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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HOMEBRICKS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
345 SPEAR STREET SUITE 700

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94105

D Employer identification number
59-3795727

E Telephone number
(415) 989-1111

G Gross receipts $ 1,424,274

F Name and address of principal officer
D Valentine
345 SPEAR STREET SUITE 700
SAN FRANCISCO, CA 94105

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW HOMEBRICKS COM

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

L Year of formation 2003

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Successfully provided home ownership services and mortgage assistance to low income first time home buyers Continued to supply support to BRIDGE Housing Corporation BRIDGE Housing Corporation creates high-quality, affordable homes for working families and seniors With over 12,500 homes placed in service and over 3,500 units currently in progress, BRIDGE is among the largest affordable housing developers in California BRIDGE builds a range of housing types that not only fit comfortably into their surroundings but also act as the catalyst for revitalizing and strengthening neighborhoods

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	2
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	402,000	788,750
9	Program service revenue (Part VIII, line 2g)	602,637	502,810
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249,659	132,714
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,254,296	1,424,274
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,000	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	394,960	442,512
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	583,047	805,041
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	983,007	1,247,553
19	Revenue less expenses Subtract line 18 from line 12	271,289	176,721
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	13,215,883	13,681,778
21	Total liabilities (Part X, line 26)	11,892,672	12,181,846
22	Net assets or fund balances Subtract line 21 from line 20	1,323,211	1,499,932

Part II Signature Block

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

Sign Here

****** | 2010-10-28
Signature of officer | Date

D Valentine CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LINDQUIST VON HUSEN & JOYCE LLP 90 NEW MONTGOMERY STREET 11TH FLOOR SAN FRANCISCO, CA 94105			EIN ▶ Phone no ▶ (415) 957-9999

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To provide home ownership services and mortgage assistance programs to low income families

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,238,528 including grants of $) (Revenue $ 502,810)

THE CORPORATION IS THE PROVIDER OF HOME OWNERSHIP SERVICEs AND MORTGAGE ASSISTANCE PROGRAMS TO LOW INCOME INDIVIDUALS

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 1,238,528

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	10		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

The Organization
345 SPEAR STREET SUITE 700
SAN FRANCISCO, CA 94105
(415) 989-1111

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL J GALANTE PRESIDENT & CEO	2 00	X		X				0	173,570	30,299
DKEMP VALENTINE CFO/TREASURER	2 00	X		X				0	180,121	51,494
SUSAN M JOHNSON VP/SECRETARY	2 00	X		X				0	209,675	45,326
LYDIA N TAN PRESIDENT & CEO	2 00	X		X				0	270,330	46,280
RICK HOLLIDAY DIRECTOR	2 00	X						0	0	0
PETER PALMISANO DIRECTOR	2 00	X						0	0	0

1b Total . . . . . ▶	0	833,696	173,399

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 788,750				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	788,750			
Program Service Revenue		Business Code				
	2a	MARKETING fees 531,390	499,504	499,504		
	b	MANAGEMENT fees 531,390	3,306	3,306		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	502,810			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	132,714			132,714
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	1,424,274	502,810	0	132,714

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 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 Other salaries and wages	358,980	358,980		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,985	13,985		
9 Other employee benefits	41,186	41,186		
10 Payroll taxes	28,361	28,361		
11 Fees for services (non-employees)				
a Management				
b Legal	96,503	96,503		
c Accounting	145,068	136,043	9,025	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	6,832	6,832		
14 Information technology				
15 Royalties				
16 Occupancy	69,923	69,923		
17 Travel	2,145	2,145		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,779	1,779		
20 Interest	197,081	197,081		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,078	58,078		
23 Insurance	15,067	15,067		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TEMPORARY PERSONNEL	112,966	112,966		
b TELEPHONE	18,933	18,933		
c PRINTING AND COPYING	17,088	17,088		
d CONSULTING	15,120	15,120		
e bad debt exp	15,000	15,000		
f All other expenses	33,458	33,458		
25 **Total functional expenses.** Add lines 1 through 24f	1,247,553	1,238,528	9,025	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		424,165	1	19,752
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		26,558	4	32,200
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		21,859	9	38,388
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 161,121			
	b	Less accumulated depreciation	10b 109,593	109,299	10c	51,528
	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		12,634,002	15	13,539,910
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,215,883	16	13,681,778
Liabilities	17	Accounts payable and accrued expenses		35,598	17	71,203
	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	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		11,000,000	23	11,000,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		857,074	25	1,110,643
	26	**Total liabilities.** Add lines 17 through 25		11,892,672	26	12,181,846
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		948,370	27	1,190,024
	28	Temporarily restricted net assets		374,841	28	309,908
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,323,211	33	1,499,932
	34	Total liabilities and net assets/fund balances		13,215,883	34	13,681,778

