Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

2017
Open to Public Inspection

AF	or tne	2017 calendar year, or tax year beginning □□□□□, □□□/ and e	enaing J	UN 3U, ∠U	LO
B c	heck if pplicable	C Name of organization		D Employer ider	ntification number
	Addres	Housing Trust Silicon Valley			
	Name change	Doing business as		77-	-0545135
]Initial return		Room/suite	E Telephone nun	
	∃Final return/		350	(4)	08) 436-3450
	termin- ated			G Gross receipts \$	15,867,068
	Amend return	San Jose, CA 95115		H(a) Is this a grou	
	Application	F Name and address of principal officer: Reviii Zwick		for subordina	ates? Yes X No
	pendin	same as C above		H(b) Are all subordinate	ites included? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attac	ch a list. (see instructions)
		e: www.housingtrustsv.org		H(c) Group exemp	•
		organization: X Corporation Trust Association Other	L Year	of formation: 2000	0 M State of legal domicile: C.
Pa		Summary			
Ф		Briefly describe the organization's mission or most significant activities: Housi			
Activities & Governance		effort to create a strong affordable housi			
š	2 (Check this box 🕨 🔛 if the organization discontinued its operations or dispose	ed of more	than 25% of its net	
ŏ					3 10
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b) $$			4 8
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5 2:
ξ		Total number of volunteers (estimate if necessary)			6
₽cti		Total unrelated business revenue from Part VIII, column (C), line 12			7a 0
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b 14,324
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		8,137,030	
Revenue	9	Program service revenue (Part VIII, line 2g)		1,171,193	
Şe.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,321,038	
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		238,033	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,867,294	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,423,236	
		Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		2,061,192	
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	. <u></u>		0.
ж	b	Total fundraising expenses (Part IX, column (D), line 25) 274,53			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ш	.,	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		981,390	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,465,818	
	19	Revenue less expenses. Subtract line 18 from line 12		6,401,476	
s or				ginning of Current Ye	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	00,173,849	
at Age	21	Total liabilities (Part X, line 26)		41,437,914	
Ž:⊒	22	Net assets or fund balances. Subtract line 21 from line 20		58,735,935	5. 66,966,472
	art II	Signature Block			for the content of the Pot St.
		ties of perjury, I declare that I have examined this return, including accompanying schedules			t my knowledge and beliet, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	en preparer	nas any knowledge.	
C:		Signature of officer		Date	
Sigr		Kevin Zwick, CEO		Buto	
Her	e	Type or print name and title			
				Date Check	PTIN
Paid	,	Print/Type preparer's name Zack Fortsch, CPA Preparer's signature	'	if	
	arer	Firm's name RSM US LLP		Firm's EIN	10 0511005
-	Only	Firm's address 1 S. Wacker Drive, Ste 800		THIII 5 EIN	P 10 0/11/00
230	J ,	Chicago, IL 60606		Phone no	312-634-3400
May	the IR	S discuss this return with the preparer shown above? (see instructions)		1 110110 110.	X Yes No
u y		1000 inditional			110

Form	990 (2017) Housing Trust Silicon Valley	77-0545135	Page 2
Pai	t 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:		
	The mission of Housing Trust Silicon Valley is to make I	Bav Area a mo	re
	affordable place to live. We make loans and grants to in		
	supply of affordable housing, assist first-time homebuye		
	homelessness and stabilize neighborhoods.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		Vos	X No
	prior Form 990 or 990-EZ?	res	_2 <u>2</u> _1NO
•	If "Yes," describe these new services on Schedule O.		V.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,709,135. including grants of \$240,000.) (Rev		
	The competitive real estate market in the greater Bay A		ı
	challenging environment for affordable housing development		
	Trust which makes more loans than any other nonprofit l		r
	in our region is here to help. Since 2000, Housing Trus	st has made	
	loans to 125 affordable housing projects, totaling over	\$128.7 milli	on
	in funding and resulting in 7,917 affordable rental home	es. Our	
	borrowers are typically community-based, non-profit and		ned
	for-profit affordable housing developers whose collective		
	increase and preserve the affordable housing stock in the		
	they serve, and by so doing, revitalize such communities		
	the greater Bay Area including Alameda, Contra Costa, Ma		
	Napa, San Benito, San Francisco, San Joaquin, San Mateo		
4b	(Code:) (Expenses \$ 350, 167. including grants of \$ 64, 526.) (Rev		
1.0	Six-figure down payments can put the dream of homeowners		,
	reach. Housing Trust offers first time homebuyers the ed		
	counseling, deferred interest loans and below market put		ms
	that can bring that dream closer to reality. Housing Tru		
	team offers homebuyer and financial literacy education		<u> </u>
	settings as well as one-on-one sessions that cover topic		
	saving for a down payment and reserves, how to select an		
	realtors and mortgage loan officers and what to expect		on
	a new home. Housing Trust's financial products reduce the	he burden of	20%
	down payment requirements and bridge the gap between who		
	middle-income buyers can afford to borrow and the equity		ОĎ
	so. Since 2000 we have offered homebuyer down payment as		
4c	661 605		537.)
70	We help neighbors experiencing homelessness move off the		
	into homes. This is a vital piece of our comprehensive		
	our communities' lowest income households achieve stabil		
	Trust has grant programs that strengthen and expand capa		
	safety net providers and provide the final key to indivi-		<u> </u>
	families to prevent or exit homelessness. Our safety ne		nte
	funds to community-based nonprofit organizations for imp		
	shelters, transitional housing facilities and other support		•
	facilities. Housing Trust partners with social service a		ako
	security and utility deposits assistance to households		OT
	at risk of homelessness, allowing families to move into		
	housing. Since 2000, Housing Trust has also helped 6,849	beobie witu	-
4d	Other program services (Describe in Schedule O.)	170 700	
	(Expenses \$ 637,791. including grants of \$) (Revenue \$	178,798.)	
4e	Total program service expenses ► 3,358,778.		

Form 990 (2017) Housing Trust Silicon Valley Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19	L	X

