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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**

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

2015

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **DEC 31, 2015**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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 250
 City or town, state or province, country, and ZIP or foreign postal code:
FOSTER CITY, CA 94404

D Employer identification number: **77-0164512**

E Telephone number: **650-356-2900**

G Gross receipts \$: **116,495.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number: **▶**

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

J Website: **▶ N/A**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1987** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance		Prior Year	Current Year
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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2015 (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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	152,931.	73,859.
9	Program service revenue (Part VIII, line 2g)	72,195.	42,485.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	199.	151.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,325.	116,495.
Expenses		Prior Year	Current Year
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)	26,326.	8,717.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	154,050.	92,268.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	180,376.	100,985.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	44,949.	15,510.
19	Revenue less expenses Subtract line 18 from line 12		
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	567,719.	577,864.
21	Total liabilities (Part X, line 26)	733,684.	728,319.
22	Net assets or fund balances Subtract line 21 from line 20	<165,965.>	<150,455.>

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: *Debra Sobeck*
 Signature of officer: **DEBRA SOBECK** Date: **5/16/16**
ARTHUR FATUM, ASSISTANT SECRETARY
 Type or print name and title

Paid Preparer Use Only:
 Print/Type preparer's name: **ALEXIS H. WONG** Preparer's signature: *Alexis Wong CPA* Date: **5/11/2016** Check if self-employed: PTIN: **P00604756**
 Firm's name: **LINDQUIST, VON HUSEN & JOYCE LLP** Firm's EIN: **94-1250261**
 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

SCANNED JUN 8 2016

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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

X

1 Briefly describe the organization's mission

IN CONJUNCTION WITH RELATED ORGANIZATIONS, MIDPEN HOUSING CORPORATION'S MISSION IS TO PROVIDE SAFE, AFFORDABLE HOUSING OF HIGH QUALITY TO THOSE IN NEED; TO ESTABLISH STABILITY AND OPPORTUNITY IN THE LIVES OF RESIDENTS; AND TO FOSTER DIVERSE COMMUNITIES THAT ALLOW

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 X

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 X

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 \$ 85,450. including grants of \$) (Revenue \$ 42,485.)

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 85,450.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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	X	

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
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?		X
16b	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?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 650-356-2900 303 VINTAGE PARK DRIVE, NO. 250, FOSTER CITY, CA 94404

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, 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 (list any hours for related organizations below 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) BETH BARTLETT VICE CHAIRPERSON	0.10 2.70	X		X				0.	0.	0.
(2) BRANDI E. THOMAS DIRECTOR	0.10 2.70	X						0.	0.	0.
(3) C. MARK BATTEY CHAIRPERSON	0.10 4.50	X		X				0.	0.	0.
(4) DANIEL SEUBERT SECRETARY	0.10 2.70	X		X				0.	0.	0.
(5) ERIK DOYLE DIRECTOR	0.10 2.70	X						0.	0.	0.
(6) GINA DIAZ DIRECTOR	0.10 2.70	X						0.	0.	0.
(7) HOLLY VOCAL DIRECTOR	0.10 2.70	X						0.	0.	0.
(8) JULIA M. BAIGENT DIRECTOR	0.10 2.70	X						0.	0.	0.
(9) KIM LE DIRECTOR	0.10 2.70	X						0.	0.	0.
(10) KOONAL GANDHI DIRECTOR	0.10 2.70	X						0.	0.	0.
(11) MONIQUE MOYER TREASURER	0.10 2.70	X		X				0.	0.	0.
(12) PAUL STALEY VICE CHAIRPERSON	0.10 2.70	X		X				0.	0.	0.
(13) RICHARD SLATON DIRECTOR	0.10 2.70	X						0.	0.	0.
(14) SUSAN SMARTT DIRECTOR	0.10 2.70	X						0.	0.	0.
(15) THERESE FREEMAN DIRECTOR	0.10 2.70	X						0.	0.	0.
(16) ARTHUR FATUM CFO/ASSISTANT SECRETARY	0.10 44.90			X				0.	245,714.	30,129.
(17) DEBRA SOBECK ASSISTANT SECRETARY	0.20 44.80			X				0.	232,037.	21,046.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <i>(do not check more than one box, unless person is both an officer and a director/trustee)</i>						(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			
(18) JAN LINDENTHAL ASSISTANT SECRETARY	0.10 44.90			X				0.	305,458.	35,177.
(19) JOYCE CHOW ASSISTANT SECRETARY	0.10 44.90			X				0.	93,535.	14,042.
(20) MATTHEW O. FRANKLIN PRESIDENT/ASST. SECRETARY	0.10 44.90			X				0.	418,668.	30,177.
1b Sub-total								0.	1,295,412.	130,571.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,295,412.	130,571.