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HOMEBRICKS INC

Employer identification number
59-3795727

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☑

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
BRIDGE HOUSING CORPORATION	942827909	7	Yes						1,238,528
Total									1,238,528

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HOMEBRICKS INC

Employer identification number
59-3795727

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		161,121	109,593	51,528
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				51,528

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
RESTRICTED CASH	12,103,316
MORTGAGE RECEIVABLE	554,837
INVESTMENT IN REAL ESTATE HELD FOR SALE	198,693
reSTRICTED DEPOSITS	1,250
RELATED PARTY RECEIVABLE	681,814
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	13,539,910

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTEREST PAYABLE	832,417
CAPITAL LEASE	10,797
RELATED PARTY LIABILITY	266,179
SECURITY DEPOSITS	1,250
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,110,643

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,424,274
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,247,553
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	176,721
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	176,721

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,424,274
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,424,274
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,424,274

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,205,499
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,205,499
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	42,054		
c	Add lines **4a** and **4b**			4c	42,054
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,247,553

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XIII, Line 4b - Other Adjustments		FROM HOMEBRICKS NSP LLC - HOMEBRICKS INC AS A SOLE MEMBER 42054

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HOMEBRICKS INC

Employer identification number
59-3795727

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROL J GALANTE	(i)	0	0	0	0	0	0	0
	(ii)	88,351	5,000	80,219	11,107	19,192	203,869	0
DKEMP VALENTINE	(i)	0	0	0	0	0	0	0
	(ii)	180,121	0	0	27,450	24,044	231,615	0
SUSAN M JOHNSON	(i)	0	0	0	0	0	0	0
	(ii)	201,543	8,132	0	27,197	18,129	255,001	0
LYDIA N TAN	(i)	0	0	0	0	0	0	0
	(ii)	242,178	28,152	0	27,403	18,877	316,610	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HOMEBRICKS INC

Employer identification number
59-3795727

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		CORPORATE CONTROLLER AND CFO CONDUCT A DETAIL REVIEW OF THE RETURN BEFORE IT IS FILED DETAIL REVIEW INCLUDES AGREEING NUMBERS TO AUDIT REPORT, REASONABLENESS TESTS ON DATA, AND REVIEWING SALARY INFORMATION EACH MEMBER OF THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS, UPON REQUEST, CAN REVIEW THE FORM 990 AND SUBMIT COMMENTS BEFORE IT IS FILED
Form 990, Part VI, Section B, line 12c		ANY DIRECTOR OR OFFICER WHO HAS A FINANCIAL INTEREST, DIRECTLY OR INDIRECTLY, MUST DISCLOSE IT BEFORE A CONSIDERATION OR VOTE OF THE TRANSACTION IS MADE BY THE BOARD OF DIRECTORS THE REMAINING BOARD WILL THEN DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE INTERESTED DIRECTOR OR OFFICER MAY MAKE AN INFORMATIONAL PRESENTATION TO THE BOARD IN CONNECTION WITH THE TRANSACTION, BUT MAY NOT BE PRESENT DURING THE DISCUSSION OR THE VOTE THE BOARD MINUTES REFLECT THE ABOVE-DESCRIBED DISCUSSIONS EACH YEAR THE DIRECTORS AND OFFICERS SIGN A STATEMENT TO DENOTE IF CONFLICTS EXISTED DURING THE YEAR AND IF SO, DISCLOSING THE NATURE OF THE CONFLICT THE ORANIZATION ALSO DOES PERIODIC REVIEWS TO ENSURE COMPENSATION IS REASONABLE AND GOODS AND SERVICES ARE RECEIVED AT ARMS-LENGTH AND CONFORM WITH INTERNAL POLICIES
Form 990, Part VI, Section B, line 15		Proposed compensation is presented to the Compensation Committee of the Board of Directors of BRIDGE Housing Corporation The proposal includes comparable data from independent sources The committee then approves or discusses alternatives to the proposal
Form 990, Part VI, Section C, line 19		The documents are available for public inspection upon request
form 990, Part XI, Line 2c		The process has not been changed from the prior year
form 990,Schedule R,part IV		Pacific home connection is incorporated as a non-profit public benefit corporation, there are no shares issued and w ould not have capital contributions from shareholders

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HOMEBRICKS INC

Employer identification number
59-3795727

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

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

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
BRIDGE Infill Development Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3390449	Develops urban infill developments	CA	BRIDGE Housing Corporation	C			
BRIDGE Properties Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-2986189	Property mangement provider	CA	BRIDGE Housing Corporation	C			
Pacific Home Connection 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 26-2704465	Provider of home ownership services and mortgage assistance programs	CA	N/A	C			

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-3795727
Name: HOMEBRICKS INC

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
BRIDGE Norcal LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-3249497	Controlling general partner of affordable housing partnership	CA			MCB FAMILY HOUSING INC
BRIDGE SC LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-3714598	Controlling general partner of affordable housing partnership	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
BRIDGE TOWER LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 37-1513008	Controlling general partner of affordable housing partnership	CA			NORTHPOINT HOUSING INC
1275 ECR LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-2302292	Low-income housing	CA			BRIDGE Homes Inc
474 Natoma LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 68-0657579	Low-income housing	CA			BRIDGE Homes Inc
Armstrong Townhomes LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 75-3236154	Low-income housing	CA			BRIDGE Homes Inc
Barry Street LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 87-0812903	Low-income housing	CA			BRIDGE Homes Inc
Hilltop Summit LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 26-2240786	Low-income housing	CA			BRIDGE Housing Acquisitions Inc
MANDELA GATEWAY COMMERCIAL LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 68-0533499	Low-income housing	CA			BRIDGE Economic Development Corporation
MANDELA GATEWAY TOWNHOMES LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 94-3227592	Low-income housing	CA			BRIDGE Homes Inc
BUILD West Oakland LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 48-1288883	Develops urban infill developments	CA			Bridge Urban Infill Land Development LLC
BUILD Equity Investments (San Antonio Road) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 57-1230341	Develops urban infill developments	CA			Bridge Urban Infill Land Development LLC
BUILD Equity Investments MacArthur Transit Community LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105	Develops urban infill developments	CA			Bridge Urban Infill Land Development LLC
BUILD Equity Investments (Tri-City) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 55-0904611	Develops urban infill developments	CA			Bridge Urban Infill Land Development LLC
BUILD Equity Investments (Kirker) LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA 94105 27-0128784	Develops urban infill developments	CA			Bridge Urban Infill Land Development LLC
BUILD Equity Investments (Lewis Road) LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA 94105	Develops urban infill developments	CA			Bridge Urban Infill Land Development LLC
BUILD Equity Investments (Tri-City II) LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA 94105 51-0580894	Develops urban infill developments	CA			Bridge Urban Infill Land Development LLC
BUILD Equity Investments (South Bernardo) LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA 94105 26-2417808	Develops urban infill developments	CA			Bridge Urban Infill Land Development LLC
Alameda Housing LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA 94105 94-3227594	Controlling general partner of affordable housing partnership	CA			MCB Family Housing Inc
Winfield Hill LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA 94105 27-1164754	Controlling general partner of affordable housing partnership	CA			BRIDGE Housing Ventures Inc
HomeBricks NSP LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA 94105 27-1714466	Purchases foreclosed homes in distressed areas to rehabilitate and sell	CA	0	0	N/A

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Alto Station Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3152631	Owner & operator of affordable housing property	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Bay Area Senior Services Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3008774	Operator of senior assisted living facility	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BLP Partnership Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 31-1811761	Owner & operator of senior assisted living facility	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BOMH Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3282930	Owner & operator of affordable housing property	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BRIDGE Bissell Corp 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3149477	General Partner of Affordable Housing Partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BRIDGE Economic Development Corporation 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3149476	Developer, general partner, and commercial property owner and operator	CA	501(c)(4)	N/A	BRIDGE HOUSING CORPORATION
BRIDGE Homes Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3227592	Developer of affordable ownership housing projects	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BRIDGE Housing Acquisitions Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3175634	Owner of mixed use and affordable housing complexes	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BRIDGE Housing Corp - Southern California 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3233154	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BRIDGE Housing Corporation 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-2827909	Developer of affordable hsg, G P of affordable housing	CA	501(c)(3)	7	N/A
BRIDGE Housing Ventures Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3147882	Controlling G P and L P of affordable partnerships and land owner	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BRIDGE Property Management Company 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3063990	Property mangement provider of affordable housing	CA	501(c)(3)	9	BRIDGE HOUSING CORPORATION
BRIDGE Regional Partners Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3187094	Owner of land and operator of property	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BRIDGE Support Organization 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 26-1501314	Support corporation to BRIDGE Housing Corporation	CA	501(c)(3)	11b	BRIDGE HOUSING CORPORATION
BRIDGE Terraza Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3211275	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
BRIDGE Third Street Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3130270	Controlling general partner of affordable housing partnership	CA	501(c)(3)	9	BRIDGE HOUSING CORPORATION
BRIDGE West Oakland Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3261561	Owner & operator of affordable housing property	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Emeryville Senior Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3107670	Owner & operator of affordable housing property	CA	501(c)(3)	9	BRIDGE HOUSING CORPORATION
Calistoga Brannan Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3167786	G P and L P of affordable housing partnerships	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Chestnut Creek Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3360307	Owner & operator of HUD Section 202 property	CA	501(c)(3)	9	BRIDGE HOUSING CORPORATION
Church Street Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3349372	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Coggins Square Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3294187	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Danville Senior Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 91-2148404	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Emery BRIDGE Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3130269	Former general partner of housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Fell Street Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3153378	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Hercules Senior Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3262543	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Brisbane Senior Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3323102	Owner & operator of affordable housing property	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Hotel Don Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3122110	General Partner of Affordable Housing Partnership	CA	501(c)(3)	9	BRIDGE HOUSING CORPORATION
Hunt Avenue Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3119469	G P and L P of affordable housing partnerships	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
MCB Family Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3227594	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Metro Senior Homes Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3213337	General partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Milpitas Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3253389	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Nairobi Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3331051	General partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
North Beach Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 82-0563916	General Partner of Affordable Housing Partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Northpoint Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3287293	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Northside Senior Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3315757	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Ohlone Housing Corporation 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3232360	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Redwood Shores Senior Housing Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3190749	Owner & operator of HUD Section 202 property	CA	501(c)(3)	7	BRIDGE HOUSING CORPORATION
Roberts Avenue Inc 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3375010	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	BRIDGE HOUSING CORPORATION
Rotary Valley Inc 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3244788	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	bRIDGE HOUSING CORPORATION
San Marcos Family Housing Inc 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3265633	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	bRIDGE HOUSING CORPORATION
Silverado Creek Housing Inc 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3376086	General partner of affordable housing partnership	CA	501(c)(3)	11a	bRIDGE HOUSING CORPORATION
Site K Inc 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3132902	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	bRIDGE HOUSING CORPORATION
Strobridge Housing Inc 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3229530	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	bRIDGE HOUSING CORPORATION
Westpark Housing Corp 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3154096	General Partner of Affordable Housing Partnership	CA	501(c)(3)	11a	bRIDGE HOUSING CORPORATION
Winfield Hill Inc 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3152859	Controlling general partner of affordable housing partnership	CA	501(c)(3)	11a	bRIDGE HOUSING CORPORATION

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
14TH ST ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 56-2569711	Low-income housing	CA	N/A								
AREA F-1 HSG ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 90-0150206	Low-income housing	CA	N/A								
ARMSTRONG PLACE ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 68-0653328	Low-income housing	CA	N/A								
BRIDGE GRAYSON CREEK ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3389039	Low-income housing	CA	N/A								
CALISTOGA BRANNAN HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3167785	Low-income housing	CA	N/A								
CANAL HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3375830	Low-income housing	CA	N/A								
CARMEL VALLEY HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3390105	Low-income housing	CA	N/A								
Carquinez Associates 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 26-3334622	Low-income housing	CA	N/A								
CHELSEA GARDENS ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3314552	Low-income housing	CA	N/A								
CHESTNUT LINDEN ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3411722	Low-income housing	CA	N/A								
CHURCH STREET HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3361620	Low-income housing	CA	N/A								
CINNABAR COMMONS II 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 20-5115511	Low-income housing	CA	N/A								
COGGINS SQUARE ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3294186	Low-income housing	CA	N/A								
COMM 22 LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 73-1728124	Low-income housing	CA	N/A								
COPPER CREEK 4 HOUSING ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 35-2166973	Low-income housing	CA	N/A								
COPPER CREEK 9 HOUSING ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 83-0369696	Low-income housing	CA	N/A								
COTTONWOOD CREEK HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 59-3837978	Low-income housing	CA	N/A								
CPW ONE TRIBECA LLC 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 56-2592155	Low-income housing	CA	N/A								
DANVILLE SENIOR HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3405442	Low-income housing	CA	N/A								
DRAKE MARIN ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3230387	Low-income housing	CA	N/A								
FABIAN WAY ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 68-0653330	Low-income housing	CA	N/A								
FELL ST HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3153973	Low-income housing	CA	N/A								
GEARY HOUSING PARTNERS LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 83-0481231	Low-income housing	CA	N/A								
GRAND OAK ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 71-0987940	Low-income housing	CA	N/A								
HERCULES SR HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3262539	Low-income housing	CA	N/A								
HUNT AVENUE ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3163833	Low-income housing	CA	N/A								
IRVINGTON DEV GROUP LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 61-1492960	Low-income housing	CA	N/A								
IVY HOUSING ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 71-1039863	Low-income housing	CA	N/A								
JENNINGS AVE ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 71-0987938	Low-income housing	CA	N/A								
KENTFIELD ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 11-3794630	Low-income housing	CA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
LA TERREZA ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3211279	Low-income housing	CA	N/A								
LAGUNA CANYON HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 56-2281684	Low-income housing	CA	N/A								
Leland Housing Partners LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 26-2979055	Low-income housing	CA	N/A								
MANDELA GATEWAY ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 46-0500876	Low-income housing	CA	N/A								
MARINA ANNEX ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3396985	Low-income housing	CA	N/A								
MARINA TOWERS ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 86-1140987	Low-income housing	CA	N/A								
METRO SENIOR ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3213475	Low-income housing	CA	N/A								
MILPITAS HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3253668	Low-income housing	CA	N/A								
NAIROBI HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3331004	Low-income housing	CA	N/A								
NORTH BEACH HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 82-0563921	Low-income housing	CA	N/A								
NORTHPOINT HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3287332	Low-income housing	CA	N/A								
NORTHPOINT II HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3324167	Low-income housing	CA	N/A								
NORTHSIDE HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3315758	Low-income housing	CA	N/A								
NORTHWOOD HSG ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 57-1176155	Low-income housing	CA	N/A								
OHLONE HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3232359	Low-income housing	CA	N/A								
PINOLE GROVE ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3223021	Low-income housing	CA	N/A								
POINSETTIA HOUSING PARTNERS 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 33-0832030	Low-income housing	CA	N/A								
RICHMOND CITY CTR ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3146993	Low-income housing	CA	N/A								
ROBERTS AVE SENIOR HSG LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3408441	Low-income housing	CA	N/A								
ROTARY VALLEY ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3244786	Low-income housing	CA	N/A								
SANRAF ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3410682	Low-income housing	CA	N/A								
SANTA ALICIA FAMILY HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3233778	Low-income housing	CA	N/A								
SILVERADO CREEK PARTNERS 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3329192	Low-income housing	CA	N/A								
SOUTH BEACH FAMILY ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3132899	Low-income housing	CA	N/A								
St Josephs Senior LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 26-2893982	low-income housing	CA	N/A								
STROBRIDGE HOUSING ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3229531	Low-income housing	CA	N/A								
TERRA COTTA HSG ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3265635	Low-income housing	CA	N/A								
TRESTLE GLEN ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 11-3794633	Low-income housing	CA	N/A								
WHITE DOVE CANYON HSG ASSOCIATES LP 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 06-1638296	Low-income housing	CA	N/A								
WINFIELD HILL ASSOCIATES 345 SPEAR STREET SUITE 700 SAN FRANCISCO, CA94105 94-3153147	Low-income housing	CA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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WOODBURY PARTNERS LP 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 68-0620325	low-income housing	CA	N/A								
YWCA VILLA NUEVA PARTNERS 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3143354	low-income housing	CA	N/A								
NORTH BEACH DEVELOPMENT ASSOC LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3355013	low-income housing	CA	N/A								
PACIFIC OAKS ASSOCIATES 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3026354	low-income housing	CA	N/A								
SAN RAFAEL APARTMENTS LP 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 33-0508119	low-income housing	CA	N/A								
SOUTH SAN FRANCISCO MAGNOLIA PLAZA ASSOCIATES 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3026352	low-income housing	CA	N/A								
SR FOUNTAINS LIMITED PARTNERSHIP 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 83-0364083	low-income housing	CA	N/A								
Bridge Urban Infill Land Development LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 94-3391691	Develops urban infill developments	CA	N/A								
Tri-City Gardens LLC 901 Mariners Island Blvd 700 SAN MATEO, CA94404 20-2338326	Construction of homes for sale	CA	N/A								
Kirker Creek BBS LP 901 Mariners Island Blvd 700 SAN MATEO, CA94404 20-2928244	Real estate rental	CA	N/A								
WallLewis San Jose LLC 470 S Market St SAN JOSE, CA95113 20-5251118	Construction of homes for sale	CA	N/A								
Tri-City Gardens II LLC 901 Mariners Island Blvd 700 SAN MATEO, CA94404 20-4382157	Construction of homes for sale	CA	N/A								
South Bernardo Associates LP 49 Geary St Ste 500 SAN FRANCISCO, CA94108 26-2323955	Real estate rental	CA	N/A								
Alameda Housing Associates LP 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 26-4289796	Low-income housing	CA	N/A								
Pottery Court Housing Associates 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 27-0162400	Low-income housing	CA	N/A								
Broadway Tower Associates LP 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 27-0772994	Low-income housing	CA	N/A								
BHC Sage Park LP 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 27-1527957	Low-income housing	CA	N/A								
Summerhouse Housing Associates (Phase I and Phase II) 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 27-0901144	Low-income housing	CA	N/A								
St Josephs Family Associates 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 27-0627778	Low-income housing	CA	N/A								
Folsom Essex LLC 345 SPEAR STREET SUITE 700 sAN FRANCISCO, CA94105 27-0708193	low-income housing	CA	N/A								

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
HOMEBRICKS INC	Form 990 Page 10	59-3795727

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8		**9**	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562		**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		**12**	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28		**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions		**22**	58,078
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**		

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

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

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

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

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

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 59-3795727
Name: HOMEBRICKS INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TEMPORARY PERSONNEL	112,966	112,966		
TELEPHONE	18,933	18,933		
PRINTING AND COPYING	17,088	17,088		
CONSULTING	15,120	15,120		
bad debt exp	15,000	15,000		