Form 990 (2017) Housing Trust Silicon Valley Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) Housing Trust Silicon Valley Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a cross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 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 13c 13c 14a 14a 15 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15 16 17 18 19 19 10a 10b 11b 11a 11a 11b 11a 11a 11b 11a 11a 11		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W-SC included in line 1a, Enter-0* in not applicable 1			1			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambiling) wirnings to prize wirners? 2a Einter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the callendar year ending with or within the year covered by this return 3b If at least one is reported on line 2e, 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? 3a X S and 1 life 1 lines 1 lines 1 lines 2 lines 2 lines 2 lines 2 lines 2 lines 2 lines 3	1a		1a				
(gambling) winnings to prize winners? Ear Enter the number of emptoyees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return It all teast one is reported on line 2a, did the organization field all required feelfael employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-field centrarctions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Value of the report of the year? 3d Value of the required to e-field send organization field with 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 accounts (FBAR). 5d Value of the send of the foreign country. 5e in the send of the financial accounts (FBAR). 5d Was the organization aperty to a prohibited tax sheller transaction at any time during the tax year? 5d Value of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible a charlable contributions? 6d Destination that were not tax deductibles a charlable contributions or gifts were not tax deductibles and scharlable contributions or gifts were not tax deductibles of the very solicitation an express statement that such contributions or gifts were not tax deductibles and scharlables contributions and partly for goods and services provided to the payor? 7d Value organization to receive a payment in excess of \$75 made partly as a contribution of an partly for goods and services provided to the payor? 7d Value organization receive any year, pay premiums, directly to pay premiums on a personal benefit contract? 7e Value organization receive any y							
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b 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 IX	С					77	
field for the calendary year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (See Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? By If Yes, I have titled a Form 980 or Tor this year? If "No," to file 8b; yourwide an explanation in Schedule O	_		 I	 	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_mig (see instructions) 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a Did the organization face unrelated business gross income of \$1.000 or more during the year? 3a X b if Yes, *has it filed a Form 990-T for this year? if Yeo, *to line 3b, provide an explanation in Schedule 0. 3b X 4 At any time during the calendary year, did the organization have un 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)? 5b Was the organizations of froign country (such as a bank account, securities account, or other financial Accounts (FBAR)). 5c Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization a party to a prohibited tax shelter transaction? 5c If Yes, *to line 5a or 5b, did the organization file Form 8886 17? 5c Or If Yes, *to line 5a or 5b, did the organization file Form 8886 17? 5c Or If Yes, *to line 5a or 5b, did the organization file Form 8886 17? 5c Organization sell exclusible as charitable contributions? 5c If Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170c). 8d If Yes, *did the organization notify the donor of the value of the goods or services provided? 7a If If Yes, *did the organization notify the donor of the value of the goods or services provided? 7a If Yes, *did the organization exceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If Yes, *did the organization exceive a payment in excess of \$75 made party as a contribution or payor and payor and payor and pa	2a			22			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a					01-	v	
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4c 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? 5c But If "Yes," either the name of the foreign country. 5c But is the organization and the foreign country. 5c Was the organization and you a prohibited tax shelter transaction at any time during the tax year? 5c Was 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? 6c C If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d 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? 6d Variable of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Variable of the organization file form 8886-T? 6d Variable of Variable organization file form 8886-T? 6d Variable organization state in a veceive deductible contributions under section 170cl. 8d If "Yes," did the organization state in which the donor of the value of the goods or services provided? 8d Variable organization states are supposed to the paper of the property for which it was required to file Form 8282? Ified during the year 7d Variable organization states are supposed to the property for which it was required? 8d Variable organization states are supposed to the property for which it was required? 9d Variable organization states are supposed to the organization file Form 8899 as required? 9d Variable organization states are suppos	р				20	Λ	
b If "Yes," has it filled 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)? 4b If "Yes," enter the name of the foreign country. 5c en instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Y Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6a Desthe organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions. 7 Organizations that may receive deductible contributions under section 170(c). 8 If If Yes, "indicate the number of forms 8880 file during the year pay premiums of the day of the value of the goods or services provided? 7 If Yes, "indicate the number of forms 88822 filed during the year 8 Did the organization received an contribution of qualified intellectual property, did the organization file Form 8989 as required? 7 If the organization received an contribution of acceptable property, did the organization file Form 1984. 8 Sponsoring organization make a distribution to a donor, donor advised fund maintained by t	22				22	x	
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a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b cection 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c Under the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	10						
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10b				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11						
amounts due or received from them.) 22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 23 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 25 Section 501(c)(29) qualified nonprofit health insurance issuers. 26 Is the organization licensed to issue qualified health plans in more than one state? 27 Note. See the instructions for additional information the organization must report on Schedule O. 28 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 28 c Enter the amount of reserves on hand 29 c Enter the amount of reserves on hand 20 d Tab 20 d Tab 21 d A 21 d A 22 d B 23 d Tab 24 a Did the organization receive any payments for indoor tanning services during the tax year? 29 d Tab 20 d Tab	а	Gross income from members or shareholders	11a				
amounts due or received from them.) 22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 23 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 25 Section 501(c)(29) qualified nonprofit health insurance issuers. 26 Is the organization licensed to issue qualified health plans in more than one state? 27 Note. See the instructions for additional information the organization must report on Schedule O. 28 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 28 c Enter the amount of reserves on hand 29 c Enter the amount of reserves on hand 20 d Tab 20 d Tab 21 d A 21 d A 22 d B 23 d Tab 24 a Did the organization receive any payments for indoor tanning services during the tax year? 29 d Tab 20 d Tab	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		amounts due or received from them.)					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	-			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 13c 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand	b		۔۔۔ ا				
4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					44-		Y
, , , , , , , , , , , , , , , , , , , ,							- 21
	U	ii res, rias it liled a Form rzo to report these payments? If "No," provide an explanation in Schedule	. U			990	(2017)

Form 990 (2017) Housing Trust Silicon Valley 77-0545135 Pag
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					X
Sec	tion 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	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		ner			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the		r			
·	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9		i i	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as:		r	5		X
6	Did the organization have members or stockholders?		I	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		i i			
74	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			1 a		
b	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7.0		21
	The governing body?	,	•	8a	Х	
a	Each committee with authority to act on behalf of the governing body?			8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			OD	25	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		١	<u> </u>		21
000	(This Section B requests information about policies not required by the internal Re	evenue Coae.,)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			IUa		
b				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	ly hefore filing	[11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly belole illing	1 410 101111	- i i a		
12a	Pilling the state of the state			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		F	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy?		F F	IZU		
·		,		12c	x	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?		F	13	X	
	Did the organization have a written document retention and destruction policy?			14	X	
14				14	22	
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Jeni			
_				45.	Х	
	The organization's CEO, Executive Director, or top management official			15a 15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
เบส				16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			10a		21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation and take steps to safeguard the organization of evaluation points and take steps to safeguard the organization of evaluation points and take steps to safeguard the organization of evaluation points and take steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points and take steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation points are steps to safeguard the organization of evaluation of evalua		ation			
				16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure			100	l	
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-	Γ (Section 501	(c)(3)s only) av	ailahl	.	
.5	for public inspection. Indicate how you made these available. Check all that apply.	, ,500110111001	(S)(S)S Silly) av	anabit	-	
		n in Schedule	O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			inano	ial	
19	statements available to the public during the tax year.	innoi oi niiche	or policy, and i	ii iai iU	ıaı	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and recor	rds.			
_0	Julie Mahowald - 408-436-3450	5.10 and 15001				
	75 E. Santa Clara Street, Suite 1350, San Jose, CA	95113				

Form 990 (2017)

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 ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(** 2/ 1000 101100)		and related
	below	idual t	ution	<u></u>	Key employee	sst co oyee	 -			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) George Brown	4.00									
Chair	0.00	X		X				0.	0.	0.
(2) Mary Chandler	1.00									
First Vice-Chair	0.00	Х		X				0.	0.	0.
(3) Craig Robinson	1.00									
Second Vice-Chair	0.00	X		X				0.	0.	0.
(4) Art Fatum	1.00									
Treasurer	0.00	X		X				0.	0.	0.
(5) Shiloh Ballard	1.00								_	
Secretary	0.00	X		X				0.	0.	0.
(6) Kathleen King	1.00								_	
Secretary (Thru 2/8/18)	0.00	X		X				0.	0.	0.
(7) Candice Gonzalez	1.00									
Director	0.00	X						0.	0.	0.
(8) Hilda Ramirez	1.00									
Director	0.00	X						0.	0.	0.
(9) Lorena Mendez-Quezada	1.00									
Director	0.00	Х						0.	0.	0.
(10) Rachel Colton	1.00								_	
Director	0.00	X						0.	0.	0.
(11) Joe Anzalone	1.00									
Director	0.00	X						0.	0.	0.
(12) Katia Kamangar	1.00								_	
Director	0.00	X						0.	0.	0.
(13) Thang Do	1.00								_	_
Director	0.00	X						0.	0.	0.
(14) Ash Kalra	1.00								_	_
Director (Thru 5/1/18)	0.00	X						0.	0.	0.
(15) Steve Tate	1.00								_	_
Director (Thru 2/8/18)	0.00	X						0.	0.	0.
(16) John Barton	1.00								_	_
Director (Thru 5/1/18)	0.00	X						0.	0.	0.
(17) John Bruno	1.00									•
Director (Thru 2/8/18)	0.00	X						0.	0.	0.

(F)

Name and title	Average hours per week	box	not c , unle	ss per	more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		am	timate lount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the	organizations (W-2/1099-MISC	C)	comp fro orga and	oensa om th anizat I relat nizati	e ion ed
(18) Amanda Montez	1.00	-	=	0	~	Ξ 0	-						
Director (Thru 2/8/18)	0.00	x						0.		0.			0.
(19) Lisa Gutierrez	1.00							-		•			•
Director (As of 2/8/18)	0.00	x						0.		0.			0.
(20) Sparky Harlan	1.00												
Director (As of 2/8/18)	0.00	X						0.		0.			0.
(21) Nathan Ho	1.00									-			
Director (As of 2/8/18)	0.00	X						0.		0.			0.
(22) Jim Morgensen	1.00												
Director (As of 2/8/18)	0.00	Х						0.		0.			0.
(23) Julie Mahowald	40.00												
CFO	0.00			Х				157,913.		0.	9	, 4	54.
(24) James Mather	40.00												
CLO	0.00	1		Х				125,539.		0.	2	7,5	60.
(25) Sandra Murillo	40.00												
COO (Thru 1/2018)	0.00			Х				116,732.		0.	8	3,5	97.
(26) Kevin Zwick	40.00												
CEO	0.00			X				232,407.		0.			72.
1b Sub-total							▶	632,591.		0.			83.
c Total from continuation sheets to Part VII							▶	102,908.		0.			76.
d Total (add lines 1b and 1c)							▶	735,499.		0.	76	5,2	59.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o r	eceived more than \$100	,000 of reportable				
compensation from the organization													5
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated en	mployee on				
line 1a? If "Yes," complete Schedule J for so	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual			4	X	
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ıch <u>ı</u>	oers	on					5		X
Section B. Independent Contractors													
Complete this table for your five highest cor	•	•							•	ensat	ion fro	m	
the organization. Report compensation for t	he calendar y	ear e	ndir	ng w	ith o	or wi	ithir	,	rear.			_	
(A) Name and business	address	NTC	ONE	7				(B) Description of s	services	C	(C omper		n
Traine and Sasinoss	4441000	11/) I V I	٠				Boomption or o	301 11000		ompor	ioutio	••
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	stec	l above) who received m	ore than				

