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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOMEPORT INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 303 VINTAGE PARK DRIVE City or town, state or country, and ZIP + 4 FOSTER CITY, CA 94404 F Name and address of principal officer MATTHEW O FRANKLIN 303 VINTAGE PARK DRIVE FOSTER CITY, CA 94404	D Employer identification number 77-0164512 E Telephone number (650) 356-2900 G Gross receipts \$ 192,933 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1987 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION OPERATES A HOUSING PROJECT SPECIFICALLY FOR LOW-INCOME AND DISABLED PERSONS		
2	Check this box <input type="checkbox"/> 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	119,739	119,643
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,165	73,106
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	571	-8,687
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,475	184,062
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,074	21,409
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,000	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	125,420	162,669
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	173,494	184,078	
19 Revenue less expenses Subtract line 18 from line 12	17,981	-16	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	592,070	579,140
	22 Net assets or fund balances Subtract line 21 from line 20	831,658	818,744
		-239,588	-239,604

Part II Signature Block

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

Sign Here	***** Signature of officer	2011-10-06 Date			
	DEENA SOULON CFO/ASSISTANT SECRETARY Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ALEXIS H WONG	Preparer's signature ALEXIS H WONG	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ LINDQUIST VON HUSEN & JOYCE LLP				Firm's EIN ▶
	Firm's address ▶ 90 NEW MONTGOMERY STREET 11TH FLOOR SAN FRANCISCO, CA 94105				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

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
IT IS THE MISSION OF MIDPEN HOUSING CORPORATION AND ITS AFFILIATES TO PROVIDE SAFE, AFFORDABLE SHELTER OF HIGH QUALITY TO THOSE IN NEED OF IT, TO HELP ESTABLISH OPPORTUNITY AND STABILITY IN THE LIVES OF ITS RESIDENTS, AND TO FOSTER COMMUNITIES THAT ALLOW PEOPLE FROM ALL ETHNIC, SOCIAL AND ECONOMIC BACKGROUNDS TO LIVE IN DIGNITY, HARMONY AND MUTUAL RESPECT

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 \$ 161,783 including grants of \$) (Revenue \$ 64,235)
THE ORGANIZATION OWNS, MAINTAINS AND OPERATES A HOUSING PROJECT SPECIFICALLY FOR LOW-INCOME AND DISABLED PERSONS

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 \$ 161,783

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 <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	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		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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		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		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	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? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	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? <i>If "Yes," complete Schedule J . . .</i>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . .</i>	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? <i>If "Yes," complete Schedule L, Part I . . .</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? <i>If "Yes," complete Schedule L, Part I . . .</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? <i>If "Yes," complete Schedule L, Part II . . .</i>	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? <i>If "Yes," complete Schedule L, Part III . . .</i>	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? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	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? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . .</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	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? <i>If "Yes," complete Schedule R, Part VI . . .</i>	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

Check if Schedule O contains a response to any question in this Part V []

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 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, 303 VINTAGE PARK DRIVE, FOSTER CITY, CA 94404, (650) 356-2900

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

Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) C MARK BATTEY CHAIRPERSON	1 00	X		X			0	0	0	
(2) BETH BARTLETT VICE CHAIRPERSON	1 00	X		X			0	0	0	
(3) GARY C COOK TREASURER	1 00	X		X			0	0	0	
(4) DANIEL SEUBERT SECRETARY	1 00	X		X			0	0	0	
(5) DIANE DOWNEND DIRECTOR	1 00	X					0	0	0	
(6) RICHARD SLATON DIRECTOR	1 00	X					0	0	0	
(7) THERESE FREEMAN DIRECTOR	1 00	X					0	0	0	
(8) MARI TUSTIN DIRECTOR	1 00	X					0	0	0	
(9) PAUL STALEY DIRECTOR	1 00	X					0	0	0	
(10) PAUL ROSENSTIEL DIRECTOR	1 00	X					0	0	0	
(11) MONIQUE MOYER DIRECTOR	1 00	X					0	0	0	
(12) CARYN KALI DIRECTOR	1 00	X					0	0	0	
(13) MATTHEW O FRANKLIN PRESIDENT	2 00			X			0	271,964	14,666	
(14) SUE A PERKINS CFO	2 00			X			0	216,613	425	
(15) DEENA L SOULON CFO	2 00			X			0	55,637	269	

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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					
	e Government grants (contributions) 1e	119,643				
	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 ▼	119,643				
	Program Service Revenue		Business Code			
2a RENTAL INCOME		531110	72,361	72,361		
b OTHER INCOME		531110	745	745		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼	73,106					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		184		184	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▼					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses		8,871		
		c Gain or (loss)		-8,871		
	d Net gain or (loss) ▼		-8,871	-8,871		
	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 ▼		184,062	64,235	0	184	

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	14,630	14,630		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	5,441	5,441		
10	Payroll taxes	1,338	1,338		
a	Fees for services (non-employees)				
	Management	11,520		11,520	
b	Legal				
c	Accounting	9,425		9,425	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,350		1,350	
12	Advertising and promotion				
13	Office expenses	7,130	7,130		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	52,917	52,917		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,638	19,638		
23	Insurance	3,608	3,608		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OPERATING AND MAINTENAN	27,446	27,446		
b	ADMINISTRATIVE RENT FRE	15,672	15,672		
c	UTILITIES	8,112	8,112		
d	PROPERTY TAXES	3,873	3,873		
e	MISCELLANEOUS EXPENSE	1,286	1,286		
f	All other expenses	692	692		
25	Total functional expenses. Add lines 1 through 24f	184,078	161,783	22,295	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	400	1	100
	2 Savings and temporary cash investments	1,838	2	729
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	853	4	25
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,460	9	2,215
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	930,534		
	b Less accumulated depreciation	385,133	536,806	10c 545,401
	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	50,713	15	30,670
16 Total assets. Add lines 1 through 15 (must equal line 34)	592,070	16	579,140	
Liabilities	17 Accounts payable and accrued expenses	12,534	17	22,556
	18 Grants payable		18	
	19 Deferred revenue	1,782	19	2,947
	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	779,930	23	768,652
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	37,412	25	24,589
	26 Total liabilities. Add lines 17 through 25	831,658	26	818,744
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-239,588	27	-239,604
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	-239,588	33	-239,604	
34 Total liabilities and net assets/fund balances	592,070	34	579,140	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	184,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	184,078
3	Revenue less expenses Subtract line 2 from line 1	3	-16
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-239,588
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-239,604

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMEPORT INC

Employer identification number

77-0164512

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

- (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?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	97,318	100,736	92,203	119,739	119,643	529,639
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	97,318	100,736	92,203	119,739	119,643	529,639
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						529,639

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	97,318	100,736	92,203	119,739	119,643	529,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,420	1,610	789	571	184	5,574
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						535,213
12 Gross receipts from related activities, etc (See instructions)					12	323,541
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 2010 (line 6 column (f) divided by line 11 column (f))	14	98.960 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98.550 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization HOMEPORT INC

Employer identification number 77-0164512

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?
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)?
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
1c	
1d	
1e	
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		150,936		150,936
b Buildings		752,912	360,649	392,263
c Leasehold improvements				
d Equipment		26,686	24,484	2,202
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				545,401

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	184,062
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	184,078
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-16
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	-16

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	192,933
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	192,933
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	-8,871
c	Add lines 4a and 4b	4c	-8,871
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	184,062

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

1	Total expenses and losses per audited financial statements	1	192,949
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	8,871
e	Add lines 2a through 2d	2e	8,871
3	Subtract line 2e from line 1	3	184,078
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	184,078

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 XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FIXED ASSETS
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FIXED ASSETS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMEPORT INC

Employer identification number

77-0164512

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>										
<p>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?</p>										
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	Yes	No								
<p>5a 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 the organization?</p>		No								
<p>5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6a 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 the organization?</p>		No								
<p>6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>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.</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued 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.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

For each individual whose compensation must be reported 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				
(1) MATTHEW O FRANKLIN	(i)	0	0	0	0	0	0	0
	(ii)	238,630	32,477	857	0	14,666	286,630	0
(2) SUE A PERKINS	(i)	0	0	0	0	0	0	0
	(ii)	140,003	32,033	44,577	0	425	217,038	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
	PART I, LINE 4A	SUE PERKINS, A FORMER CFO, RECEIVED, FROM A RELATED ORGANIZATION, A SEVERANCE PAYMENT OF \$43,865 UPON HER TERMINATION OF EMPLOYMENT ON 9/8/2010

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMEPORT INC

Employer identification number
77-0164512

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE CONTROLLER AND THE CFO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ROUTINELY EXAMINES IF BOARD MEMBERS AND KEY EMPLOYEES SHOULD RECUSE BASED UPON A POTENTIAL CONFLICT AND WHEN IN DOUBT THE ORGANIZATION ERRS ON THE CONSERVATIVE SIDE AND MEMBERS RECUSE BY RENEWING THE CONFLICTS STATEMENTS ANNUALLY, BOARD MEMBERS AND KEY EMPLOYEES ARE ROUTINELY REMINDED TO EXAMINE THEIR ROLES IN THE VARIOUS AVENUES OF THEIR LIVES SO THAT THEY REMAIN KEENLY AWARE OF POSSIBLE CONFLICTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	BOARD MEMBERS REVIEW SALARIES USING COMPARABLE DATA FROM COMPENSATION STUDIES AND FORM 990 OF OTHER ORGANIZATIONS AND THEN PROVIDE APPROVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, COLUMNS A&B	THE HOURS, DEVOTED BY EACH COMPENSATED EMPLOYEE TO THIS REPORTING ORGANIZATION, SHOWN IN COLUMN B, WHEN COMBINED WITH HIS/HER ESTIMATED HOURS DEVOTED TO OTHER RELATED ORGANIZATIONS, IS ON AVERAGE EQUAL TO 45 HOURS PER WEEK