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>		X
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>	X	
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>		X

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
NONE		

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	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	73,859.				
	f	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		73,859.			
Program Service Revenue	2 a	<u>RENTAL INCOME</u>	Business Code 531110	41,184.	41,184.		
	b	<u>OTHER INCOME</u>	531110	1,301.	1,301.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		42,485.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		151.		151.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	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)				
	8 a	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				
	9 a	Gross income from gaming activities See Part IV, line 19	a				
b		Less. direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	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				
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		116,495.	42,485.	0.	151.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	6,453.	6,453.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,722.	1,722.		
10 Payroll taxes	542.	542.		
11 Fees for services (non-employees)				
a Management	6,210.		6,210.	
b Legal	170.		170.	
c Accounting	9,155.		9,155.	
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 Sch O.)	27.	27.		
12 Advertising and promotion				
13 Office expenses	1,334.	1,334.		
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	23,577.	23,577.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,062.	11,062.		
23 Insurance	1,027.	1,027.		
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 OPERATING AND MAINTENAN	8,764.	8,764.		
b ADMINISTRATIVE REN-FREE	7,182.	7,182.		
c UTILITIES	7,053.	7,053.		
d CONTRACTS	4,927.	4,927.		
e All other expenses SEE SCH O	11,780.	11,780.		
25 Total functional expenses. Add lines 1 through 24e	100,985.	85,450.	15,535.	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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	100.	1	100.
	2	Savings and temporary cash investments	58,991.	2	42,148.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	602.	4	53.
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,302.	9	272.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 927,538.		
	b	Less: accumulated depreciation	10b 482,621.	10c	444,917.
	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	50,745.	15	90,374.
16	Total assets. Add lines 1 through 15 (must equal line 34)	567,719.	16	577,864.	
Liabilities	17	Accounts payable and accrued expenses	14,044.	17	17,221.
	18	Grants payable		18	
	19	Deferred revenue	818.	19	490.
	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	707,935.	23	699,473.
	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	10,887.	25	11,135.
	26	Total liabilities. Add lines 17 through 25	733,684.	26	728,319.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	<165,965.>	27	<150,455.>
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	<165,965.>	33	<150,455.>	
34	Total liabilities and net assets/fund balances	567,719.	34	577,864.	

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	116,495.
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,985.
3	Revenue less expenses Subtract line 2 from line 1	3	15,510.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<165,965.>
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	<150,455.>

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: <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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?	X	
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	X	

Form 990 (2015)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	127,051.	132,192.	150,805.	152,931.	73,859.	636,838.
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	127,051.	132,192.	150,805.	152,931.	73,859.	636,838.
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						636,838.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	127,051.	132,192.	150,805.	152,931.	73,859.	636,838.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72.	71.	98.	199.	151.	591.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						637,429.
12 Gross receipts from related activities, etc (see instructions)					12	329,472.
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.91 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.91 %
16a 33 1/3% support test - 2015. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015:		
a			
b			
c			
d	From 2013		
e	From 2014		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f		
4	Distributions for 2015 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
7	Excess distributions carryover to 2016. Add lines 3j and 4c		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013		
d	Excess from 2014		
e	Excess from 2015		

Part VI

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

PART II ADDITIONAL INFORMATION:

**2015 AMOUNTS ARE FOR THE SHORT PERIOD 7/1/15 TO 12/31/15 DUE TO CHANGE
IN ACCOUNTING PERIOD.**

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		150,936.		150,936.
b Buildings		745,744.	453,953.	291,791.
c Leasehold improvements				
d Equipment		30,858.	28,668.	2,190.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				444,917.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RESERVE FOR REPLACEMENTS	34,320.
(2) RESIDUAL RECEIPTS RESERVE	49,220.
(3) TENANT SECURITY DEPOSITS	6,834.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DUE TO RELATED PARTIES	53.
(3) TENANT SECURITY DEPOSITS	7,177.
(4) INTEREST PAYABLE	3,905.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	116,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	116,495.
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	116,495.

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

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

1	Total expenses and losses per audited financial statements		1	100,985.
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	100,985.
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	100,985.

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

PART X, LINE 2:

THE CORPORATION 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 CORPORATION'S FEDERAL AND STATE INFORMATION RETURNS FOR THE YEARS 2012 THROUGH 2015 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2015

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HOMEPORT, INC.

Employer identification number

77-0164512

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <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) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
 If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
 If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ARTHUR FATUM CFO/ASSISTANT SECRETARY	(i) 0. (ii) 210,525. (iii) 0.	0. 31,625. 0.	0. 3,564. 0.	0. 14,977. 0.	0. 15,152. 0.	0. 275,843. 0.	0. 0. 0.
(2) DEBRA SOBECK ASSISTANT SECRETARY	(i) 0. (ii) 200,930. (iii) 0.	0. 28,785. 0.	0. 2,322. 0.	0. 13,803. 0.	0. 7,243. 0.	0. 253,083. 0.	0. 0. 0.
(3) JAN LINDENTHAL ASSISTANT SECRETARY	(i) 0. (ii) 267,734. (iii) 0.	0. 36,482. 0.	0. 1,242. 0.	0. 15,900. 0.	0. 19,277. 0.	0. 340,635. 0.	0. 0. 0.
(4) MATTHEW O. FRANKLIN PRESIDENT/ASST. SECRETARY	(i) 0. (ii) 332,711. (iii) 0.	0. 84,500. 0.	0. 1,457. 0.	0. 15,900. 0.	0. 14,277. 0.	0. 448,845. 0.	0. 0. 0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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 990-EZ 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

2015

Open to Public
Inspection

Name of the organization

HOMEPORT, INC.