Form 990 Housing									77-054	5135
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours	(c)	heck	Pos	C) ition		lv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
27) Julie Quinn	40.00					v		102 000		6 276
Dir. of Resource Development						X		102,908.	0.	6,276
		-								
otal to Part VII, Section A, line 1c								102,908.		6,276

		Check if Schedule O conta	ains a response	or note to any line	e 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
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Ω, E	С	Fundraising events	1c	279,033.				
ar A		Related organizations						
s, G	е	Government grants (contributi	ons) 1e	7,594,488.				
io Si	f	All other contributions, gifts, grant	ts, and					
the		similar amounts not included above	/e 1f	1,615,393.				
g d	g	Noncash contributions included in lines	1a-1f: \$	38,395.				
<u>පි පි</u>	h	Total. Add lines 1a-1f			9,488,914.			
				Business Code				
စ္ပ	2 a	Program Service Fee		531390	1,140,164.	1,140,164.		
Program Service Revenue	b							
Sch	С							
ran Sev	d							
o F	е							
ھ ا	f	All other program service reve			33,025.	33,025.		
	g	Total. Add lines 2a-2f			1,173,189.			
	3	Investment income (including	,	,	0 552 020			0 552 020
		other similar amounts)			2,573,838.			2,573,838.
	4	Income from investment of tax		-				
	5	Royalties						
	_		(i) Real	(ii) Personal				
	_	Gross rents						
	b	1						
	C	Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities 2,600,000.	(ii) Other				
		assets other than inventory	2,000,000.					
	D	Less: cost or other basis	2,557,061.					
	_	and sales expenses Gain or (loss)						
		Net gain or (loss)			42,939.			42,939.
		Gross income from fundraising			12,565.			12,707.
an l	υu	including \$ 279						
Ver		contributions reported on line						
Other Reven		Part IV, line 18		31,127.				
her	b	Less: direct expenses		52,119.				
δ		Net income or (loss) from fund			-20,992.			-20,992.
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	е	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			13,257,888.	1,173,189.	0.	2,595,785.

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 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	470,004.	470,004.		
2	Grants and other assistance to domestic	222 242			
	individuals. See Part IV, line 22	330,019.	330,019.		
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,				
6	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	4050(-)(0)(D)				
7	Other salaries and wages	1,837,607.	1,215,879.	461,432.	160,296
8	Pension plan accruals and contributions (include	=, ,	_,,		
-	section 401(k) and 403(b) employer contributions)	81,573.	53,974.	20,483.	7,116
9	Other employee benefits	194,201.	128,496.	48,765.	16,940
10	Payroll taxes	135,355.	89,560.	33,988.	11,807
11	Fees for services (non-employees):			,	•
а	Management				
b	Legal				
	Accounting	57,105.	24,193.	31,139.	1,773
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	34,637.		34,637.	
g	,				
	column (A) amount, list line 11g expenses on Sch 0.)	151,028.	66,819.	79,312.	4,897
12	Advertising and promotion	49,474.	6,358.	1,540.	41,576
13	Office expenses	35,668.	22,002.	10,715.	2,951
14	Information technology	24,383.	12,298.	10,534.	1,551
15	Royalties	152 002	04 400	45 007	10 ((7
16	Occupancy	153,083.	94,429.	45,987.	12,667
17	Travel	30,138.	15,200.	13,021.	1,917
18	Payments of travel or entertainment expenses				
••	for any federal, state, or local public officials	17,817.	8,985.	7,697.	1,135
19	Conferences, conventions, and meetings	638,613.	638,613.	7,057.	1,133
20	Interest Payments to affiliates	050,015.	030,013•		
21 22	Depreciation, depletion, and amortization	32,791.	21,562.	8,329.	2,900
23	Insurance	12,352.	7,619.	3,711.	1,022
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 0.)	==,===	,,,,,,	,,,==:	_, , , , ,
9	Donations & Sponsorship	146,500.	105,300.	41,200.	
a b	Staff Development	32,556.	16,420.	14,065.	2,071
c	Bad Debt	2,000.	1,009.	864.	127
d		, , , , ,	,	7,7-1	
e	All other expenses	59,558.	30,039.	25,730.	3,789
25	Total functional expenses. Add lines 1 through 24e	4,526,462.	3,358,778.	893,149.	274,535
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)				

Form 990 (2017)
Part X Balance Sheet

ar	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			28,738,513.	2	40,146,672
	3	Pledges and grants receivable, net			309,557.	3	354,563
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net			65,692,978.	7	72,669,58
	8	Inventories for sale or use				8	
	9	D			32,801.	9	75,88
		Land, buildings, and equipment: cost or other			,	_	,
		basis. Complete Part VI of Schedule D	10a	326,630.			
	b	Less: accumulated depreciation	10b	99,205.	24,678.	10c	227,42
	11	Investments - publicly traded securities		•		11	
	12	Investments - other securities. See Part IV, line 1			4,315,183.	12	5,175,02
	13	Investments - program-related. See Part IV, line 1				13	3,2,3,02
	14					14	
	15	Intangible assets			1,060,139.	15	1,398,47
	16	Total assets. Add lines 1 through 15 (must equa			100,173,849.	16	120,047,62
1	17	Accounts payable and accrued expenses			412,021.	17	415,95
	18				10,372.	18	413,33
	19	Grants payable			9,558,376.	19	3,977,33
	20	Deferred revenue Tax-exempt bond liabilities			3,330,3700	20	3/3///33
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former				21	
	22	key employees, highest compensated employee					
						22	
	00	Complete Part II of Schedule L Secured mortgages and notes payable to unrela			22,675,000.	23	44,375,47
	23	. ,			22,073,000.	24	44,575,47
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	•	8,782,145.	25	4,312,39
	26	Schedule D Total liabilities. Add lines 17 through 25			41,437,914.	26	53,081,15
+	20	Organizations that follow SFAS 117 (ASC 958)		hore X and	41,437,314.	20	33,001,13
		complete lines 27 through 29, and lines 33 and		niere ZI and			
	27				27,756,271.	27	29,963,30
	27	Unrestricted net assets			30,979,664.	28	37,003,16
	28				30,313,004.	29	37,003,10
	29			abaak bara		29	
		Organizations that do not follow SFAS 117 (A	SC 958)	, cneck nere			
	20	and complete lines 30 through 34.				20	
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or eq				31	
	32	Retained earnings, endowment, accumulated in			58,735,935.	32	66,966,47
	33					33	
	34	Total liabilities and net assets/fund balances			100,173,849.	34	120,047,62 Form 990 (20

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,25		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,52		
3	Revenue less expenses. Subtract line 2 from line 1	3	8,73		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58,73		
5	Net unrealized gains (losses) on investments	5	19	9,1	<u> 11.</u>
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	-70	0,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	66,96	6,4	72.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?	-	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** Housing Trust Silicon Valley 77-0545135 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4840985.	6697237.	14398752.	8137030.	9488914.	43562918.
2	Tax revenues levied for the organ-						
	ization'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	4840985.	6697237.	14398752.	8137030.	9488914.	43562918.
	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.						43562918.
	tion B. Total Support						12000
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	4840985.		14398752.	8137030.	9488914.	43562918.
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	688,560.	672,135.	862,950.	1230475.	2573838.	6027958.
9	Net income from unrelated business		· / _ / _ · ·	002,000			0027900
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						49590876.
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta			
ı	organization, check this box and stop	-			•		ightharpoonup
Sec	etion C. Computation of Public	c Support Per	centage				
	Public support percentage for 2017 (li			olumn (f))		14	87.84 %
	Public support percentage from 2016				ſ	15	91.76 %
	33 1/3% support test - 2017. If the co						
	stop here. The organization qualifies	-					, (₹₹
h	33 1/3% support test - 2016. If the o	. ,	J				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
., a	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
b	more, and if the organization meets th	_					
	organization meets the "facts-and-circ		·				▶ □
10	•			•			······································
ΙŐ	Private foundation. If the organization	n did flot check a f	DUX UIT IIITIE 13, 168	a, 100, 17a, 0r 17b	, check this box ar	iu see instructions	·

Schedule A (Form 990 or 990-EZ) 2017 Housing Trust Silicon Valley | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
k	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						
	Public support. (Subtract line 7c from line 6.)						_
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here	· . O I D .					>
	ction C. Computation of Publi						
	Public support percentage for 2017 (15	<u>%</u>
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶Ш

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	_	
	Yes	No
4		
1		
2		
За		
3b		
_		
3c		
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4b		
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9b		
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9c		
10a		
10b		
n 990 or	990-EZ)	2017

Par	Part IV Supporting Organizations (continued)			
		Y	'es	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) a	nd (c)		
	below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
С	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details	ail in Part VI. 11c		
Sect	ection B. Type I Supporting Organizations			
			'es	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times do			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, superv	ised, 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	. 1		
	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that op			
	supervised, or controlled the supporting organization. ection C. Type II Supporting Organizations	2		
OCC.	cotton 6. Type it oupporting organizations		'es	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a majority of the			140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI hor			
	or management of the supporting organization was vested in the same persons that controlled or management			
	the supported organization(s).	1		
	ection D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	Y	'es	No
1	1 Did the organization provide to each of its supported organizations, by the last day of the fifth mon			
	organization's tax year, (i) a written notice describing the type and amount of support provided duri			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) c			
	organization's governing documents in effect on the date of notification, to the extent not previously	y provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the s	upported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain ir	Part VI _{how}		
	the organization maintained a close and continuous working relationship with the supported organization	ation(s).		
3	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	n's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	tion's		
	supported organizations played in this regard.	3		
Sect	ection E. Type III Functionally Integrated Supporting Organizations			
1	The second secon	the year (see instructions).		
а				
b				
C	5 The supported a	- ,		
			'es	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI in			
	those supported organizations and explain how these activities directly furthered their exempt po			
	how the organization was responsive to those supported organizations, and how the organization de that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, or			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in P			
	reasons for the organization's position that its supported organization(s) would have engaged in thes			
	activities but for the organization's involvement.	2b		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors	s, or		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and acti			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in the			

ect	ion 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 into	egra	ted Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		100000	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt 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 purpose	s of supported organizations	S	
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	e organization is responsive	,	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а	, , ,			
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Housing Trust Silicon Valley

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Schedule B (Form 990 990-F7

or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Housing Trust Silicon Valley

Employer identification number

77-0545135

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Applied Materials 3050 Bowers Ave. Santa Clara, CA 95054	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Applied Materials 3050 Bowers Ave. Santa Clara, CA 95054	\$2,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Applied Materials 3050 Bowers Ave. Santa Clara, CA 95054	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 Armanino LLP 50 W. San Fernando St., Suite 500 San Jose, CA 95113	* 5 , 000 •	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Bank of America 125 S. Market St. Suite 1050 San Jose, CA 95113	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Bank of America 125 S. Market St. Suite 1050 San Jose, CA 95113	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	Berthold, Janice 1460B O'Brien Dr. Menlo Park, CA 94025	\$10,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Bison Family Trust: Julie Lovins P.O. Box 390689 Mountain View, CA 94039	\$26,562.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Boston Private Bank 160 Bovet Rd. San Mateo, CA 94402	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 Bridge Housing 600 California Street San Francisco, CA 94108	* 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	California Association of Realtors 525 S. Virgil Ave. Los Angeles, CA 90020	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Chase 211 Main St. San Francisco, CA 94105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Cisco Systems, Inc. 170 West Tasman Drive San Jose, CA 95134	\$\$ 34,115.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Cisco Systems, Inc. 170 West Tasman Drive San Jose, CA 95134	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_	City National Bank 980 Ninth Street, Ste 1100 Sacramento, CA 95814	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	City National Bank 1 Palo Alto Square, #100 Palo Alto, CA 94306	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	City of Santa Clara 1500 Warburton Avenue Santa Clara, CA 95050	\$\$ 	Person X Payroll
	(b)	(c) Total contributions	(d) Type of contribution
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of containation
	Name, address, and ZIP + 4 City of Santa Clara 1500 Warburton Avenue Santa Clara, CA 95050	\$\$ 7,282.	Person X Payroll

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	City of Santa Clara 1500 Warburton Avenue Santa Clara, CA 95050	\$6,929.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	City of Santa Clara 1500 Warburton Avenue Santa Clara, CA 95050	\$808.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Comerica Bank-California 333 W Santa Clara St, 5th floor San Jose, CA 95113	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4 County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$3,938,326.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$1,940,505.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$137,758.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$114,296.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$109,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$105,227.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$64,830.	Person X Payroll
(a)	(b)	(c)	(d)
No. 29	Name, address, and ZIP + 4 County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	* 20,865.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 30	Name, address, and ZIP + 4 County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	* 20,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$16,229.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$ 16,072.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	County of Santa Clara 70 West Hedding Street, 10th Floor San Jose, CA 95110	\$10,581.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4 Cypress Group 20640 Third St. Ste. 600 Saratoga, CA 95070	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	David and Lucile Packard Foundation 343 Second Street Los Altos, CA 94022	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 36	Do, Thang 14901 Fruitvale Ave. Saratoga, CA 95070	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37_	Do, Thang 14901 Fruitvale Ave. Saratoga, CA 95070	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	Dollinger Properties 555 Twin Dolphin Dr., Suite 600 Redwood City, CA 94065	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	First Republic Bank 111 Pine St. San Francisco, CA 94111	\$7,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4 Ford Land Company 3000 Sand Hill Cir. Menlo Park, CA 94025	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	Genesis LA Economic Growth 801 S. Grand Ave., Suite 775 Los Angeles, CA 90017	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	Google 1600 Amphitheatre Parkway Mountain View, CA 94043	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Google 1600 Amphitheatre Parkway Mountain View, CA 94043	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Google 1600 Amphitheatre Parkway Mountain View, CA 94043	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	Heritage Bank of Commerce 150 Almaden Blvd. San Jose, CA 95113	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4 HSBC Bank 26525 North Riverwoods Blvd. Mettawa, IL 60045	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	\$111,405.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	\$ 101,495.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	HUD - NSP2 600 Harrison St. San Francisco, CA 94107		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	\$11,346.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
52	Name, address, and ZIP + 4 HUD - NSP2 600 Harrison St. San Francisco, CA 94107	- \$ 7,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54_	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	- \$ 3,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	HUD - NSP2 600 Harrison St. San Francisco, CA 94107	\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4 LinkedIn 2029 Stierlin Court Mountain View, CA 94043	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	LinkedIn 2029 Stierlin Court Mountain View, CA 94043	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	Local Initiatives Support Corporation 500 S. Grand Ave., Suite 2300 Los Angeles, CA 90071	\$ 500,000.	Person X Payroll

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	McPharlin Sprinkles & Thomas LLP 160 W. Santa Clara St., Suite 400 San Jose, CA 95113	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	MidPen Housing 303 Vintage Park Drive, Suite 250 Foster City, CA 94404	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	Pacific Gas & Electric 111 Almaden Blvd., 7th Floor San Jose, CA 95113	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4 Pinion Property Company, LLC 1346 El Solyo Ave. Campbell, CA 95008	* 5 , 000 •	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	Republic Urban Properties LLC 84 West Santa Clara Street Suite 600 San Jose, CA 95113	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	Santa Clara County Housing Authority 505 W Julian St San Jose, CA 95110	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Schwab Fund for Charitable Giving 101 Montgomery Street San Francisco, CA 94104	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	Silicon Valley Association of Realtors 19400 Stevens Creek Blvd., #100 Cupertino, CA 95014	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	Silicon Valley Bank 3005 Tasman Dr Santa Clara, CA 95054	\$ 30,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 Silicon Valley Bank 3005 Tasman Dr Santa Clara, CA 95054	* 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	Silicon Valley Bank 3005 Tasman Dr Santa Clara, CA 95054	\$ <u>134.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	Silicon Valley Community Foundation 2440 W. El Camino Real, Ste 300 Mountain View, CA 94040	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 Silicon Valley Leadership Group	Total contributions	Type of contribution
73	Foundation 2001 Gateway Pl., Suite 101E San Jose, CA 95110	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	Siliconsage Builders 560 Mathilda Ave. Sunnyvale, CA 94086	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	Summerhill Homes 777 California Ave Palo Alto, CA 94304	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 76	Name, address, and ZIP + 4 Summerhill Homes 777 California Ave Palo Alto, CA 94304	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	Sunlight Giving 855 El Camino Real Bldg 4, Suite 250 Palo Alto, CA 94301	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	Technology Credit Union 2010 N. First St. San Jose, CA 95131	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	The Core Companies 470 S. Market Street San Jose, CA 95113	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	U.S. Bank 980 Ninth Street, Ste 1100 Sacramento, CA 95814	\$12,500 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	U.S. Bank 980 Ninth Street, Ste 1100 Sacramento, CA 95814	\$12,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 82	Name, address, and ZIP + 4 U.S. Department of the Treasury 1500 Pennsylvania Ave, N.W. Washington, DC 20220	\$ 776,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	Union Bank 350 California St., 10th Floor San Francisco, CA 94104	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	Wells Fargo Bank 121 S. Market St.4th Floor San Jose, CA 95113	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

