filing fee is re	the filing fee ex	ception.	
E Check ad	ccounting method: (1) $\Box$ Cash (2) $\Join$ Accrual	(3) Other M Is	the organization a Limited	d Liability Com	oany? 🌒 🗌 Yes 🛛 🛛	No
(4) 🗵 Ot	eturn filed? (1) ● □ 990T (2) ● □ 990PF (3 her 990 series	3) ● □Sch H (990) N Dia tax	d the organization file For able income?	m 100 or Form	109 to report ●□Yes 区	
<b>G</b> Is this a	group filing? See instructions		the organization under au	udit by the IRS	or has the IRS	
H Is this or	rganization in a group exemption		ulted in a prior year?		Yes 🗠	
lf "Yes,"	what is the parent's name?	P IS			Yes 🗵	No
		Da	te filed with IRS			
Did the c	organization have any changes to its guidelines rted to the FTB? See instructions					
Part I C	omplete Part I unless not required to file this for					
	<b>1</b> Gross sales or receipts from other sources. F					
	2 Gross dues and assessments from members				-	00
	<b>3</b> Gross contributions, gifts, grants, and similar				• 3	00
Receipts and	4 Total gross receipts for filing requirement test				<b>4</b> 837,374	00
Revenues	This line must be completed. If the result is				● <u>4</u> 837,374 00	00
	<ul><li>5 Cost of goods sold</li><li>6 Cost or other basis, and sales expenses of as:</li></ul>		<b>0</b>		00	
	7 Total costs. Add line 5 and line 6	Sets Solu				00
	8 Total gross income. Subtract line 7 from line				•	
_	9 Total expenses and disbursements. From Side					
Expenses	10 Excess of receipts over expenses and disburs	ements. Subtract line 9 fr	om line 8			
	<b>11</b> Total payments					00
	<b>12</b> Use tax. See General Information K				-	
	13 Payments balance. If line 11 is more than line					00
Filing Fee	14 Use tax balance. If line 12 is more than line 1	1, subtract line 11 from lir	ne 12		• 14	00
	15 Filing fee \$10 or \$25. See General Information	η F			. 15 10	00
	16 Penalties and Interest. See General Information					00
	17 Balance due. Add line 12, line 15, and line 16	5. Then subtract line 11 fro	om the result		<b>1</b> 7 10	
•	Under penalties of perjury, I declare that I have examine true, correct, and complete. Declaration of preparer (oth	ed this return, including accom ier than taxpayer) is based on	all information of which prepa	ments, and to the arer has any know	best of my knowledge and belief, it is ledge.	1
Sign Here		Title	Date		Telephone	
nere	Signature of officer	PRESIDENT	Г		510) 747-4320	
		· · · · ·	Date Check	k if self-	PTIN	
	Preparer's signature				P 0 0 2 4 4 2 2	3
Paid		1		·	Firm's FEIN	
Preparer's Use Only	Firm's name (or yours, if self-employed)	RLIN & VAN TRIG	FT LLP		9 5 4 3 4 5 5 2	6
USE OIIIY		A BLVD SUITE 17	700		Telephone	
	ENCINO CA 914			(	818) 849-3140	
	May the FTB discuss this return with the prep		instructions			
					<u> </u>	

3651184

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# Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	1 Gross sales or receipts from all business activities. See inst		1 00
Receipts	2 Interest		2 00
	3 Dividends		3 00
from	4 Gross rents		4 00
Other	5 Gross royalties		5 00
Sources	6 Gross amount received from sale of assets (See Instruction	s)	<b>6</b> 00
	7 Other income. Attach schedule	See Stmt	<b>7</b> 837,374 00
	8 Total gross sales or receipts from other sources. Add line 1 th		8 837,374 00
	9 Contributions, gifts, grants, and similar amounts paid. Attac	ch schedule $\ldots \ldots \bullet$	9 00
	<b>10</b> Disbursements to or for members		
	11 Compensation of officers, directors, and trustees. Attach sc	hedule	401,649 00
	12 Other salaries and wages	· · · · · · · · · · · · · · · · · · ·	8 00
Expenses	<b>13</b> Interest		
and	<b>14</b> Taxes	• • • • • • • • • • • • • • • • • • • •	<b>14</b> 00
Disburse- ments	<b>15</b> Rents		
	<b>16</b> Depreciation and depletion (See instructions)		
	17 Other Expenses and Disbursements. Attach schedule	See Stmt	
	18 Total expenses and disbursements. Add line 9 through line	17. Enter here and on Side 1, Part I, line 9	
Schedu	le L Balance Sheet Beg	jinning of taxable year End	of taxable year