Employer identification number

77-0164512

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE FROM ALL ETHNIC, SOCIAL AND ECONOMIC BACKGROUNDS TO LIVE IN
DIGNITY, HARMONY AND MUTUAL RESPECT.

FORM 990, PART V, LINE 2A & 2B

THE ORGANIZATION HAS NO EMPLOYEES. SALARIES AND WAGES REPORTED IN PART
IX, FUNCTIONAL EXPENSES WERE REIMBURSEMENTS TO PROPERTY MANAGEMENT
COMPANY. THE AMOUNT WAS LISTED TO CONFORM WITH THE REQUIREMENTS OF
FEDERAL AND/OR STATE REGULATORY AGENCY AND/OR LENDER ON AUDITED
FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 11:

THE ACCOUNTING MANAGER/ASSISTANT CONTROLLER COMPLETES THE 990 QUESTIONNAIRE
AND ACCUMULATES ALL SUPPORTING DOCUMENTATION. THEN THE CONTROLLER REVIEWS
THE QUESTIONNAIRE AND SUPPORTING DOCUMENTATION. THE CONTROLLER RETURNS THE
QUESTIONNAIRE TO THE ACCOUNTING MANAGER/ASSISTANT CONTROLLER WITH QUESTIONS
OR COMMENTS. ONCE THE CHANGES AND COMMENTS HAVE BEEN ADDRESSED, THE
QUESTIONNAIRE IS SENT TO THE TAX PROFESSIONALS FOR THEIR PREPARATION OF THE
TAX RETURNS. THE DRAFT 990 TAX RETURN GOES THROUGH THE REVIEW OF MIDPEN
MANAGEMENT. UPON THE CHIEF FINANCIAL OFFICER'S APPROVAL, THE TAX RETURN IS
FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE IS SUBMITTED ANNUALLY TO
THE BOARD OF DIRECTORS AND KEY EMPLOYEES, WHO COMPLETE AND RETURN THE FORMS

Name of the organization

HOMEPORT, INC.

Employer identification number

77-0164512

DISCLOSING ANY CONDITIONS OF POTENTIAL OR ACTUAL CONFLICT OF INTEREST. THE DISCLOSURES ARE REVIEWED BY THE CORPORATE COUNSEL AND THE CFO. A SUMMARY OF THE DISCLOSURES IS PRESENTED TO THE GOVERNANCE COMMITTEE, WHICH ASSESSES IF ANY CONFLICT OF INTEREST ACTUALLY EXISTS. ANY CONDITIONS WHICH WARRANT ELEVATION TO THE BOARD OF DIRECTORS IS DONE SO ON A CASE-BY-CASE BASIS. AS OF THE REPORTING DATE, THERE HAS BEEN NO REPORTABLE CONDITION OF CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE VP OF HUMAN RESOURCES PREPARES COMPENSATION INFORMATION AND INDEPENDENT SURVEY DATA FOR REVIEW AND DISCUSSION WITH THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, AND THEN AGAIN FOR THE BOARD EXECUTIVE SESSION. THE VP OF HUMAN RESOURCES MAKES A RECOMMENDATION TO THE GOVERNANCE COMMITTEE BASED ON THE SURVEY DATA (GOVERNANCE COMMITTEE COMPLETES THE PRESIDENT'S ANNUAL PERFORMANCE EVALUATION BEFORE ANY COMPENSATION IS DISCUSSED), AND THE COMMITTEE TAKE THEIR RECOMMENDATION FORWARD TO THE BOARD FOR APPROVAL. THE ONLY EXECUTIVE COMPENSATION REVIEWED AND APPROVED BY THE BOARD IS THE PRESIDENT AND CFO.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

COMPLIANCE MONITORING:

PROGRAM SERVICE EXPENSES	2,848.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,848.

Name of the organization

HOMEPORT, INC.

Employer identification number

77-0164512

COMMUNICATION:

<u>PROGRAM SERVICE EXPENSES</u>	<u>1,961.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>1,961.</u>

GARBAGE AND TRASH REMOVAL:

<u>PROGRAM SERVICE EXPENSES</u>	<u>1,812.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>1,812.</u>

RESIDENT SERVICES FEE:

<u>PROGRAM SERVICE EXPENSES</u>	<u>1,230.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>1,230.</u>

SUPPLIES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>1,222.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>1,222.</u>

STAFF DEVELOPMENT:

<u>PROGRAM SERVICE EXPENSES</u>	<u>833.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>

Name of the organization

HOMEPORT, INC.