77-0545135

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	Wells Fargo Bank 121 S. Market St.4th Floor San Jose, CA 95113	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Housing Trust Silicon Valley

77-0545135

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	New Server		
13			
			11 /01 /17
		\$34,115.	11/01/17
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
rarti			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,-	
453 11 <u>-</u> 01		\$	90 990-F7 or 990-PF) (

usin	g Trust Silicon Valley Exclusively religious, charitable, etc., contribut			77-0545135
art III	Exclusively religious, charitable, etc., contribut the year from any one contributor. Complete colul completing Part III, enter the total of exclusively religious, ch	mns (a) through (e) and the follow	wing line entry, For organization	ns
	Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or 1 pace is needed.	ess for the year. (Enter this into, onc	e.) • • •
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	t	
	Transferee's name, address, and Z	ZIP + 4	Relationship of tra	nsferor to transferee
No				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	t	
-	Transferee's name, address, and 2	ZIP + 4	Relationship of tra	nsferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of giff		
	Transferee's name, address, and Z			nsferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_				
		(e) Transfer of gift	t	
	Transferee's name, address, and 2	ZIP + 4	Relationship of tra	nsferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate	instructions), then	•			
		tions: Complete Part III.			
Name of organizatio				Empl	oyer identification number
	Housing	Trust Silicon Va	alley		77-0545135
Part I-A Con	nplete if the org	anization is exempt und	er section 501(c)	or is a section 527 org	ganization.
2 Political campa	ign activity expendit	ation's direct and indirect politic ures gn activities		▶\$	
Part I-B Con	nplete if the org	janization is exempt unde	er section 501(c)(3).	
1 Enter the amou	nt of any excise tax	incurred by the organization und	ler section 4955	▶\$	
2 Enter the amou	nt of any excise tax	incurred by organization manage	ers under section 4955	▶\$	
3 If the organization	on incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction	n made?				Yes No
b If "Yes." descril	oe in Part IV.				
Part I-C Con	nplete if the org	anization is exempt unde	er section 501(c),	except section 501(c)(3).
 2 Enter the amount exempt function 3 Total exempt function 4 Did the filling or 5 Enter the name made payment contributions re 	nt of the filing organ n activities unction expenditures ganization file Form s, addresses and en s. For each organiza eceived that were pro-	d by the filing organization for secization's funds contributed to other ization's funds contributed to other ization's funds contributed to other ization's funds 1 and 2. Enter here a neglect for this year? Inployer identification number (Ellition listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov	nd on Form 1120-POL, N) of all section 527 pod from the filing organizates separate political organizations.	section 527 \$\instrum \\$ \$ \instrum \\$ itical organizations to which cation's funds. Also enter the anization, such as a separate	Yes No the filing organization amount of political
(a) N	• • • • • • • • • • • • • • • • • • • •	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Scho	dule C (Form 990 or 990-EZ) 2017	Hougi i	מ שייו	st Silicon	Valley	77_0	545135	Page 2
	rt II-A Complete if the org	janizatio	n is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ction und	der
A C	<u></u>	ation belone	as to an affi	liated group (and list i	n Part IV each affiliated	group member's name	e. address. I	ΞΙΝ.
	expenses, and sha					3	,	,
B C	neck 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pr	ovisions apply.			
			oying Expe eans amou	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliat tota	
1a	Total lobbying expenditures to influ	uence publ	ic opinion (grass roots lobbying)				
b	Total lobbying expenditures to influ		148,000.					
С	Total lobbying expenditures (add li	nes 1a and	l 1b)			148,000.		
d	Other exempt purpose expenditure	es				3,210,778.		
е	Total exempt purpose expenditure	s (add lines	s 1c and 1d)		3,358,778.		
f	Lobbying nontaxable amount. Enter	er the amo	unt from the	e following table in bot	th columns.	317,939.		
	If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable an	nount is:			
	Not over \$500,000		20% of	the amount on line 1e				
	Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.			
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.			
	Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ess over \$1,500,000.			
	Over \$17,000,000		\$1,000,	000.				
	0	.t 050/ - f	l' 40			79,485.		
g Grassroots nontaxable amount (enter 25% of line 1f)						79,403.		
	Subtract line 1g from line 1a. If zer Subtract line 1f from line 1c. If zero					0.		
	If there is an amount other than ze				ration file Form 4720	•		
,	reporting section 4911 tax for this					Г	Yes	No
	reporting section 4511 tax for this	•		eraging Period Unde			103	
	(Some organizations t	hat made a	a section 5		have to complete all o	f the five columns be	low.	
		Lobk	ying Expe	nditures During 4-Ye	ar Averaging Period			
	Calendar year (or fiscal year beginning in)	(a) 2	2014	(b) 2015	(c) 2016	(d) 2017	(e) [⊤]	otal
	Lobbying nontaxable amount				373,291.	317,939.	691	,230.
b	Lobbying ceiling amount (150% of line 2a, column(e))						1,036	,845.
c	Total lobbying expenditures				163,662.	148,000.	311	,662.
d	Grassroots nontaxable amount				93,323.	79,485.	172	2,808.
	Grassroots ceiling amount (150% of line 2d, column (e))					, 101		,212.

Schedule C (Form 990 or 990-EZ) 2017

21,791.

21,791.

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017 Housing Trust Silicon Valley 77-0545135 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)			(b)	
	ring activity.	Yes	No	Amo	ount	
	g the year, did the filing organization attempt to influence foreign, national, state or					
local	legislation, including any attempt to influence public opinion on a legislative matter					
or refe	erendum, through the use of:					
a Volun	teers?					
	staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	a advertisements?					
d Mailin	ngs to members, legislators, or the public?					
	cations, or published or broadcast statements?					
	s to other organizations for lobbying purposes?					
	t contact with legislators, their staffs, government officials, or a legislative body?					
	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j Total.	Add lines 1c through 1i					
a Did th	ne activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	s," enter the amount of any tax incurred under section 4912					
	s," enter the amount of any tax incurred by organization managers under section 4912					
d If the	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504/-\/5	-\			
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5	o), or se	ction		
ai t iii- <i>F</i>	331(3)(3)					
ai (iii- <i>F</i>	33 ((5)(5).			Yes	١	
	substantially all (90% or more) dues received nondeductible by members?		1	Yes	N	
Were			 	Yes	N	
Were Did th	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section	e prior year? 1 501(c)(5	2 3 5), or sec	ction	N ∋ 3, i	
Were Did th Did tr	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	ction		
Were Did th Did th Art III-E	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." ne assessments and similar amounts from members	e prior year? n 501(c)(5 'No," OR	2 3 5), or sec (b) Part	ction		
Were Did th Did th Art III-E Dues,	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? n 501(c)(5 'No," OR	2 3 5), or sec (b) Part	ction		
Were Did the Did the Did trart III-E Dues, Section	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." ne assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures for which the section 527(f) tax was paid).	e prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	ction		
Were Did th Did tr Art III-E Dues, Section experies Curre	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." nassessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) nasses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(5 No," OR	2 3 5), or sec (b) Part	ction		
Were Did the Did triant III-E Dues, Section experies Curre	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." nassessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political political political expenditures (do not include amounts of politi	e prior year? 1 501(c)(5 No," OR	2 3 5), or sec (b) Part	ction		
Were Did the D	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." nassessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political makes for which the section 527(f) tax was paid). Interpretation of the section 527(f) tax was paid). Interpretation of the section 527(f) tax was paid).	e prior year? n 501(c)(5 No," OR	2 3 5), or see (b) Part 1 2a 2b 2c	ction		
Were Did the D	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." nassessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political political expenditures (do not include amounts of political expenditures) nasses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(5 No," OR	2 3 5), or see (b) Part 1 2a 2b 2c	ction		
Were Did the Dues, Section Sec	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." nassessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures from last year over from last year egate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5 No," OR	2 3 5), or see (b) Part 1 2a 2b 2c	ction		
Were Did the Dues, Section Experies Carry Control Total Goes experies experies experies does experies did to the Dues, Section Experies Carry Control Total Goes experies does experies does experies does does does does does does does do	substantially all (90% or more) dues received nondeductible by members? ne organization make only in-house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." nassessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures from the section 527(f) tax was paid). In the section 527(f) tax was paid). The section for the section for the except from last year over from last year over section for the except for the section for the except from the section of the except from the section of the except from the section for the except from the section for the except from the section of the except from the section of the except from the section for the except from the from th	e prior year? n 501(c)(5 No," OR	2 3 5), or see (b) Part 1 2a 2b 2c	ction		

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Housing Trust Silicon Valley

Employer identification number 77-0545135

	organization answered "Yes" on Form 990, Part IV, line	(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 w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes N
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes N
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	-
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
D	conservation easements.	Ant Historical Transcript	the au Cineilau Accate
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	
а			
	Assets included in Form 990 Part X		S

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,211.	600.	18,611.
d Equipment		254,530.	50,463.	204,067.
e Other		52,889.	48,142.	4,747.
Total. Add lines 1a through 1e. (Column (d) must equ	227,425.			