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART IV, LINE 12 AND PART XII, LINE 2B	THE ORGANIZATION AND AFFILIATED ENTITIES WERE INCLUDED IN A COMBINED FINANCIAL STATEMENT IN ACCORDANCE WITH STATEMENT OF POSITION 94-3 THE COMBINED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMEPORT INC

Employer identification number

77-0164512

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) MP WILLOW GARDENS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3303619	TO PROVIDE AFFORDABLE HOUSING	CA	N/A	C			
(2) MID-PENINSULA OROYSOM INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3287957	TO PROVIDE AFFORDABLE HOUSING	CA	N/A	C			
(3) MID-PENINSULA SHORELINE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3287959	TO PROVIDE AFFORDABLE HOUSING	CA	N/A	C			

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 77-0164512
Name: HOMEPORT 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
MP LAND HOLDINGS LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MIDPEN HOUSING CORPORATION
VINEYARD PLACE LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MC HOMES INC
MP MILPITAS AFFORDABLE HOUSING LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MP SCOTTS VALLEY INC
MP MANTECA AFFORDABLE HOUSING LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MP SCOTTS VALLEY INC
UNION CITY TOD I LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MID-PENINSULA COASTSIDE INC
VISTA MEADOWS LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MID-PENINSULA THE FARM INC
MP CASTROVILLE LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MP SCOTTS VALLEY INC
MP SUNNY MEADOWS LLC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA			MID-PENINSULA THE FARM INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
CRESCENT TERRACE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-2910860	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
CUPERTINO COMMUNITY HOUSING FOR THE DISABLED INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-2791688	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
ITALIAN GARDENS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3297850	TO SUPPORT DEVELOPING & OPERATING AFFORDABLE HOUSING FOR LOW INC PERSONS	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MC HOMES INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0151312	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MENLO GATEWAY INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0132850	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA BAKER PARK INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0316333	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA CARROLL STREET INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0325449	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA CENTURY VILLAGE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3188698	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA COALITION ASTER PARK CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 23-7349437	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA COALITION BELLE HAVEN INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0047939	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA COALITION MONTE VISTA TERRACE CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-2556973	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA COASTSIDE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3239542	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MID-PENINSULA COLMA RIDGE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3198805	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA COUNTRY HILLS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0262053	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA FAIRFIELD CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3188806	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA GINZTON INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0292344	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA GREENRIDGE INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3292584	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA HALF MOON BAY INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3346915	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11B	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA HERMANAS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3197473	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA HOLY FAMILY CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0295718	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA HORIZONS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0283619	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MIDPEN HOUSING COPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 23-7089977	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MIDPEN PROPERTY MANAGEMENT CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-1738105	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MIDPEN RESIDENT SERVICES CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-2090479	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MID-PENINSULA MURPHY'S INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3234468	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA OROYSOM SENIOR HOUSING INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0469649	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA PAGE MILL COURT INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0430914	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA PALMS II INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0313112	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA PICKERING INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3197474	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA SAN CARLOS CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0323473	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA SAN PEDRO INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3346280	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11B	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA SAN RAMON CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0185730	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA SCOTTS VALLEY INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3253425	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11B	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA SEVEN TREES INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0222294	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA SHARMON PALMS CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0232941	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA THE FARM INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0283355	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MID-PENINSULA TYRELLA CORPORATION INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0234676	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	9	MIDPEN HOUSING CORPORATION		No
MID-PENINSULA WOODLANDS CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0199866	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11B	MIDPEN HOUSING CORPORATION		No
MILAGRO INDEPENDENT LIVING INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0280070	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MP CAN DO INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3225882	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MP MEZES INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3234317	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
MP PALO ALTO GARDENS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3228212	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MP PRESERVATION INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3319924	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MP SANTA CLARA INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3382075	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MP ST MATTHEW INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3253673	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
MV CENTRAL PARK APARTMENTS INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0283354	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	11A	MIDPEN HOUSING CORPORATION		No
SAN VERON PARK CORPORATION 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-1747752	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
SARATOGA COURT INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0058052	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ST MATTHEW SAN MATEO INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 94-3291257	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(2)	N/A	MIDPEN HOUSING CORPORATION		No
VIVENTE 1 INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0066443	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No
VIVENTE 2 INC 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA94404 77-0066498	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CA	501(C)(3)	7	MIDPEN HOUSING CORPORATION		No