Employer identification number

77-0164512

<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
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<u>TOTAL EXPENSES</u>	<u>833.</u>
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TRAVEL COST:

<u>PROGRAM SERVICE EXPENSES</u>	<u>528.</u>
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<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
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<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
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<u>TOTAL EXPENSES</u>	<u>528.</u>
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WORKER'S COMPENSATION:

<u>PROGRAM SERVICE EXPENSES</u>	<u>474.</u>
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<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
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<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
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<u>TOTAL EXPENSES</u>	<u>474.</u>
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MISCELLANEOUS TAXES, LICENSES, PERMITS AND INSURANCE:

<u>PROGRAM SERVICE EXPENSES</u>	<u>398.</u>
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<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
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<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
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<u>TOTAL EXPENSES</u>	<u>398.</u>
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REAL ESTATE TAXES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>257.</u>
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<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
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<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
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<u>TOTAL EXPENSES</u>	<u>257.</u>
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COMPUTER AND IT MAINTENANCE:

Name of the organization

HOMEPORT, INC.

Employer identification number

77-0164512

<u>PROGRAM SERVICE EXPENSES</u>	<u>213.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>213.</u>

DUES AND SUBSCRIPTIONS:

<u>PROGRAM SERVICE EXPENSES</u>	<u>47.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>47.</u>

PAYROLL PROCESSING:

<u>PROGRAM SERVICE EXPENSES</u>	<u>45.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>45.</u>

PROFESSIONAL SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>35.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>35.</u>

OTHER RENTAL EXPENSE:

<u>PROGRAM SERVICE EXPENSES</u>	<u>18.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>18.</u>

Name of the organization

HOMEPORT, INC.

Employer identification number

77-0164512

HEATING/COOLING REPAIRS AND MAINTENANCE:

<u>PROGRAM SERVICE EXPENSES</u>	<u>6.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>6.</u>

MISCELLANEOUS:

<u>PROGRAM SERVICE EXPENSES</u>	<u>4.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>4.</u>

BAD DEBTS:

<u>PROGRAM SERVICE EXPENSES</u>	<u>-151.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>-151.</u>

<u>TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A</u>	<u>11,780.</u>
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FORM 990, PART XII, LINE 2C

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Name of the organization

HOMEPORT, INC.

Employer identification number

77-0164512

COMBINED FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT
ACCOUNTANT.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

2015
Open to Public Inspection

Name of the organization: **HOMEPORT, INC.** Employer identification number: **77-0164512**

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

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
BAY OAKS, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MP CAN DO, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA CARROLL STREET, INC.
GARLAND PLAZA, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC.
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MP PRESERVATION INC.
HALF MOON VILLAGE I, LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			
KOTTINGER GARDENS PHASE I LLC	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			

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
CRESCENT TERRACE, INC. - 94-2910860	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
CUPERTINO COMMUNITY HOUSING FOR THE DISABLED, INC. - 94-2791688	TO SUPPORT DEVELOPING & OPERATING AFFORDABLE HOUSING FOR LOW INC	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION		X
ITALIAN GARDENS, INC. - 94-3297850	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)		MIDPEN HOUSING CORPORATION		X
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)		MIDPEN HOUSING CORPORATION		X
M.C. HOMES, INC. - 77-0151312	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)		MIDPEN HOUSING CORPORATION		X
303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)		MIDPEN HOUSING CORPORATION		X

Part I Continuation of 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
MID-PENINSULA CASTROVILLE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SCOTT'S VALLEY, INC.
MP 168 PACIFIC LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC.
MP 220 ROSS AVE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SAN CARLOS CORP.
MP 335 PIERCE LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC.
MP 460 PERSIAN LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA BAKER PARK, INC.
MP BAKER PARK, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SEVEN TREES, INC.
MP CARROLL INN, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA BAKER PARK, INC.
MP CENTURY VILLAGE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA PICKERING, INC.
MP CITY CENTER PLAZA LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC.
MP DELAWARE PACIFIC, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA GREENRIDGE, INC.

Part I Continuation of 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 DONNER LOFTS, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SEVEN TREES, INC.
MP EAST MAUDE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA THE FARM, INC.
MP EMERALD HILL LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SAN CARLOS CORP.
MP FOSTER SQUARE LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SEVEN TREES, INC.
MP GEIL STREET LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SEVEN TREES, INC.
MP GREENRIDGE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC.
MP HALF MOON VILLAGE II, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC.
MP ITALIAN GARDENS LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA BAKER PARK, INC.
MP JARDINES DEL VALLE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SAN CARLOS, CORP.
MP LAGUNA COMMONS, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA PICKERING, INC.