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Housing Trus	st Silicon Va	11ey 77	-0545135 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value		of year market value
	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (D)			
(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" o	n 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.			
	- F 000 P-+ IV I'	44 d Oce Form COO Post V Pro 45	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	rescription		(b) Book value
<u>(1)</u>			
(2)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		
Part X Other Liabilities.	104		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Non-Recourse Bank Loan Capital	4,312,390.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,312,390.

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

ochedule D	(1 01111 330) 201 <i>1</i>	110 45 1119	11456	D T T T C C II	<u> </u>		, ,	
Part XI	Reconciliation of	Revenue pe	r Audited	Financial S	Statements	With Revenue per Re	turn.	

Pa	rt XI Reconciliation of Revenue per Audited Financial States	nents with i	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	13,429,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	199,111.		
	Donated services and use of facilities		6,688.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	205,799.
3	Subtract line 2e from line 1			3	13,223,251.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,637.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	34,637.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,257,888.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	2a.			
1	Total expenses and losses per audited financial statements			1	5,198,513.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,688.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	700,000.		
е	Add lines 2a through 2d			2e	706,688.
3	Subtract line 2e from line 1			3	4,491,825.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,637.		
b		4a	34,037.		
	Other (Describe in Part XIII.)		34,037.		
	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		4c	34,637.

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:

Housing Trust 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. Housing Trust's federal and

state information returns for the years 2014 through 2017 are subject to

examination by regulatory agencies, generally for three and four years

after they were filed for federal and state, respectively.

Part XII, Line 2d - Other Adjustments:

Adjustment to reserve for loan losses

700,000.

Schedule D	(Form 990) 2017	Housing	Trust	Silicon	Valley	77-0545135	Page 5
Part XIII	(Form 990) 2017 Supplemental Infor	mation _{(contin}	ued)				

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Housing Trust Silicon Valley

Employer identification number 77 - 0545135

	Trust Stilleon var				17-0343	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization	n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is exempt from re	gistration
or licensing.						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col. (a) through Networking col. (c)) (event type) (event type) (total number) 310,160. 310,160. Gross receipts 1 279,033. 279,033. 2 Less: Contributions 31,127. 3 Gross income (line 1 minus line 2) 31,127. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 2,950. 2,950. 30,196. 30,196. 7 Food and beverages 8 Entertainment 18,973. 18,973. Other direct expenses 52,119. **10** Direct expense summary. Add lines 4 through 9 in column (d) -20,992. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

<u>Sch</u>	nedule G (Form 990 or 990 EZ) 2017 Housing Trust Silicon Valley 77-0	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
40		103	140
	Indicate the percentage of gaming activity conducted in:	1	
	a The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Coming manager companyation • C		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9 9h 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1100 0, 00, 10	5, 105,

Schedule G	i (Form 990 or 990-EZ)	Housing Trust	Silicon	Valley	77-0545135	Page 4
Part IV	Supplemental Infor	Housing Trust mation _(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Employer identification number Name of the organization Housing Trust Silicon Valley 77-0545135 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Bill Wilson Center 3490 The Alameda 94-2221849 501(C)(3) 70,357. 0 Youth Shelter Grant Santa Clara, CA 95050 Gilroy Compassion Center 8425 Monterey Road, Suite 10 Safety Net Capital Gilroy, CA 95020 45-2189365 501(C)(3) Improvement Grant 141,740. 0 Habitat for Humanity 2619 Broadway 94-3053687 501(C)(3) Oakland, CA 94612 0 240,000. Book Value Loan Forgiven Loan Forgiven SV@HOME 350 W. Julian Street, Building 5 81-4755729 501(C)(3) San Jose CA 95110 5 000 0. General Donation Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Security Deposit Grant	130	244,493.	0.		
Guardino Scholarship	14	21,000.	0.		
Housing Affordability Fund	14	64,526.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The organization publishes initial grant guidelines and accepts

applications from qualified organizations. The program committee reviews

all grant applicants and approves the award of all grants. The recipient

organization must report monthly the status of all grant funds received and

the way in which these funds have been disbursed in accordance with the

initial purpose.

SCHEDULE J (Form 990)

Compensation Information

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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

QU I / Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Housing Trust Silicon Valley

 $Employer\ identification\ number\\77-0545135$

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, 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	1b		
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 on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on 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:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	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 nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

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

Note: The sum of columns (B)(i)-(iii) 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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(15)(1)-(15)	reported as deferred on prior Form 990
(1) Julie Mahowald	(i)	148,019.	9,294.	600.	7,501.	1,953.	167,367.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) James Mather	(i)	118,648.	6,891.	0.	6,714.	20,846.	153,099.	0.
CLO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Kevin Zwick	(i)	197,407.	35,000.	0.	10,661.	13,711.	256,779.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number 77-0545135

Housi	ng Trus	t Sil:	ico	n Va	alley		77	-05	451	35				
Part I Excess Benefit Tra	nsactions	(section 50)1(c)(3), secti	on 501(c)(4), and 50	1(c)(29) organizations	s only)							
Complete if the organizat	ion answered	"Yes" on F	orm 9	90, Pa	ırt IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, li	ine 40	b.					
1,,,,	(b) Relation	nship betw	veen c	disqual	ified ,					(d)	Corre	cted?		
(a) Name of disqualified person	per	son and or	ganiza	ation	(0	c) Description of tran	sactio	n		Y	es	No		
2 Enter the amount of tax incurred	by the organiz	ation mana	agers (or disq	ualified persons duri	ng the year under								
								> \$						
3 Enter the amount of tax, if any, or	n line 2, above	, reimburse	ed by	the org	ganization			> \$						
Dowt II Loope to and/or Fu	ana latawaa	tad Dava												
Part II Loans to and/or Front														
Complete if the organizat					Part V, line 38a or F	orm 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n			
reported an amount on F			ŕ	2. an to or	() Outsined	(0.0.1)	, ,	. I	(h) Ap	nroved	(-) \A/			
		Purpose of loan	fron	from the principal amount default?		(I) Balarice due (9) III				(9) " by bo		pproved oard or mittee? (i) Writ agreeme		ritteri ment?
				zation?	,									
			То	From			res	No	Yes	No	Yes	No		
Total					> \$									
Part III Grants or Assistant	ce Benefiti	ng Intere	estec	d Per	sons.									
Complete if the organizat	ion answered	"Yes" on F	orm 9	90, Pa	rt IV, line 27.			1						
(a) Name of interested person		lationship l			(c) Amount of	(d) Type				Purp		:		
		ested persone organiza		d	assistance	assistan	ce		•	assista	ınce			
	u	ie organiza	ition											

Complete if the organization answered (a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	
,	person and the organization	transaction	transaction	organiz reven	ues?
Peacock Commons LLC	Board member is CEO	500 000	Notes Recei	Yes	No X
	Board member is CEO		Notes Recei		X
	Board member is CFO	•	Notes Recei		X
MP Milpitas Affordable Hou			Notes Recei		X
MP Central Park Associates			Notes Recei		X
MP Edwina Benner Associate			Notes Recei		X
MP Shorebreeze Associates	<u> </u>		Notes Recei		X
Sunflower Hill Livermore L	<u> </u>	•	Notes Recei		X
	Board member is CFO	-	Notes Recei		X
Chesnut Square Family Asso		-	Notes Recei		Х
Part V Supplemental Information		,			
Provide additional information for response	onses to questions on Schedule I (see i	nstructions).			
Trevide additional information for respec	mose to questions on companie E (ede i	noti dottorioj.			
Sch L, Part IV, Business T	rangactions Involvin	a Interest	d Persons.		
ben By rare ivy basiness is		g IIICCI CDCC	<u>a rersons.</u>		
(a) Name of Person: Peacoc	k Commons LLC				
(b) Relationship Between I	nterested Person and	Organizati	on:		
December to GEO of the		1			
Board member is CEO of orga	anization serving as	sole membe	er		
(d) Description of Transac	tion. Notos Posoivah	10			
(d) Description of Transac	cion: Notes Receivad	оте			
(a) Name of Person: Bill W	ilson Center				
(h) D.1.1.1					
(b) Relationship Between In	nterested Person and	Organizati	.on:		
Board member is CEO of orga	anization				
(1) 5		-			
(d) Description of Transac	tion: Notes Receivab	ole			
/-> None of Doubles Non Ho					
(a) Name of Person: New Hor	mestead Associates				
(b) Relationship Between In	nterested Person and	Organizati	on:		
Board member is CFO of org	. serving as gen. pa	rtner in li	mited partn	ersh:	ip
(d) Description of Transac	tion: Notes Receivab	ole			
(a) Name of Person: MP Mil	pitas Affordable Hou	sing			
(b) Relationship Between In	nterested Person and	Organizati	on:		
Board member is CFO of org	. serving as gen. pa	rtner in li	mited partn	ersh:	ip
(d) Description of Transact	tion: Notes Possinah	10			
(d) Description of Transac	cron: Mores receivan	, T G			

