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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

TO 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?

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?

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 221,426 including grants of \$) (Revenue \$ 151,801)

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

221,426

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.				
1a		1		
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 (see instructions).			2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for 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?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds 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	No
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	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b	
c Enter the amount of reserves on hand.			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>			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 or note to any line in this Part VI

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION 600 CALIFORNIA STREET NO 900 SAN FRANCISCO,CA 94108 (415) 989-1111

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) DOUG ABBEY	10	X						0	0	0
DIRECTOR	1 90									
(2) RAY CARLISLE	10	X						0	0	0
DIRECTOR	1 90									
(3) KENT COLWELL	10	X						0	0	0
DIRECTOR	1 90									
(4) HARRY HAIGOOD	10	X						0	0	0
DIRECTOR	1 90									
(5) RICHARD HOLLIDAY	10	X						0	0	0
DIRECTOR	1 90									
(6) RON NAHAS	10	X						0	0	0
DIRECTOR	1 90									
(7) DENNIS O'BRIEN	10	X						0	0	0
DIRECTOR	1 90									
(8) PETER PALMISANO	10	X						0	0	0
DIRECTOR	1 90									
(9) LYNN SEDWAY	10	X						0	0	0
DIRECTOR	1 90									
(10) REBECCA V HLEBASKO	2 50			X				0	232,540	144,494
VICE PRESIDENT	37 50									
(11) SUSAN M JOHNSON	1 00			X				0	254,005	30,471
VICE PRESIDENT/SECRETARY	39 00									
(12) KIMBERLY A MCKAY	1 00			X				0	248,332	43,481
VICE PRESIDENT	39 00									
(13) CYNTHIA PARKER	1 00			X				0	449,322	55,092
PRESIDENT	39 00									
(14) DKEMP VALENTINE	2 50			X				0	242,278	46,333
VICE PRESIDENT/CFO	37 50									
(15) ELIZABETH VAN BENSCHOTEN	38 00			X				0	51,059	0
VICE PRESIDENT	2 00									
(16) THOMAS EARLEY	1 00			X				0	224,058	41,217
VICE PRESIDENT	39 00									

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,701,594	361,088

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	85,734			
	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		85,734			
Program Service Revenue	2a	PROGRAM NOTE REC INTE	Business Code				
			531390	147,280	147,280		
	b	MANAGEMENT FEES	531390	4,521	4,521		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		151,801			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		351		351	
	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				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	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			237,886	151,801	0	351

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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.	153,181	153,181		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.	4,879	4,879		
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	15,600		15,600	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,200	26,200		
12	Advertising and promotion.				
13	Office expenses.	420	420		
14	Information technology.				
15	Royalties.				
16	Occupancy.	578	578		
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	12,460	12,460		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
23	Insurance.	15,925	15,925		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	OTHER ADMIN EXPENSES	2,791	2,791		
b	BANK CHARGES	1,988	1,988		
c	OTHER OPERATING & MAINT	1,864	1,864		
d	OTHER TAXES, LICENSES &	905	905		
e	All other expenses	235	235		
25	Total functional expenses. Add lines 1 through 24e.	237,026	221,426	15,600	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			116,251	1	51,962
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	4,693
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,338,105	15	3,969,654
16	Total assets. Add lines 1 through 15 (must equal line 34)			4,454,356	16	4,026,309	
Liabilities	17	Accounts payable and accrued expenses			259	17	160,179
	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	Loans and other 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			2,151,935	23	1,770,344
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			1,310,000	25	1,102,764
	26	Total liabilities. Add lines 17 through 25			3,462,194	26	3,033,287
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			992,162	27	993,022
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			992,162	33	993,022
	34	Total liabilities and net assets/fund balances			4,454,356	34	4,026,309

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	237,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	237,026
3	Revenue less expenses Subtract line 2 from line 1	3	860
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	992,162
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	993,022

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HOMEBRICKS INC	Employer identification number 59-3795727
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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 - Non-functionally integrated
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 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?
h		Provide the following information about the supported organization(s)

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) BRIDGE HOUSING CORPORATION	942827909	7	Yes						221,426
Total									221,426