Part I Continuation of 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 - 47-0883863 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MIDPEN HOUSING CORPORATION
MP LAUREOLA OAKS LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC
MP MAIN STREET PARK II LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, 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	CALIFORNIA			MID-PENINSULA SCOTTS VALLEY, INC.
MP MARYCE FREELEN PLACE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA BAKER PARK, 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	CALIFORNIA			MID-PENINSULA SCOTTS VALLEY, INC.
MP MOONRIDGE I LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC.
MP OROYSOM LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA PICKERING, INC.
MP PALO ALTO GARDENS LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA BAKER PARK, INC.
MP SHOREBREEZE LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA BAKER PARK, INC.

HOMEPORT, INC.

Part I Continuation of 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 SPRINGS FAMILY LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SEVEN TREES, INC.
MP SPRINGS SENIOR LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SEVEN TREES, INC.
MP ST. MATTHEW LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA HALF MOON BAY, INC.
MP STEVENSON PLACE LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA PICKERING, 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	CALIFORNIA			MID-PENINSULA THE FARM, INC.
MP TNHC FOSTER CITY LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA SEVEN TREES, INC.
MP UNION CITY TOD GARAGE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA COASTSIDE, INC.
MP WESTLAKE, LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA THE FARM, INC.
SEQUOIA BELLE HAVEN LLC 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA			MID-PENINSULA THE FARM, 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	CALIFORNIA			MID-PENINSULA COASTSIDE, INC.

Part I Continuation of 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
UNION CITY TOD II, LLC	TO PROVIDE AFFORDABLE				MID-PENINSULA
303 VINTAGE PARK DRIVE, SUITE 250	HOUSING FOR LOW INCOME	CALIFORNIA			COASTSIDE, INC.
FOSTER CITY, CA 94404	INDIVIDUALS AND FAMILIES				
VINEYARD PLACE, LLC	TO PROVIDE AFFORDABLE				M.C. HOMES, INC.
303 VINTAGE PARK DRIVE, SUITE 250	HOUSING FOR LOW INCOME	CALIFORNIA			MID-PENINSULA THE FARM,
FOSTER CITY, CA 94404	INDIVIDUALS AND FAMILIES				INC.
VISTA MEADOWS, LLC	TO PROVIDE AFFORDABLE				MID-PENINSULA THE FARM,
303 VINTAGE PARK DRIVE, SUITE 250	HOUSING FOR LOW INCOME	CALIFORNIA			INC.
FOSTER CITY, CA 94404	INDIVIDUALS AND FAMILIES				MID-PENINSULA THE FARM,
WOODLANDS NEWELL, LLC	TO PROVIDE AFFORDABLE				INC.
303 VINTAGE PARK DRIVE, SUITE 250	HOUSING FOR LOW INCOME	CALIFORNIA			
FOSTER CITY, CA 94404	INDIVIDUALS AND FAMILIES				

Part II Continuation of 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
MENLO GATEWAY, INC. - 77-0132850 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
MIDPEN HOUSING CORPORATION - 23-7089977 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION		X
MIDPEN PROPERTY MANAGEMENT CORPORATION - 94-1738105, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION		X
MIDPEN RESIDENT SERVICES CORPORATION - 94-2090479, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11B, II	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA BAKER PARK, INC. - 77-0316333 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA CARROLL STREET, INC. - 77-0325449, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA CENTURY VILLAGE, INC. - 94-3188698, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COALITION ASTER PARK CORPORATION - 23-7349437, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11B, II	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COALITION BELLE HAVEN, INC. - 77-0047939, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COALITION MONTE VISTA TERRACE CORPORATION - 94-2556973, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COASTSIDE, INC. - 94-3239542 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA COLMA RIDGE, INC. - 94-3198805 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X

Part II Continuation of 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 COUNTRY HILLS, INC. - 77-0262053 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA FAIRFIELD CORPORATION - 94-3188806 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA GINZTON, INC. - 77-0292344 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA GREENRIDGE, INC. - 94-3292584 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA HALF MOON BAY, INC. - 94-3346915 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11B, II	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA HERMANAS, INC. - 94-3197473 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA HOLY FAMILY CORPORATION - 77-0295718 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA HORIZONS, INC. - 77-0283619 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA MURPHYS, INC. - 94-3234468 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA OROYSON SENIOR HOUSING, INC. - 77-0469649 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA PAGE MILL COURT, INC. - 77-0430914 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA PALMS II, INC. - 77-0313112 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X

Part II Continuation of 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 PICKERING, INC. - 94-3197474 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11B, II	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SAN CARLOS CORPORATION - 77-0323473 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SAN PEDRO, INC. - 94-3346280 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11B, II	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SAN RAMON CORPORATION - 77-0185730 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SCOTTS VALLEY INC. - 94-3253425 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11B, II	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SEVEN TREES, INC. - 77-0222294 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA SHARMON PALMS CORPORATION - 77-0232941 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 9	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA THE FARM, INC. - 77-0283355 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA TYRELLA CORPORATION, INC. - 77-0234676 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MID-PENINSULA WOODLANDS CORPORATION - 77-0199866 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11B, II	MIDPEN HOUSING CORPORATION		X
MILAGRO INDEPENDENT LIVING, INC. - 77-0280070 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
MP CAN DO, INC. - 94-3225882 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X