Part V	Supplemental	Information
--------	--------------	-------------

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

- (a) Name of Person: MP Central Park Associates
- (b) Relationship Between Interested Person and Organization:

Board member is CFO of org. serving as gen. partner in limited partnership

- (d) Description of Transaction: Notes Receivable
- (a) Name of Person: MP Edwina Benner Associates
- (b) Relationship Between Interested Person and Organization:

Board member is CFO of org. serving as gen. partner in limited partnership

- (d) Description of Transaction: Notes Receivable
- (a) Name of Person: MP Shorebreeze Associates
- (b) Relationship Between Interested Person and Organization:

Board member is CFO of org. serving as gen. partner in limited partnership

- (d) Description of Transaction: Notes Receivable
- (a) Name of Person: Sunflower Hill Livermore L.P.
- (b) Relationship Between Interested Person and Organization:

Board member is CFO of org. serving as gen. partner in limited partnership

- (d) Description of Transaction: Notes Receivable
- (a) Name of Person: Housing First, LLC
- (b) Relationship Between Interested Person and Organization:

Board member is CFO of org. serving as gen. partner in limited partnership

- (d) Description of Transaction: Notes Receivable
- (a) Name of Person: Chesnut Square Family Associates, L.P.
- (b) Relationship Between Interested Person and Organization:

Part V	Supplemental Information
Part V	Supplemental Information

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

Board member is CFO of org. serving as gen. partner in limited partnership

- (d) Description of Transaction: Notes Receivable
- (a) Name of Person: Oak Court Apartments, L.P.
- (b) Relationship Between Interested Person and Organization:

Board member is CEO of org. serving as gen. partner in limited partnership

- (c) Amount of Transaction \$ 298,465.
- (d) Description of Transaction: Notes Receivable
- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: Tree House Apartments, L.P.
- (b) Relationship Between Interested Person and Organization:

Board member is CEO of org. serving as gen. partner in limited partnership

- (c) Amount of Transaction \$ 350,000.
- (d) Description of Transaction: Notes Receivable
- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: Terra Bella I, LLC
- (b) Relationship Between Interested Person and Organization:

Board member is CEO of organization serving as member of LLC

- (c) Amount of Transaction \$ 7,148,417.
- (d) Description of Transaction: Notes Receivable
- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: 950 ECR, LLC
- (b) Relationship Between Interested Person and Organization:

Board member is CEO of organization serving as member of LLC

(c) Amount of Transaction \$ 7,885,834.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Housing Trust Silicon Valley

Employer identification number 77-0545135

Pai	rt I Types of Property		-		•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other Server Equipm)	X	1	34,115.	Resale Val	ue		
26	Other ▶ (Office Furnit)	X	1	4,280.	Resale Val	ue		
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledç	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	tions?	. 31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							
I LIV	For Paperwork Poduction Act Notice see	the Instruct	tions for Form 000	·	Schodule	M /Farr	000\	0047

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 Housing Trust Silicon Valley

77-0545135

Page 2

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Housing Trust Silicon Valley

Employer identification number 77-0545135

Form 990, Part I, Line 1, Description of Organization Mission:

Bay Area, including making more loans than any other nonprofit housing

lender in the region. From the homeless to renters to first-time

homebuyers, we assist a wide range of residents with programs across

the entire spectrum of housing issues. Our financial expertise and

extensive private and public sector partnerships ensure we make the

most out of every dollar so local residents can secure stable and

affordable housing that works for them and their families. To date,

Housing Trust has invested \$183 million and our borrowers have

leveraged Housing Trust's investment of \$3.1 billion to create 16,977

affordable housing opportunities.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Santa Cruz, Solano and Sonoma Counties. Multi-family lending volume has grown significantly over the past several years and FY18 was our biggest lending year to date with \$37.4 million committed to finance 1,348 homes.

Form 990, Part III, Line 4b, Program Service Accomplishments:

deferred, amortizing and equity share loans, depending on income level

and needs of the borrower. Our loans under these programs range from

\$6,500 to \$85,000.We have made 2,497 down payment assistance loans

totaling over \$49.6 million since our founding. In addition, as the

administrator of the City of Santa Clara's below market purchase

program, Housing Trust manages the sale of their inclusionary homes

sold to eligible buyers at a cost that is determined not by the market

Name of the organization **Employer identification number** Housing Trust Silicon Valley 77-0545135 but rather based on what a low- or moderate-income household can afford. In FY18, Housing Trust provided education and counseling to 1,739 hopeful homebuyers, made two down payment assistance loans and completed seven below market purchase program home sales. Form 990, Part III, Line 4c, Program Service Accomplishments: our homelessness assistance grants, totaling \$4.8 million. These programs reach those at the very low end of the income spectrum, with over 80% of funds reaching extremely low-income households (those earning 30% or less of the area median income. The lack of affordable housing and high cost of rent can force even employed individuals into homelessness. Our deposit assistance clients are often employed as retail clerks, restaurant workers, hospital staff and many other professions our communities depend upon. In FY18, Housing Trust helped 570 people avoid or exit homelessness, granting over \$530,000. Form 990, Part III, Line 4d, Other Program Services: Asset Management Expenses \$ 419,949. including grants of \$ 0. Revenue \$ 178,798. ADU Expenses \$ 127,412. including grants of \$ 0. Revenue \$ 0. Policy and Education Expenses \$ 90,430. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section B, line 11b: The 990 is reviewed and approves for filing by the audit committee. The

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization **Employer identification number** Housing Trust Silicon Valley 77-0545135 entire board receives a copy of the Form 990 prior to filing in sufficient time to pose any questions or give comments. Form 990, Part VI, Section B, Line 12c: Each board member must complete and sign a conflict of interest policy annually. New board members or those being considered are evaluated to see if there exist any conflict of interest. Employees must also sign a conflict of interest statement annually. If the board is evaluating a business dealing with an entity that a board member has some involvement, the board member recuses themselves from all discussion and from voting. In addition the board member also excused themselves from the meeting to allow other members to discuss the deal candidly. Form 990, Part VI, Section B, Line 15: The personnel committee relies upon salary survey data to determine the reasonableness of the compensation of Chief Executive Officer. Chief Executive uses comparability data to determine compensation of the CFO, CLO, and CIO. Form 990, Part VI, Section C, Line 19: The governing documents are available at the organization offices which are available for inspection Monday to Friday (except holidays), 9AM to 5PM. Post audited financials on website.

Form 990, Part XI, line 9, Changes in Net Assets:

Adjustment to Reserve for Loan Losses

-700,000.

thedule O (Form 990 or 990-EZ) (2017) ame of the organization	Employer identification num
Housing Trust Silicon Valley	77-0545135
he committee's oversight process of the audit and the	process for
election of an independent accountant have not changed	•

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Housing Trust Silicon Valley

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

77-0545135

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	s" on Form 990, Part IV, line 33.					
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total inco	me End-of-year		Direct controlling entity	
LTOA LLC - 46-0669111							
75 E. Santa Clara Street, #1350					Housing Tru	st Sili	con
San Jose, CA 95113	Affordable Housing	California		0.	0. Valley		
	-						
	_						
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990,	, Part IV, line 34, b	ecause it had one	or more related tax-exe	empt	
(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
	_						

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dienroportionata			General c	Percentage
		country)		sections 512-514)		uosets	Yes	No	K-1 (Form 1065)	Yes No	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr	tion b)(13) rolled tity?
		country)		,				Yes	No
	1							1	