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HOMEBRICKS INC	Employer identification number 59-3795727
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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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

- 2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 0 |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	237,886
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	237,886
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	237,886

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	237,026
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	237,026
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	237,026

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS 2009 THROUGH 2012 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

[illegible]

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	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 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)REBECCA V HLEBASKO VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	207,741	21,807	2,992	30,925	113,569	377,034	0
(2)SUSAN M JOHNSON VICE PRESIDENT/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	204,725	47,038	2,242	12,271	18,200	284,476	0
(3)KIMBERLY A MCKAY VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	210,098	37,337	897	12,864	30,617	291,813	0
(4)CYNTHIA PARKER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	330,422	105,000	13,900	25,525	29,567	504,414	0
(5)DKEMP VALENTINE VICE PRESIDENT/CFO	(i)	0	0	0	0	0	0	0
	(ii)	194,910	46,828	540	12,216	34,117	288,611	0
(6)THOMAS EARLEY VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	181,198	42,500	360	11,100	30,117	265,275	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization HOMEBRICKS INC	Employer identification number 59-3795727
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
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 ORGANIZATION 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 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 40 HOURS PER WEEK.
FORM 990, PART IX, LINE 11G	CONSULTING PROGRAM SERVICE EXPENSES 5,498. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,498. PROFESSIONAL PROGRAM SERVICE EXPENSES 20,702. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 20,702.
FORM 990, PART XII, 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 WOULD NOT HAVE CAPITAL CONTRIBUTIONS FROM SHAREHOLDERS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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 entity?	
						Yes	No
See Additional Data Table							

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

Cat No 50135Y

Schedule R (Form 990) 2013

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) Dispropportionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BRIDGE INFILL DEVELOPMENT INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3390449	DEVELOPS URBAN INFILL DEVELOPMENTS	CA	N/A	C					No
(2) BRIDGE PROPERTIES INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-2986189	PROPERTY MANAGEMENT PROVIDER	CA	N/A	C					No
(3) PACIFIC HOME CONNECTION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 26-2704465	PROVIDER OF HOME OWNERSHIP SERVICES AND MORTGAGE ASSISTANCE PROGRAMS	CA	HOMEBRICKS INC	C					No
(4) BRIDGE COMMUNITY DEVELOPMENT INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 27-2410096	COMMUNITY DEVELOPMENT	CA	N/A	C					No
(5) CHESTNUT LINDEN INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 40-0002561	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	N/A	C					No

Part V

Transactions With Related Organizations

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

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

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 or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