Part II Continuation of 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
MP MEZES INC. - 94-3234317 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MP PALO ALTO GARDENS, INC. - 94-3228212 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MP PRESERVATION, INC. - 94-3319924 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MP SANTA CLARA INC. - 94-3382075 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
MP ST, MATTHEW, INC. - 94-3253673 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 11A, I	MIDPEN HOUSING CORPORATION		X
SAN VERON PARK CORPORATION - 94-1747752 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
SARATOGA COURT, INC. - 77-0058052 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X
ST, MATTHEW SAN MATEO, INC. - 94-3291257 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(2)	N/A	MIDPEN HOUSING CORPORATION		X
VIVENTE 1, INC. - 77-0056443 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	PF	MIDPEN HOUSING CORPORATION		X
VIVENTE 2, INC. - 77-0056498 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES	CALIFORNIA	501(C)(3)	LINE 7	MIDPEN HOUSING CORPORATION		X

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			
APTOS BLUE ASSOCIATES, LP - 45-5623896 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ARBOR PARK COMMUNITY, LP - 77-0546772 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ASTER PARK LP - 77-0288393 303 VINTAGE PARK DRIVE, SUITE FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BRIDGEMAY EAST LP - 86-1096849 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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
MAIN STREET PARK I, LLC - 46-4943578 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	CA	N/A	C CORP	N/A	N/A	N/A		X
MID-PENINSULA NEW COMMUNITIES INC. - 94-3361619 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	CA	N/A	C CORP	N/A	N/A	N/A		X
MID-PENINSULA OROYSON, INC. - 94-3287957 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	CA	N/A	C CORP	N/A	N/A	N/A		X
MID-PENINSULA SHORELINE, INC. - 94-3287959 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	CA	N/A	C CORP	N/A	N/A	N/A		X
MP WILLOW GARDENS, INC - 94-3303619 303 VINTAGE PARK DRIVE, SUITE 250 FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	CA	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under Sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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			
CARROLL STREET ASSOCIATES - 77-0325450, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
CITY CENTER PLAZA, LP - 47-5477009, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
COASTSIDE ASSOCIATES - 94-3254614, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
EPA WOODLANDS ASSOCIATES - 77-0199078, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
FREMONT MAIN STREET VILLAGE, LP - 27-1080806, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
GARLAND PLAZA ASSOCIATES, LP - 46-0893466, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
GINZTON ASSOCIATES - 77-0292945, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
GLORIA WAY ASSOCIATES - 94-3225883, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
HALF MOON VILLAGE ASSOCIATES, LP - 46-0984174, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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			
HALF MOON VILLAGE PHASE II ASSOCIATES, LP - 46-3580823 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
HERMANAS ASSOCIATES - 94-3231236, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
HERMANAS II ASSOCIATES, LP - 94-3363820, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
HOLY FAMILY ASSOCIATES - 77-0294887, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
KOTTINGER GARDENS PHASE 1 ASSOCIATES, L.P. - 47-4025314, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
LAGUNA COMMONS ASSOCIATES, LP - 46-1128572, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
LAUREOLA OAKS ASSOCIATES - 77-0323472, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MAIN STREET PARK I, LP - 46-3345954, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
MARYMEAD AFFORDABLE HOUSING, LLC - 56-2676936, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
MARYMEAD AFFORDABLE HOUSING LP - 56-2676938, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEZES COURT ASSOCIATES - 94-3234778, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MIDPEN DONNER ASSOCIATES LP - 45-0651105, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MID-PENINSULA CASTROVILLE ASSOCIATES - 71-0990643, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MID-PENINSULA CENTURY VILLAGE ASSOCIATES - 94-3213101, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MID-PENINSULA SAN PEDRO ASSOCIATES L.P. - 94-3346317, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MID-PENINSULA SHARMON PALMS ASSOCIATES - 77-0251433, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MOONRIDGE ASSOCIATES - 94-3346919, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP CANDO UNIVERSITY AVENUE SENIOR HOUSING LLC - 46-3857247, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
MP DELAWARE PACIFIC ASSOCIATES, LP - 27-4816717, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP EAST MAUDE ASSOCIATES, L.P. - 46-2980615, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP EDWINA BENNER ASSOCIATES, LP - 47-4335408, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP FAIR OAKS I, L.P. - 94-3457125, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP FOSTER SQUARE ASSOCIATES, LP - 46-4634099, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP GREENRIDGE ASSOCIATES - 94-3292585, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP HILLSDALE TOWNHOUSES L.P., - 26-3474067, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP HOMESTEAD PARK ASSOCIATES - 94-3366881, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP ITALIAN GARDENS ASSOCIATES - 94-3297661, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
MP LATHAM ASSOCIATES, LP - 94-3228467, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MANTECA AFFORDABLE HOUSING ASSOCIATES - 55-0916775, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MANZANITA ASSOCIATES - 36-4608203, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MILPITAS AFFORDABLE HOUSING ASSOCIATES - 65-1249653, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MINTO ASSOCIATES, L.P. - 71-1030335, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MISSION ASSOCIATES - 56-2299898, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MORSE COURT ASSOCIATES - 74-3071458, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP MURPHYS ASSOCIATES - 94-3234472, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP NEW COMMUNITIES ASSOCIATES - 94-3361618, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