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

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a					
					1b					
С	Gift, grant, or capital contribution from related organization(s)				1c					
	Loans or loan guarantees to or for related organization(s)				1d					
	Loans or loan guarantees by related organization(s)				1e					
f	Dividends from related organization(s)				1f					
	Sale of assets to related organization(s)				1g					
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)				1j					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k					
	Performance of services or membership or fundraising solicitations for related organizations				11					
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n					
0	Sharing of paid employees with related organization(s)				10					
р	Reimbursement paid to related organization(s) for expenses				1p					
q	Reimbursement paid by related organization(s) for expenses				1q					
r	Other transfer of cash or property to related organization(s)				1r					
s	Other transfer of cash or property from related organization(s)				1s					
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rel	ationships and transaction thresholds.						
	(a) Name of related organization	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	volved					
		type (a-s)								
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
3216					R (Form 990) 2017					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	redominant income paid (related, unrelated, 5) excluded from tax under	(e) Are all tners sec. 01(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disprotions allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Figing er?	(k) Percentage ownership
	-											
	-											
	-											
	-											
	-											
	-											
	-											

Form **990-T Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization (Check box if name changed and see instructions.) address changed **B** Exempt under section Print Housing Trust Silicon Valley 77-0545135 E Unrelated business activity codes (See instructions.) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 7408(e) 220(e) 75 E. Santa Clara Street, No. 1350 ີ|408A | 7530(a) City or town, state or province, country, and ZIP or foreign postal code 900099 529(a) San Jose, CA 95113 C Book value of all assets **F** Group exemption number (See instructions.) at end of year 120, 047, 627. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. Amounts Paid for Disallowed Fringes I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? |X| No If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of Julie Mahowald Telephone number \blacktriangleright 408-436-3450 **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 15,324. 15,324. Other income (See instructions; attach schedule) Statement 1 12 12 15,324. Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 17 17 18 Interest (attach schedule) 19 19 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

15,324.

15,324.

1,000.

26

27

28

30

31

32

33

26

27

28

29

30

31

32

33

34

line 32

Part I	Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here See instructions are	nd:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order					
	(1) \$ (2) \$ (3) \$	<i></i>				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
_	(2) Additional 3% tax (not more than \$100,000)					
c	Income tax on the amount on line 34 See Sta	tement 2		► 35c	2.	575.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount			300		
•	Tax rate schedule or Schedule D (Form 1041)			36		
37	Proxy tax. See instructions			37		
38						
39	Alternative minimum tax Tax on Non-Compliant Facility Income. See instructions					
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	2	575.
Part I	Tax and Payments			40		373.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
	Other credits (see instructions)					
C	General business credit. Attach Form 3800	41c				
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
				410		
	Total credits. Add lines 41a through 41d					575.
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	PCC Dthor		42		<u> </u>
43					2	575.
44	Total tax. Add lines 42 and 43			44		3/3.
	Payments: A 2016 overpayment credited to 2017			_		
	2017 estimated tax payments					
	Tax deposited with Form 8868					
	Foreign organizations: Tax paid or withheld at source (see instructions)			_		
	Backup withholding (see instructions)	45e		_		
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		_		
g	Other credits and payments: Form 2439					
	☐ Form 4136 ☐ ☐ Other ☐ Total ▶					
46	Total payments. Add lines 45a through 45g					0.4
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached					94. 669.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			1 1	<u> </u>	009.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49		
50 Part V	Enter the amount of line 49 you want: Credited to 2018 estimated tax Statements Regarding Certain Activities and Other Information		funded	► 50		
		·				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature		y		Ye	s No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	-				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign country				v
	here		-:		—— —	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or to	ransferor to, a for	eign trust?			X
	If YES, see instructions for other forms the organization may have to file.					
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements.	atamanta and to the	hoot of my know	uladge and he	aliof it in true	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			nedge and be	iller, it is true,	
Here	A GEO			•	discuss this retur	
11010	Signature of officer Date CEO				shown below (se	
					? X Yes	No
	Print/Type preparer's name Preparer's signature Da		Check	if PTIN	i	
Paid			self- employe			_
Prepa	rer Zack Fortsch, CPA				0005272	
Use C	nly Firm's name ► RSM US LLP		Firm's EIN	→ 42	2-07143	25
	1 S. Wacker Drive, Ste 800			242		•
	Firm's address ► Chicago, IL 60606		Phone no.	312-6	534-340	U

Schedule A - Cost of Goods	Sold. Enter	method of inven	ntory v	aluation > N/A					
1 Inventory at beginning of year				Inventory at end of year			6		
2 Purchases			7	Cost of goods sold. Si					
3 Cost of labor				from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8		263A (with respect to		Yes	No
b Other costs (attach schedule)				property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (From Real I	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	personal	conal property (if the percenta property exceeds 50% or if led on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected (a) (a)	ted with the income in attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ictions)			•		
				.		Deductions directly cont to debt-finance	nected v	vith or allocable	
1 December of debt 6:			'	 Gross income from or allocable to debt- 	(a)	Straight line depreciation	Cu prop	(b) Other deduction	ıs.
1. Description of debt-fine	anced property			financed property	()	(attach schedule)		(attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition	5 Average	adjusted basis	-	Column 4 divided		7. Gross income		8. Allocable deducti	ions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property n schedule)		by column 5		reportable (column 2 x column 6)	(1	column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					Е	nter here and on page 1,	Е	Enter here and on pag	e 1,
					ı	Part I, line 7, column (A).		Part I, line 7, column ((B).
Totals				>		0			0.
Total dividends-received deductions in	cluded in column	ı 8				.			0.

Form **990-T** (2017)

					Exempt	Controlled O	rganizati	ons				
	1. Name of controlled organizat	ion	2. Em identifi num	cation		related income e instructions)		tal of specified ments made	includ	art of column 4 that is uded in the controlling nization's gross income		6. Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)												
	xempt Controlled Organi	zations										
	7. Taxable Income		nrelated incom see instructions		9. Total	of specified payr made	ments	10. Part of column the controllingross	mn 9 tha ing orgar s income	nization's	11 . D	eductions directly connected th income in column 10
(1)												
(2)												
(3)												
(4)												
								Add colun Enter here and line 8, o		e 1, Part I, A).		odd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals										0.		0.
Sch	edule G - Investme		ne of a S	Section	501(c)(7	7), (9), or (17) Org	ganization				
	(see insti	ructions)						3. Deductio	ns			5. Total deductions
	1 . Desc	ription of inco	me			2. Amount of	income	directly conne (attach sched	cted	4. Set- (attach s	asides schedule)	and set-asides (col. 3 plus col. 4)
(1)												
(2)												
(3)												
(4)												
						Enter here and Part I, line 9, co				'		Enter here and on page 1 Part I, line 9, column (B).
Tatala							0.					0.
Sch	edule I - Exploited	Exempt	Activity	Incom	e, Other	Than Adv		g Income				0.
	(see instru	uctions)										
	1. Description of exploited activity	unrelated incom	Gross business e from business	directly of with proof un	cpenses connected oduction related ss income	4. Net incon from unrelated business (cominus colum gain, comput through	d trade or olumn 2 n 3). If a e cols. 5	5. Gross incofrom activity to is not unrelate business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
		page 1	re and on , Part I, col. (A).	page 1	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.
Totals		<u></u>	0.		0.							0.
	edule J - Advertisii			nstruction								
Par	t I Income From I	Periodic	als Repo	orted o	n a Con	solidated	Basis					
	1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals	(carry to Part II, line (5))	▶	(0.	0	•						0.

Form 990-T (2017) Housing Trust Silicon Valley 77-05451 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership costs (column 6 minus 2. Gross advertising income 3. Direct 5. Circulation 6. Readership 1. Name of periodical column 5, but not more than column 4). advertising costs income costs (1) (2) (3) (4)0. 0. 0. Totals from Part I Enter here and on page 1, Part II, line 27. Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). Totals, Part II (lines 1-5) 0 0 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
_(3)		%	
_(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2017)

Form 990-T	Other Income	Statement 1
Description		Amount
Amounts Paid for Disall	owed Fringes	15,324.
Total to Form 990-T, Pa	age 1, line 12	15,324.

Form	990-T Line 35c Tax Computation	Statement 2	
1.	Taxable Income	14,324	
2.	Lesser of Line 1 or First Bracket Amount	14,324	
3.	Line 1 Less Line 2	0	
4.	Lesser of Line 3 or Second Bracket Amount	0	
5.	Line 3 Less Line 4	0	
6.	Income Subject to 34% Tax Rate	0	
7.	Income Subject to 35% Tax Rate	0	
8.	15 Percent of Line 2	2,149	
9.	25 Percent of Line 4	0	
10.	34 Percent of Line 6	0	
11.	35 Percent of Line 7	0	
12.	Additional 5% Surtax	0	
13.	Additional 3% Surtax	0	
14.	Total Income Tax	2,149	
			
15.	Tax at 21% Rate effective after 12/31/2017	3,008	
	Days		
16. 17.	Tax Prorated for Number of Days in 2017 184 Tax Prorated for Number of Days in 2018 181	1,083 1,492	
18.	Total Tax Prorated 365	2,575	