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 (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) 16TH STREET STATION LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 45-3864910	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
(1) 474 NATOMA LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 68-0657579	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
(2) ALAMEDA HOUSING LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3227594	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			MCB FAMILY HOUSING INC
(3) ARMSTRONG TOWNHOMES LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 75-3236154	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
(4) ASH STREET DEVELOPMENT LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 46-4989760	LOW-INCOME HOUSING	CA			NORTHPOINT HOUSING INC
(5) AVEVISTA ASSOCIATES LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(6) BERRY STREET LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 87-0812903	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
(7) BRIDGE NORCAL LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 26-3249497	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			MCB FAMILY HOUSING INC
(8) BRIDGE POTRERO COMMUNITY ASSOCIATES LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 46-4277086	LOW-INCOME HOUSING	CA			BRIDGE REGIONAL PARTNERS INC
(9) BRIDGE SC LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 26-3714598	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(10) BRIDGE TOWER LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 37-1513008	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			NORTHPOINT HOUSING INC
(11) BRIDGE TRIANGLE LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3122110	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			BRIDGE NORCAL DEVELOPMENT INC (FORMERLY HOTEL DON INC)
(12) BROADWAY UPPER TOWER LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 46-1399060	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(13) BUILD EQUITY INVESTMENTS (SOUTH BERNARDO) LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 26-2417808	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
(14) BUILD EQUITY INVESTMENTS (TRI-CITY II) LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 51-0580894	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
(15) BUILD EQUITY INVESTMENTS MACARTHUR TRANSIT COMMUNITY LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
(16) BUILD WEST OAKLAND LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 48-1288883	DEVELOPS URBAN INFILL DEVELOPMENTS	CA			BRIDGE URBAN INFILL LAND DEVELOPMENT LLC
(17) FOOTHILL FARMS SENIOR LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 27-5013296	LOW-INCOME HOUSING	CA			MCB FAMILY HOUSING INC
(18) HARBOUR WAY LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 46-0620147	LOW-INCOME HOUSING	CA			WINFIELD HILL INC
(19) HOMEBRICKS NSP LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 27-1714466	PURCHASES FORECLOSED HOMES IN DISTRESSED AREAS TO REHABILITATE AND SELL	CA	0	0	HOMEBRICKS INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) MACARTHUR TRANSIT COMMUNITY PARTNERS LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 83-0403220	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
(1) MANDELA GATEWAY COMMERCIAL LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 68-0533499	LOW-INCOME HOUSING	CA			BRIDGE ECONOMIC DEVELOPMENT CORPORATION
(2) MANDELA GATEWAY TOWNHOMES LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3227592	LOW-INCOME HOUSING	CA			BRIDGE HOMES INC
(3) PICKLEWEED HOUSING ASSOCIATES LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 46-3830830	LOW-INCOME HOUSING	CA			ALTO STATION INC
(4) POTTERY COURT LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 27-4981227	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(5) SUSANNE B WILSON LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 46-4234564	LOW-INCOME HOUSING	CA			BRIDGE HOUSING VENTURES INC
(6) SUMMERHOUSE HOUSING LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(7) TOBRIA TERRACE LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 45-0637092	LOW-INCOME HOUSING	CA			BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA
(8) WINFIELD HILL LLC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 27-1164754	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA			WINFIELD HILL 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 entity?	
						Yes	No
(1) ALTO STATION INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3152631	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(1) BAY AREA SENIOR SERVICES INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3008774	OPERATOR OF SENIOR ASSISTED LIVING FACILITY	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(2) BLP PARTNERSHIP INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 31-1811761	OWNER & OPERATOR OF SENIOR ASSISTED LIVING FACILITY	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(3) BOMH INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3282930	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(4) BRIDGE BISSELL CORP 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3149477	GENERAL PARTNER OF AFFORDABLE HSNG PARTNERSHIP (CURRENTLY NO PARTNERSHIPS)	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(5) BRIDGE ECONOMIC DEVELOPMENT CORPORATION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3149476	DEVELOPER, GENERAL PARTNER, AND COMMERCIAL PROPERTY OWNER AND OPERATOR	CA	501(C)(4)	N/A	BRIDGE HOUSING CORPORATION		No
(6) BRIDGE HOMES INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3227592	DEVELOPER OF AFFORDABLE OWNERSHIP HOUSING PROJECTS	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(7) BRIDGE HOUSING ACQUISITIONS INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3175634	OWNER OF MIXED USE AND AFFORDABLE HOUSING COMPLEXES	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(8) BRIDGE HOUSING CORP - SOUTHERN CALIFORNIA 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3233154	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(9) BRIDGE HOUSING CORPORATION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-2827909	DEVELPR OF AFFRDBLE HSG, G P & CO-G P OF AFFRDBLE HSNG, AND LAND OWNER	CA	501(C)(3)	LINE 7	BRIDGE HOUSING CORPORATION		No
(10) BRIDGE HOUSING VENTURES INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3147882	CONTROLLING GP AND LP OF AFFORDABLE PARTNERSHIPS AND LAND OWNER	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(11) BRIDGE PROPERTY MANAGEMENT COMPANY 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3063990	PROPERTY MANAGEMENT PROVIDER OF AFFORDABLE HOUSING	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(12) BRIDGE REGIONAL PARTNERS INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3187094	OWNER OF LAND AND OPERATOR OF PROPERTY	CA	501(C)(3)	LINE 9	BRIDGE HOUSING CORPORATION		No
(13) BRIDGE SUPPORT CORPORATION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 26-1501314	SUPPORT CORPORATION TO BRIDGE HOUSING CORPORATION	CA	501(C)(3)	LINE 11B, II	BRIDGE HOUSING CORPORATION		No
(14) BRIDGE TERRAZA INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3211275	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(15) BRIDGE THIRD STREET INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3130270	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 9	BRIDGE HOUSING CORPORATION		No
(16) BRIDGE WEST OAKLAND HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3261561	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(17) BRISBANE SENIOR HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3323102	OWNER & OPERATOR OF AFFORDABLE HOUSING PROPERTY	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(18) CALISTOGA BRANNAN HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3167786	GENERAL PARTNER AND LIMITED PARTNER OF AFFORDABLE HOUSING PARTNERSHIPS	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(19) CHESTNUT CREEK INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3360307	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(C)(3)	LINE 9	BRIDGE 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 entity?	
						Yes	No
(21) CHURCH STREET HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3349372	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(1) COGGINS SQUARE INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3294187	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(2) DANVILLE SENIOR HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 91-2148404	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(3) BROADWAY TOWER INC (FORMERLY EMERY BRIDGE INC) 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3130269	FORMER GENERAL PARTNER OF HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(4) EMERYVILLE SENIOR HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3107670	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(C)(3)	LINE 9	BRIDGE HOUSING CORPORATION		No
(5) FELL STREET HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3153378	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(6) HERCULES SENIOR HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3262543	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(7) BRIDGE NORCAL DEVELOPMENT INC (FORMERLY HOTEL DON INC) 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3122110	GENERAL PARTNER OF AFFORDABLE HSNG PARTNERSHIP (CURRENTLY NO PARTNERSHIPS)	CA	501(C)(3)	LINE 9	BRIDGE HOUSING CORPORATION		No
(8) HUNT AVENUE INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3119469	GENERAL PARTNER AND LIMITED PARTNER OF AFFORDABLE HOUSING PARTNERSHIPS	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(9) MCB FAMILY HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3227594	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(10) METRO SENIOR HOMES INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3213337	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(11) MILPITAS HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3253389	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(12) NAIROBI HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3331051	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(13) NORTH BEACH HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 82-0563916	GENERAL PARTNER OF AFFORDABLE HSNG PARTNERSHIP (CURRENTLY NO PARTNERSHIPS)	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(14) NORTHPOINT HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3287293	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(15) NORTHSIDE SENIOR HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3315757	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(16) OHLONE HOUSING CORPORATION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3232360	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(17) REDWOOD SHORES SENIOR HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3190749	OWNER & OPERATOR OF HUD SECTION 202 PROPERTY	CA	501(C)(3)	LINE 7	BRIDGE HOUSING CORPORATION		No
(18) ROBERTS AVENUE INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3375010	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No
(19) ROTARY VALLEY INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3244788	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A, I	BRIDGE HOUSING CORPORATION		No

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						Yes	No
(41) SAN MARCOS FAMILY HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3265633	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A,I	BRIDGE HOUSING CORPORATION		No
(1) SILVERADO CREEK HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3376086	GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A,I	BRIDGE HOUSING CORPORATION		No
(2) SITE K INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3132902	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A,I	BRIDGE HOUSING CORPORATION		No
(3) STROBRIDGE HOUSING INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3229530	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A,I	BRIDGE HOUSING CORPORATION		No
(4) WESTPARK HOUSING CORP 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3154096	GENERAL PARTNER OF AFFORDABLE HSNG PARTNERSHIP (CURRENTLY NO PARTNERSHIPS)	CA	501(C)(3)	LINE 11A,I	BRIDGE HOUSING CORPORATION		No
(5) WINFIELD HILL INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 94-3152859	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A,I	BRIDGE HOUSING CORPORATION		No
(6) BRIDGE NORTHWEST DEVELOPMENT INC 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108 46-2490091	CONTROLLING GENERAL PARTNER OF AFFORDABLE HOUSING PARTNERSHIP	CA	501(C)(3)	LINE 11A,I	BRIDGE HOUSING CORPORATION		No