HOMEPORT, INC.

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
MP OROYSOM LP - 94-3287958 303 VINTAGE PARK DRIVE, SUITE FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP PARKHURST ASSOCIATES - 87-0750877 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP REDWOOD COURT ASSOCIATES - 94-3366885 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP RUNNYMEDE ASSOCIATES - 94-3366887 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP SAN ANDREAS ASSOCIATES - 94-3329955 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP SAN MATEO TRANSIT ASSOCIATES L.P. - 84-1719102 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP SCOTTS VALLEY ASSOCIATES - 94-3253429 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP SHORELINE ASSOCIATES - 94-3275464 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP SOUTH CITY II, LP - 27-2933010 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
MP SOUTH CITY, LP - 26-3339253, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
MP SPRINGS FAMILY ASSOCIATES, LP - 47-1079976, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
MP SPRINGS SENIOR ASSOCIATES, LP - 47-1083449, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
MP ST STEPHENS ASSOCIATES, LP - 46-4729076, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
MP SUNNY MEADOWS ASSOCIATES, LP - 45-3690931, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
MP TICE OAKS ASSOCIATES - 94-3366888, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
MP TRANSIT CENTER ASSOCIATES - 56-2329976, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
MP TYRELLA ASSOCIATES - 94-3366889, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
MP UNION CITY TOD I L.P. - 94-3457129, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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			
MP UNION CITY TOD II, LP - 27-1929544, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP VINEYARD CROSSING, LP - 20-3868901, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MP WESTLAKE ASSOCIATES, LP - 46-4530463, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NEW CENTURY VILLAGE, L.P. - 45-4998304, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NEW HOMESTEAD ASSOCIATES - 94-3385703, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OPEN DOORS ASSOCIATES - 77-0292950, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PICKERING ASSOCIATES, LP - 94-3213104, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RIVERWOOD GROVE ASSOCIATES - 94-3382077, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RIVERWOOD PLACE ASSOCIATES - 94-3382078, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under Sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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			
SEQUOIA BELLE HAVEN ASSOCIATES LP - 47-4194569 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SHARMON PALMS LANE ASSOCIATES, L.P. - 46-4077571, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ST. MATTHEW ASSOCIATES, L.P., - 94-3253674, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
STEVENSON PLACE ASSOCIATES LP - 47-4481361, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SUNSET CREEK PARTNERS - 94-3191465, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
THE FARM ASSOCIATES - 94-3146236, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UNIVERSITY SENIOR APARTMENTS LP - 47-5414368, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
VISTA MEADOWS ASSOCIATES, LP - 27-1339674, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WILLOW GARDENS HOUSING ASSOCIATES - 94-3303620, 303 VINTAGE PARK DRIVE, SUITE 250, FOSTER CITY, CA 94404	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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)

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	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CUPERTINO COMMUNITY HOUSING FOR THE DISABLED, INC.

EIN: 94-2791688

303 VINTAGE PARK DRIVE, SUITE 250

FOSTER CITY, CA 94404

NAME OF RELATED ORGANIZATION:

ITALIAN GARDENS, INC.

PRIMARY ACTIVITY: TO SUPPORT DEVELOPING & OPERATING AFFORDABLE HOUSING FOR
LOW INC PERSONS

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

APTOS BLUE ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES

NAME OF RELATED ORGANIZATION:

ARBOR PARK COMMUNITY, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES

NAME OF RELATED ORGANIZATION:

ASTER PARK , LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

Part VII Supplemental Information

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

AND FAMILIES

NAME OF RELATED ORGANIZATION:

BRIDGEWAY EAST LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

AND FAMILIES

NAME OF RELATED ORGANIZATION:

CARROLL STREET ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

AND FAMILIES

NAME OF RELATED ORGANIZATION:

CITY CENTER PLAZA, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

AND FAMILIES

NAME OF RELATED ORGANIZATION:

COASTSIDE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

AND FAMILIES

NAME OF RELATED ORGANIZATION:

EPA WOODLANDS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

AND FAMILIES

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

FREMONT MAIN STREET VILLAGE, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

GARLAND PLAZA ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

GINZTON ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

GLORIA WAY ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

HALF MOON VILLAGE ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

HALF MOON VILLAGE PHASE II ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

HERMANAS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

HERMANAS II ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

HOLY FAMILY ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

KOTTINGER GARDENS PHASE 1 ASSOCIATES, L.P.