Assets	(a)	(b)	(C)	(d)
1 Cash	(u)	709,115	(0)	• 439,454
2 Net accounts receivable		196,464		230,183
3 Net notes receivable		150,101		230,103
4 Inventories				
<ul><li>Federal and state government obligations</li></ul>				
				•
<ul> <li>6 Investments in other bonds</li> <li>7 Investments in stock</li> </ul>				
<ul><li>8 Mortgage loans</li><li>9 Other investments. Attach schedule</li></ul>				
<b>10 a</b> Depreciable assets			(	
<b>b</b> Less accumulated depreciation	)		()	
<b>11</b> Land		1 142 062		•
<b>12</b> Other assets. Attach schedule SEE .STMT		1,143,963		• 2,152,463
13 Total assets		2,049,542		2,822,100
Liabilities and net worth		26.200		
14 Accounts payable		36,380		• 47,734
<b>15</b> Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		1 604 600		
<b>18</b> Other liabilities. Attach schedule SEE . STMT		1,634,600		1,717,500
19 Capital stock or principal fundSEE STMT				•
<b>20</b> Paid-in or capital surplus. Attach reconciliation		378,562		1,056,866
<b>21</b> Retained earnings or income fund				•
22 Total liabilities and net worth		2,049,542		2,822,100
Schedule M-1 Reconciliation of income per books w Do not complete this schedule if the a	with income per return mount on Schedule L, line	13, column (d), is less th	nan \$50,000	
1 Net income per books	678,304	7 Income recorded on	books this year	
2 Federal income tax		not included in this r	eturn. Attach schedule	
3 Excess of capital losses over capital gains	•	8 Deductions in this re		
<ul><li>4 Income not recorded on books this year.</li></ul>		against book income	•	
Attach schedule	•	, i i i i i i i i i i i i i i i i i i i		
5 Expenses recorded on books this year not	-		line 8	
• Expenses recorded on books this year not		<b>9</b> Total. Add lifte / and	IIIIe o	

deducted in this return. Attach schedule .....

6 Total. Add line 1 through line 5.....

678,304

**10** Net income per return.

L

678,304

Form 199 Schedule L	Other Assets		2018
Name as Shown on Return ISLAND CITY DEVELOPMENT		Califor 3707	nia Corporation No.
Other Investments:		Beginning of Tax Year	End of Tax Year
Totals to Form 199, Schedule L,	line 9		
Other Assets:		Beginning of Tax Year	End of Tax Year
CONSTRUCTION IN PROGRES DEVELOPER FEE RECEIVABL DUE FROM AHA INVESTMENT IN AFFILIATE	E	252,968. 506,000. 384,995. 0.	627,621. 1,335,000. 181,509. 8,333.
Totals to Form 199, Schedule L,	line 12	1,143,963.	2,152,463.
cacw2901.SCR 01/29/18			

Form 199 Schedule L	Other Liabilities and Equi	ity	2018
Name as Shown on Return			lifornia Corporation No.
Other Liabilities:		Beginning of Tax Year	End of Tax Year
AHA PROPERTY LOAN ACCRUED DEVELOPER FEE		<u>   1,550,00</u> <u>   84,60</u>	
Totals to Form 199, Schedule L	. line 18		
Totals to Form 199, Schedule L	, iine io	1,634,60	0. 1,717,500
Paid-in or Capital Surplus:		Beginning o tax year	f End of tax year
UNRESTRICTED NET ASSETS		378,56	2. 1,056,866
Totals to Form 199, Schedule L		378,56	2. 1,056,866

# DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

 WHERE TO FILE:
 Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number , FEIN, CA SOS file number and "2018 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

 FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:Corporations – File and Pay by the 15th day of the 4th month<br/>following the close of the taxable year.S corporations – File and Pay by the 15th day of the 3rd<br/>month following the close of the taxable year.Exempt organizations – File and Pay by the 15th day of the<br/>5th month following the close of the taxable year.When the due date falls on a weekend or holiday, the deadline to file and pay<br/>without penalty is extended to the next business day.

<b>ONLINE SERVICES:</b>	Corporations can make payments online using Web Pay for
	Businesses. Corporations can make an immediate payment or
	schedule payments up to a year in advance. Go to ftb.ca.gov/pay
	for more information.

DETACH HERE CAUTION: You may be required to			,	S VOUCHER		ACH HERE <u> </u>
TAXABLE YEAR Payme	nt Vo		orporations an		CALIFOR	(e-file)
3707008 ISL TYB 01-01-2018 ISLAND CITY DEVEL	A 47 TYE	-2164827 12-31-2018	000000000000000000000000000000000000000	18	FORM	3
701 ATLANTIC AVEN ALAMEDA	UE CA	94501				
(510) 747-4320			Amount	of Payment		10.
-		051	6181186		FTB 3586	2018

TAXABLE YEAR	Californi	a e-file Return	Authorization for	_	FORM
2018		Organizations			8453-EO
Exempt Organization na	ame			Identifying number	
ISLAND CITY	DEVELOPMENT			47-2164827	7
Part I Electronic	Return Informatio	<b>n</b> (whole dollars only)			
1 Total gross receip	ots (Form 199, line	4)		1	837,374.
4 Electronic fur		4a Amount	4b Withdrawal date (mm/d	d/yyyy)	
	3	J			
				□ Savings	
Part IV Declara	tion of Officer				
I authorize the exem the amount listed on		count to be settled as desig	nated in Part II. If I check Part II, Box 4, I autho	rize an electronic f	unds withdrawal for
			exempt organization and that the information I pro		

(ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.



#### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's- signature			also paid 📩 i	Check f self- employed	ERO'S PTIN
Must Sign	Firm's name (or yours	HOLTHOUSE CARLIN & VAN TR	RIGT LLP		FEIN 95-43	345526
and address	15760 VENTURA BLVD SUITE	1700, EI	NCINO, CA		ZIP code 91436	
Line allow to a second	Manager and the state of the st	والمتعاد والمتعارية والمتعارية والمتعاد والمتعاد والمتعاد والمتعاد والمتعاد والمتعاد والمتعاد والمتعا	In the design of the second			هي هي جاري جاري جاري جي

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Must Firm's name (or yours, HOT THOLE CARLEND STAN, TRACT, LTD FEIN	
Sign if self-employed)	
and address 15760 VENTURA BLVD SUITE 1700 ENCINO, CA ZIP code 91436	

# Additional information from your 2018 California Exempt Organization Business

#### Form 199: CA Exempt Organization Annual Information Part II. Other Income

Part II, Other Income Con		ntinuation Statement	
Description		Amount	
PROFESSIONAL SERVICES		837,333	
INCOME FROM INVESTMENT OF TAX EXEMPT BOND PROCEEDS			
INCOME FROM FUNDRAISING EVENTS			
INCOME FROM GAMING ACTIVITIES			
INVESTMENT INCOME		41	
	Total	837,374	

# Form 199: CA Exempt Organization Annual Information

Part II, Compensation		<b>Continuation Statement</b>
	Description	Amount
		0
		0
		0
VANESSA COOPER		244,441
JANET BASTA		156,608
JOHN MCCAHAN		600
		<b>Total</b> 401,649

### Form 199: CA Exempt Organization Annual Information

#### Part II, Expenses

	Description	Amount
ACCOUNTING		23,336
OFFICE EXPENSES		4,043
BANK CHARGES		4,343
STATE TAXES		75
DEVELOPMENT		109,005
UTILITIES		2,635
	Tota	143,437

#### Schedule L, Other Liabilities Statement Line 18 Stmt (1) Other liabilities, beg.

**Itemization Statement** 

**Continuation Statement** 

Description	Amount
VARIOUS UNSECURED PROMISSORY NOTES PAYABLE	1,550,000.
TO AHA FOR THE PURPOSE OF FUNDING PREACQUISITION	
EFFORTS WITH PRINCIPAL AMOUNTS RANGING FROM \$250,000	
TO \$1,000,000. INTEREST ON THE NOTES SHALL ACCRUE AT	
A SIMPLE RATE OF 3% BEGINNING ON JULY 1, 2016. THE	

1

**Itemization Statement** 

Description		Amount
NOTES HAVE VARIOUS MATURITY DATES RANGING FROM		
2022 TO 2074.		
	Total	1,550,000.

To:	Board of Directors Island City Development
From:	Kathleen Mertz Director of Housing and Community Development
Date:	November 8, 2019
Re:	Approve and Adopt the Budget for Fiscal Year 2020

#### BACKGROUND

The ICD fiscal year ends December 31. When ICD participates in real estate development projects, predevelopment costs are managed from a predevelopment loan. This loan eventually rolls up into a project budget that is controlled by the project owner (e.g. a limited partnership if using Low-Income Housing Tax Credits) when the project financing is secured and closed. Outside of the specific real estate project costs, also referred to as capital costs, ICD has an operating budget for the nonprofit corporation.

The proposed budget for 2020 includes ICD capital costs related to the Rosefield and North Housing projects during the predevelopment phase as well the administrative operating expenses of the non-profit corporation.

#### DISCUSSION

ICD has borrowed predevelopment funds from the Housing Authority to develop the Rosefield Village and North Housing projects, \$2 MM and \$3.7 MM respectively. Approximately \$1,531,300 of the Rosefield Ioan has been used to date. Approximately \$413,700 of the North Housing Ioan has been used to date. ICD also advanced property tax payments for Littlejohn Commons and Everett Commons in the approximate amount of \$230,500.

#### Proposed Activity - 2020

The currently approved capital projects included in the 2020 budget are Rosefield Village and North Housing. The Rosefield Village project budget continues to progress, and most of the 2020 predevelopment activity will revolve around the final stage of financing. The North Housing project budget includes predevelopment work related to entitlements and demolition activity on the 12 acre parcel and design work for the Permanent Supportive Housing Project. Carrying activities related to lawn care and security are not included in the ICD budget but rather are paid by the Housing Authority as land owner.

In addition to the capital budget, the operating budget for ICD includes the annual consultant services fee to the Housing Authority, audit and tax return fees, insurance, and



professional services related to feasibility studies.

The attached 2020 budget for ICD follows the format of the past few years. However, the Housing Authority Board of Commissioners has requested more analysis of the developer fee split between AHA and ICD, as it pertains to the existing projects and future projects. Staff intends to come back to the Housing Authority Board by February 2020 with a draft Business Plan for AHA real estate development activity, which is carried out by ICD. This draft Business Plan would address developer fee, staffing, capital needs, pipeline, and overall capitalization of ICD. Depending upon the outcome of this business planning process, staff may come back to the Board with a revised budget.

#### FINANCIAL IMPACT

In 2020, the ICD administrative expenses will include \$100,000 payable to the Housing Authority for staffing services, per the Consulting Services Agreement. Additionally, it includes estimated audit, tax return, insurance and professional services expenses of approximately \$75,100. The professional services expenses are significantly higher this year because they include estimated costs for 3 to 5 feasibility studies for new projects.

In 2020, the ICD revenue includes 90% of the developer fee from the final payments at Littlejohn Commons and Everett Commons, which will be released when we receive the IRS Form 8609. Revenue also includes 90% of the first estimated developer fee payment from the Rosefield Village construction loan closing. Finally, other revenue includes the estimated property tax refunds for Littlejohn Commons and Everett Commons net of special assessments. This budget is subject to change by the Housing Authority Board of Commissioners, as discussed above.

#### RECOMMENDATION

Staff recommends Board approve and adopt the Budget for Fiscal Year 2020.

Respectfully submitted,

Kathleen Mertz ) Director of Housing and Community Development

Attachment:

A

1. Proposed 2020 Budget



Island City Development	FY 2	2020		
Budget				
		OPERATING		CAPITA
INCOME				
Developer Fee*	\$	531,900	\$	-
Investment	\$	100	\$	-
Loan Balance				
Predev Loan - Rosefield	\$	-	\$	2,000,000
Predev Loan - North Housing	\$	-	\$	3,700,000
Working Capital Loan	\$	-	\$	-
Other	\$	184,400	\$	-
Total Income	\$	716,400	\$	5,700,000
EXPENSE				
Administrative	\$	100,000	\$	
Arch/Engineering	\$	-	\$	1,200,000
Audit	\$	23,500	\$	3,300
Insurance	\$	1,500	\$	72,000
Lender/Investor Fees	\$	-	\$	35,000
Permits and Fees	\$	100	\$	75,000
Professional Services	\$	50,000	\$	994,000
Other	\$	-	\$	320,700
Other - Demolition	\$	-	\$	3,000,000
Predev Loan Interest	\$	-	\$	-
Predev Loan Repayment	\$	-	\$	-
Total Expense	\$	175,100	\$	5,700,000
Net Income	\$	541,300	\$	
*Dev Fee includes 90% of the final 8609 pa Littlejohn Commons and 90% of 25% of the from Rosefield Village. This is subject to c	\$2,00	0,000 net develo	oper f	

To:	Board of Directors Island City Development
From:	Kathleen Mertz Director of Housing and Community Development
Date:	November 8, 2019
Re:	Authorize the President, or Designee, to Execute A Consultant Services Agreement Amendment with Holthouse, Carlin and Van Trigt LLP Not To Exceed \$260,000.

#### BACKGROUND

ICD performs real estate development services for a variety of projects which requires large consultant contracts or contract amendments.

In December 2015, ICD published an RFQ for certified public accounting services for affordable housing, LIHTC, and related entities and activities. Five firms responded and the chosen proposer was Holthouse, Carlin, and Van Trigt LLP (HCVT). In August 2016, ICD entered into contract with HCVT for a three year term and not to exceed \$100,000. The scope of work for this contract was the cost certifications, audits and tax returns for ICD, Everett and Eagle LP, and Sherman and Buena Vista LP through the 2018 tax year.

#### DISCUSSION

Staff have been pleased with the accounting services provided by HCVT and propose to extend their services for all of the project affiliated entities, not including Alameda Affordable Housing Corporation, through the 2019 calendar year. Specifically, the proposed amendment extends the existing contract from March 31, 2016 to November 30, 2020 and increases the not to exceed amount to \$260,000. The additional contract work covers the balance of the 2018 audit and tax year for ICD, Everett and Eagle LP, and Sherman and Buena Vista LP, including unanticipated bookkeeping work during finance staff transitions in 2018, and the 2019 tax year for the following entities: Island City Development, Everett and Eagle LP, Sherman and Buena Vista LP, Constitution and Eagle LP, Del Monte Senior LLC, 2437 Eagle LLC, 2216 Lincoln AH LLC, AHA Islander GP LLC, and Rosefield LLC.

#### FISCAL IMPACT

The contract work for the limited partnerships and limited liability companies is paid for by the property budgets, either in development or property operations. The costs associated with audit and tax returns for ICD is covered in the annual budget and paid





for by developer fee income.

#### RECOMMENDATION

Authorize the President, or Designee, to Execute A Consultant Services Agreement Amendment with Holthouse, Carlin and Van Trigt LLP Not To Exceed \$260,000.

Respectfully submitted,

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Kathleen Mertz Director of Housing and Community Development

# **ITEM 4E**

To: Board of Directors Island City Development

From:	Kathleen Mertz Director of Housing and Community Development
Date:	November 8, 2019
Re:	Approve the Authorizing Resolution Regarding Purchasing Authority and Policies for Island City Development

### BACKGROUND

Island City Development (ICD) was established to support the real estate development and housing production efforts of the Housing Authority of the City of Alameda (AHA). To that end, ICD has a Consulting Services Agreement with AHA for the use of staff and resources to carry out the real estate activities because ICD does not have employees. Additionally, ICD relies on AHA policies and procedures, through the use of AHA staff, to implement its programs where an ICD Board adopted policy does not exist. Section 7.3 of ICD's Bylaws establish that the President has contracting authority up to \$250,000 and that anything over that amount must go to the Board. ICD has not yet adopted a purchase authority policy and therefore relies on AHA's policies and procedures for procurement.

#### DISCUSSION

As part of these real estate activities staff engage consultants to perform a variety of reports and studies for upcoming projects. The majority of consultant agreements and contracts are under \$25,000. The Housing Authority has a Board of Commissioners adopted Procurement Policy that includes purchasing authority that allows Department Directors to enter into contracts up to \$25,000. Although ICD does rely on AHA's policies and procedures, staff recommends that ICD clarify specifically the purchase authority of the corporation. Additionally, staff recommends the purchase authority be the same as the AHA's. The chart below further identifies the proposed purchase and contracting authority.

Dollar Authority	ICD Current	AHA Current	ICD Proposed
<\$25,000	None	Department Directors	Director of Housing and Community Development
\$25,001 - \$250,000	President	Executive Director	No change
>\$250,000	Board of Directors	Board of Commissioners	No change

In addition to adopting a purchase authority, the attached Resolution 2019-02 reaffirms that ICD will continue to follow AHA policies and procedures where no specific policy or procedure has been developed and adopted by the corporation.





#### FINANCIAL IMPACT

None.

#### RECOMMENDATION

Approve the Authorizing Resolution Regarding Purchasing Authority and Policies for Island City Development.

Respectfully submitted,

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Kathleen Mertz ) Director of Housing and Community Development

Attachment: 1. Authorizing Resolution 2019-02



## ISLAND CITY DEVELOPMENT

# Resolution No. 2019-02

## PURCHASING AUTHORITY AND POLICIES

At a duly constituted meeting of the Board of Directors (the "**Board**") of Island City Development, a California nonprofit public benefit corporation ("**ICD**"), held on November _____, 2019 (the "**Meeting**"), the following resolutions were adopted:

**WHEREAS**, the Corporation was formed as a public benefit corporation established to operate exclusively to support the Housing Authority of the City of Alameda ("AHA");

**WHEREAS**, the Corporation has a Consulting Services Agreement with AHA for the use of staff and resources to carry out the real estate development activities of AHA;

**WHEREAS**, the Board of the Commissioners of AHA have approved a Procurement Policy that includes purchase authority for both Department Directors and the Executive Director;

**WHEREAS**, the Board of the Commissioners of AHA have approved a Procurement Policy that includes purchase authority of \$25,000 or less for Department Directors; and

**WHEREAS**, the Board of the Corporation has determined that this AHA purchase authority and similar policies support the Corporation's business efforts as well.

**NOW, THEREFORE, BE IT RESOLVED**, that the Corporation authorizes purchase authority for the Director of Housing and Community Development of up to \$25,000 and the President up to \$250,000. Anything above \$250,000 requires Board approval.

**BE IT FURTHER RESOLVED**, that the Corporation shall continue to follow AHA policies and procedures where no specific policy or procedure has been developed and adopted by the Corporation.

*****

#### **ATTEST:**

Vanessa M. Cooper President

Adopted:

Janet Basta Secretary