EIN: 47-4025314

303 VINTAGE PARK DRIVE, SUITE 250

FOSTER CITY, CA 94404

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

LAGUNA COMMONS ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

LAUREOLA OAKS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MAIN STREET PARK I, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MARYMEAD AFFORDABLE HOUSING, LLC

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MARYMEAD AFFORDABLE HOUSING, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MEZES COURT ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MIDPEN DONNER ASSOCIATES, LP

Part VII Supplemental Information

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

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MID-PENINSULA CASTROVILLE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MID-PENINSULA CENTURY VILLAGE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MID-PENINSULA SAN PEDRO ASSOCIATES L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MID-PENINSULA SHARMON PALMS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MOONRIDGE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

Part VII Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MP CANDO UNIVERSITY AVENUE SENIOR HOUSING LLC

EIN: 46-3857247

303 VINTAGE PARK DRIVE, SUITE 250

FOSTER CITY, CA 94404

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP DELAWARE PACIFIC ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP EAST MAUDE ASSOCIATES, L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP EDWINA BENNER ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP FAIR OAKS I, L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

MP FOSTER SQUARE ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP GREENRIDGE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP HILLSDALE TOWNHOUSES L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP HOMESTEAD PARK ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP ITALIAN GARDENS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP LATHAM ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

Part VII Supplemental Information

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

AND FAMILIESNAME OF RELATED ORGANIZATION:MP MANTECA AFFORDABLE HOUSING ASSOCIATESPRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIESNAME OF RELATED ORGANIZATION:MP MANZANITA ASSOCIATESPRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIESNAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:MP MILPITAS AFFORDABLE HOUSING ASSOCIATESEIN: 65-1249653303 VINTAGE PARK DRIVE, SUITE 250FOSTER CITY, CA 94404PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIESNAME OF RELATED ORGANIZATION:MP MINTO ASSOCIATES, L.P.PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIESNAME OF RELATED ORGANIZATION:MP MISSION ASSOCIATESPRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

Part VII Supplemental Information

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

AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP MORSE COURT ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP MURPHYS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP NEW COMMUNITIES ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP OROYSOM, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP PARKHURST ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

MP REDWOOD COURT ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP RUNNYMEDE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SAN ANDREAS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MP SAN MATEO TRANSIT ASSOCIATES, L.P.

EIN: 84-1719102

303 VINTAGE PARK DRIVE, SUITE 250

FOSTER CITY, CA 94404

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SCOTTS VALLEY ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

MP SHORELINE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SOUTH CITY II, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SOUTH CITY, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SPRINGS FAMILY ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP SPRINGS SENIOR ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP ST STEPHENS ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

MP SUNNY MEADOWS ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP TICE OAKS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP TRANSIT CENTER ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP TYRELLA ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP UNION CITY TOD I L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP UNION CITY TOD II, LP

Part VII Supplemental Information

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

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP VINEYARD CROSSING, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP WESTLAKE ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

NEW CENTURY VILLAGE, L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

NEW HOMESTEAD ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

OPEN DOORS ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

PICKERING ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**NAME OF RELATED ORGANIZATION:**

RIVERWOOD GROVE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**NAME OF RELATED ORGANIZATION:**

RIVERWOOD PLACE ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**NAME OF RELATED ORGANIZATION:**

SEQUOIA BELLE HAVEN ASSOCIATES LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

SHARMON PALMS LANE ASSOCIATES, L.P.

EIN: 46-4077571

303 VINTAGE PARK DRIVE, SUITE 250

FOSTER CITY, CA 94404

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

ST. MATTHEW ASSOCIATES, L.P.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

STEVENSON PLACE ASSOCIATES LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

SUNSET CREEK PARTNERS

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

THE FARM ASSOCIATES

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

UNIVERSITY SENIOR APARTMENTS LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

VISTA MEADOWS ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

Part VII Supplemental Information

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

AND FAMILIES

NAME OF RELATED ORGANIZATION:

WILLOW GARDENS HOUSING ASSOCIATES

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**

NAME OF RELATED ORGANIZATION:

WOODLANDS NEWELL ASSOCIATES LP

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

MAIN STREET PARK I, LLC

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**

NAME OF RELATED ORGANIZATION:

MID-PENINSULA NEW COMMUNITIES INC.

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**

NAME OF RELATED ORGANIZATION:

MID-PENINSULA OROYSOM, INC.

**PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS
AND FAMILIES**

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

MID-PENINSULA SHORELINE, INC.

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

MP WILLOW GARDENS, INC

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES

NAME OF RELATED ORGANIZATION:

SHARMON PALMS LANE LLC

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES