2017 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Prepared for:

HOMEFIRST SERVICES OF SANTA CLARA PUBLIC DISCLOSURE COPY

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	Δ	00	Return of Organization Exer	mpt	From	Income Tax		OMB No. 1545-0047
Forr	пy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal				ons)	2017
Department of the Treasury Do not enter social security numbers on this form as it may be mad								Open to Public
		nue Service	Go to www.irs.gov/Form990 for instruct	tions an	d the lates	t information.		Inspection
ΑF	or th	e 2017 calend	ar year, or tax year beginning JUL 1, 2017	and	d ending	<u>JUN 30, 2018</u>	3	
B C a	heck if pplicab	le: C Name c	forganization			D Employer identi	ficati	on number
	Addre		FIRST SERVICES OF SANTA CLARA	COUN	VTV			
	Name		usiness as	0001		94-3	268	4272
	Initial		and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	Final	507	VALLEY WAY		1100m/suit			9-2118
L	⊥return termir ated	, 	own, state or province, country, and ZIP or foreign postal c	code		G Gross receipts \$		14,225,466.
	Amen return	ded MTTT	ITAS, CA 95035	Joue		H(a) Is this a group		
	Applic dition		nd address of principal officer: JAMES PTAK			for subordinate		
·	pendi		AS C ABOVE			H(b) Are all subordinates		···· = =
I T	ax-ex	empt status:		947(a)(1)	or 52			. (see instructions)
			HOMEFIRSTSCC.ORG	<u>o ii (u)(i)</u>		H(c) Group exempti		
			X Corporation Trust Association Other		I Yea			ate of legal domicile: CA
	rt I	Summary		r			<u> </u>	ato or logar dormono, e = -
	1	Briefly describ	be the organization's mission or most significant activities:	HOME	FIRST	CONFRONTS H	IOM	ELESSNESS
ce	-	BY CULI	IVATING PEOPLE'S POTENTIAL TO	GET	HOUSE	D AND STAY	HOU	SED.
nar	2		x if the organization discontinued its operations					
Governance	3					3		11
ဗီ	4		lependent voting members of the governing body (Part VI,				+	11
s S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)						214
Activities		Total number of volunteers (estimate if necessary)					;	2002
ctiv			d business revenue from Part VIII, column (C), line 12				a	0.
A			business taxable income from Form 990-T, line 34				b	0.
						Prior Year		Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)			10,958,376		12,042,482.
Revenue	9	Program serv	ce revenue (Part VIII, line 2g)			871,451		1,057,806.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)			1,354,189		292,150.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) \dots			1,642,524		790,134.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), I	ine 12)		14,826,540		14,182,572.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)			1,483,909	_	1,498,390.
			to or for members (Part IX, column (A), line 4)			0 .		0.
ŝ			r compensation, employee benefits (Part IX, column (A), line			7,581,524		8,105,430.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)			0 .	·	0.
Expenses			.	151,5	75.		_	
Ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)			5,444,606		5,809,362.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)			14,510,039		15,413,182.
	19	Revenue less	expenses. Subtract line 18 from line 12	<u></u>		316,501		-1,230,610.
Net Assets or Fund Balances					В	eginning of Current Year		End of Year
sets	20	Total assets (Part X, line 16)			22,518,896		21,658,497.
it As	21		s (Part X, line 26)			8,506,698		8,877,951.
E ^R	22		fund balances. Subtract line 21 from line 20			14,012,198	•	12,780,546.
	irt II	Signatur						
			I declare that I have examined this return, including accompanying				ny kno	owledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all informa	ation of w	hich prepare	r has any knowledge.		
			a of officer					
Sigr	ı	Signatur	e of officer			Date		

Here	JAMES PTAK, CFO Type or print name and title Type or print name and title Type or print name and title		
Paid	Print/Type preparer's name CAROLYN R. AMSTER	Preparer's signature CAROLYN R. AMSTER	Date Check PTIN 05/14/19 self-employed P00189994
Preparer	Firm's name 🕒 BPM LLP		Firm's EIN ► 81-4234542
Use Only	Firm's address 4200 BOHANNON DR	IVE, SUITE 250	
	MENLO PARK, CA 9	Phone no. 650 - 855 - 6800	
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No
	a	a and the concrete instructions	Earm 990 (2017)

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

1	Check if Schedule O contains a response or note to any line in this Part III
•	Briefly describe the organization's mission: HOMEFIRST CONFRONTS HOMELESSNESS BY CULTIVATING PEOPLE'S POTENTIAL TO GET HOUSED AND STAY HOUSED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$13,046,179. including grants of \$1,498,390.) (Revenue \$1,847,940.
	THE ORGANIZATION'S GOALS ARE BASED ON A BUSINESS MODEL THAT IDENTIFIES
	THREE AREAS THAT ENCOMPASS THE SCOPE OF THE ORGANIZATION'S WORK:
	- EMERGENCY SHELTER: YEAR-ROUND SHELTERS, SEASONAL COLD WEATHER SHELTERS AND EMERGENCY SERVICES
	- SUPPORTIVE SERVICES: CASE MANAGEMENT SERVICES, VOCATIONAL AND
	HOUSING SERVICES, AS WELL AS OUTREACH, MENTAL HEALTH AND
	VETERANS' CARE
	- TRANSITIONAL AND PERMANENT HOUSING: INCLUDES PROPERTY MANAGEMENT OF
	FOUR LOCATIONS
	HOMEFIRST IS A LEADING PROVIDER OF SERVICES, SHELTER AND HOUSING
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	<pre></pre>
4c	<pre></pre>
4c	<pre></pre>
4c	
4c	
	Other program services (Describe in Schedule O.)
4d	

Form 990 (2017)	HOMEFIRST	SERVICES	OF	SANTA	CLARA	COUNTY	94-2684272	Page 3
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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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? If "Yes," complete			
	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	х	
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	10		
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		- 23	
U		11b		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u></u>
a	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	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	X	
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х
			~~~	

Form **990** (2017)

Form 990 (2017)	HOMEFIRST	SERVICES	OF	SANTA	CLARA	COUNTY	94-2684272	Page <b>4</b>
Part IV Checklist of	Required Schedu	les (continued)						

	Continuea)		1	
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			v
	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			v
	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		
С	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		
	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			v
-	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			v
~~	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,"			- v
~-	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			- v
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		x
~~	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? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.1		x
20	<i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<u> </u>
54		34		x
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>- 55a</u>		<u> </u>
5	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?	- 335		<u> </u>
		36		x
	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
5.	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?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2017)
				/

Form	990 (2017) HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684	272	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 98			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 214			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ (see instructions)	LN		
39		3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		<u> </u>
Ha		4a		x
Ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<del>4</del> a		
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fa		Ee		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•	v	
	any contributions that were not tax deductible as charitable contributions?	6a	X	├──
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		v	
_	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>x</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
с	Enter the amount of reserves on hand 13c			
	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		
			000	(2017)

Form **990** (2017)

Form 990	(2017)
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## HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684272 Page 6

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
Section A. Governing Body and Management	

4 -	Takes the second as a first as a such as a filler and such a death of the second of the states of	<b>.</b>	I	11		Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		<u> </u>			
	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		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
0	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 99				4		X
-					4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse				<u> </u>		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				0		
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1.0		
a	The governing body?		-		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
9					00	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				9		x
Sec.	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>				9		
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	<u>Code.)</u>				
						Yes	N
	Did the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,				
	· · · · · · · · · · · · · · · · · · ·				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the	form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," d	escribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		Х
	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-	1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	ı's				
Sec	exempt status with respect to such arrangements?	<u></u>			16b		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	(Secti	on 501(c)(3	)s only) av	ailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain)						
10	X       Own website       X       Another's website       Y       Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			alion and	linen-	ial	
19		nict of	muerest po	bildy, and	manc	ıdı	
~	statements available to the public during the tax year.			•			
20	State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - (408)539-2100	ks and	a records:	<b>•</b>			
	507 VALLEY WAY, MILPITAS, CA 95035					_	
						990	(00.

Form 990 (2017)	HOMEFIRST		-		-		94-20042/2	Page I			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Schedu	lle O contains a respon	se or note to any	line in	this Part VII							

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-271033-10130)	organization
	organizations	truste	al tru:		yee	n per				and related
	below	vidual	In stit utio nal tru stee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) MARK DONNELLY	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) SCOTT LEFAVER	2.00									
BOARD VICE CHAIR & TREASURER		Х		Х				0.	0.	0.
(3) TOM WALDROP	2.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(4) DAVID FILGOR	2.00									
AUDIT COMMITTEE CHAIR		Х		Х				0.	0.	0.
(5) NICHOLAS DINH	2.00									
FUNDS DEVELOPMENT CHAIR		Х		Х				0.	0.	0.
(6) KIRK HEINRICHS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) PAUL FONG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LEONARD LEN SHEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BRIAN PILLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JAMES CAPE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JONATHAN JOANNIDES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ANDREA URTON	40.00									
CEO				Х				144,622.	0.	9,372.
(13) JAMES PTAK	40.00									
CFO				Х				59,348.	0.	1,233.
(14) STEPHANIE DEMOS	40.00									
CDO				Х				112,244.	0.	15,387.
(15) RENE RAMIERZ	40.00									
<u>coo</u>				х				100,394.	0.	1,194.
(16) JESS GUTIERREZ	9.00									
CFO (PART TIME)				х				126,788.	0.	0.

732007 11-28-17

Form 990 (2017)

## 10060514 781135 163500.0

2017.05060 HOMEFIRST SERVICES OF SAN 163500.2

7

		SERVIC	ES	5 C	)F	SA	NT	А	CLARA COUNTY	7 94-26	<u>84</u> 2	272	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Posi heck r ss per nd a di	ition more rson i	than o s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
	Sub-total								543,396.		0.	2'	7,18	86.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A		·····	·····	· · · · · · ·			0. 543,396.		0.		7,18	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			Yes	4 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	uch individual		, 			·····		·····			3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	or such individual	-	·····	4		X
	rendered to the organization? If "Yes," com ion B. Independent Contractors										<u></u>	5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensat	ion fro	m	
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	services	С	(C omper		n
	Total number of independent contractions "	oluding but a		nita		the		+0-		are then				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•		me	1 10 1			req	above) who received m			_	000 //	

Form	990	0 (2	2017) HOMEF	FIRST SER	VICES OF	SANTA CLAF	RA COUNTY	94-2684	272 Page 9
Par	t V	/111	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns	1a					
ts, Grants Amounts			Membership dues						
Ū			Fundraising events		200,461.				
Gifts, ilar An			Related organizations						
s, G mila			Government grants (contribut		9,936,520.				
ŝ			All other contributions, gifts, gran						
but			similar amounts not included abo	ve 1f	1,905,501.				
Contributions, Gift and Other Similar		g	Noncash contributions included in lines	1a-1f: \$	529,143.				
anco		h	Total. Add lines 1a-1f			12,042,482.			
					Business Code				
ø	2	а	RENTAL INCOME		532000	1,057,806.	1,057,806.		
e či		b							
Se		с							
Program Service Revenue		d							
ogr B		е		_					
ሻ		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		►	1,057,806.			
	3		Investment income (including						
			other similar amounts)		►	292,150.			292,150.
	4		Income from investment of ta	x-exempt bond p	roceeds 🕨 🕨				
	5		Royalties		<b>&gt;</b>				
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		с	Rental income or (loss)						
		d	Net rental income or (loss) .		▶				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
	-		Net gain or (loss)		····· ►				
ne	8	а	Gross income from fundraisin	•					
/en			including \$ 200						
Be			contributions reported on line		12 894				
Other Revenue		F	Part IV, line 18						
Ē			Less: direct expenses Net income or (loss) from fund			0.			
						5.			
	3	a	Gross income from gaming ad						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less		▶				
	10	a	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sale						
ŀ		č	Miscellaneous Revenu		Business Code				
ŀ	11	а	MISCELLANEOUS		900099	790,134.	790,134.		
		a b							
		c							
			All other revenue						
			Total. Add lines 11a-11d			790,134.			
	12		Total revenue. See instructions.			14,182,572.	1,847,940.	0.	292,150.
732009					F		· · · · · ·		Form <b>990</b> (2017)

# Form 990 (2017) HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684272 Page 10 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 663,491. 663,491. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 834,899. 834,899. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 520,778. 653,312. 117,025. 15,509. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,024,675. 4,802,481. 1,079,175. 143,019. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 772,702. 20,863. 931,398. 137,833. Other employee benefits 9 496,045. 411,070. 73,845. 11,130. 10 Payroll taxes 11 Fees for services (non-employees): Management а 41,756. 41,756. b Legal 191,350. 191,350. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 458,596. 387,567. 59,418. 11,611. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 1,686,185. 121,832. 1,808,569. 552. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 258,953. 286,085. 27,132. 20 Interest Payments to affiliates 21 1,080,132. 985,102. 95,030. Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 529,143. 529,143. DONATED GOODS AND SERVI а SUPPLIES 418,330. 344,940. 40,633. 32,757. h 2,236. 320,085. 317,849. ALLOWANCE FOR BAD DEBT С 4,212. 268,071. 263,859. d RENTAL AND MAINTENANCE 407,245. 267,160. 123,951. 16,134. e All other expenses 15,413,182. 13,046,179. 2,115,428. 251,575. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

732010 11-28-17

Form 990 (2017)

### 10060514 781135 163500.0

if following SOP 98-2 (ASC 958-720)

Check here

10

10060514 781135 163500.0

-								ruge
	HOMEFIRST	SERVICES	OF	SANTA	CLARA	COUNTY	94-2684272	Page <b>11</b>

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			253,246.	1	280,398.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,064,503.	3	1,517,411.
	4	Accounts receivable, net			294,339.	4	61,694.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ted emp	loyees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sections					
\$		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ϋ́	8	Inventories for sale or use				8	
	9				170,626.	9	130,454.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		34,911,868.			
	b	Less: accumulated depreciation	10b	15,411,904.	20,226,554.	10c	19,499,964.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	L	509,628.	15	168,576.	
	16	Total assets. Add lines 1 through 15 (must equa			22,518,896.	16	21,658,497.
	17	Accounts payable and accrued expenses			4,605,065.	17	5,001,768.
	18	Grants payable		472,807.	18	344,014.	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to current and former	officers	directors, trustees,			
litie		key employees, highest compensated employee	s, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			3,231,705.	23	3,348,023.
	24	Unsecured notes and loans payable to unrelated	l third pa	arties		24	
	25	Other liabilities (including federal income tax, page	yables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D		L	197,121.	25	184,146.
	26	Total liabilities. Add lines 17 through 25			8,506,698.	26	8,877,951.
		Organizations that follow SFAS 117 (ASC 958)	), check	here ▶ X and			
s		complete lines 27 through 29, and lines 33 and	d 34.				
ů.	27	Unrestricted net assets			8,281,741.	27	7,066,395.
ala	28	Temporarily restricted net assets			5,644,213.	28	5,627,907.
Β	29	Permanently restricted net assets		<u></u> . L	86,244.	29	86,244.
- Lu		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here 🕨 📃			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		L		30	
SS	31	Paid-in or capital surplus, or land, building, or eq	uipmen	fund		31	
<b>N</b>	32	Retained earnings, endowment, accumulated inc				32	
l et					1 4 010 100		1 1 7 7 0 A F/C
Net Assets or Fund Balances	33	Total net assets or fund balances		·····	<u>14,012,198.</u> 22,518,896.	33 34	<u>12,780,546.</u> 21,658,497.

Form **990** (2017)

Form 990 (2017)
Part X Balance Sheet

Form	990 (2017) HOMEFIRST SERVICES OF SANTA CLARA COUNTY	94-	2684272	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,182		
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,41		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,01		
5	Net unrealized gains (losses) on investments	5	- :	L,04	42.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12,78	) <u>,5</u>	46.
Pa	rt 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	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	Х	L
	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	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	lit		
	Act and OMB Circular A-133?		3a	Х	<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2017)

SCHEDULI	ΞA
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Department of the Treasury

(Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047
2017
Open to Public Inspection

Intern	al Reve	nue Service		Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Nan	ne of t	the organizati	on							identification numbe
_					ICES OF SANT					4-2684272
Ра	rt I	Reason	for Public C	Charity Status	All organizations must co	omplete th	is part.) Se	ee instructions	3.	
The	organ	nization is not a	a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	1)(A)(i).		
2					(Attach Schedule E (Forn					
3		•			anization described in so					
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	-							
5					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)						
6				-	nental unit described in					
7		-		-	intial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
	37	-		omplete Part II.)						
8	X	-			(1)(A)(vi). (Complete Par	-				
9		0			in section 170(b)(1)(A)(	· ·			•	•
			or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10					e than 33 1/3% of its sup					
					ct to certain exceptions,					-
					(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	inter June 30, 1975.
11				mplete Part III.)	ively to test for public sa	foty Soo	agation E(	00(a)(4)		
12	$\square$	•	•	•	ively for the benefit of, to	•			rn/out tho	nurneses of one or
12		-	-	-	ed in section 509(a)(1)				•	
				-	of supporting organization					
а		-	-		supervised, or controlled		-		-	aivina
u				-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se		indjointy c				pporting
b		¬ ~		-	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hay	rina
				-	anization vested in the sa			•		-
			•	t complete Part IV,		•			5 11	
с		¬ -		-	ng organization operated	in connec	tion with, a	and functional	lly integrate	d with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	, ,	
d		Type III no	n-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organiz	ation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	I an attentiv	veness
		requiremer	nt (see instructi	ions). You must coi	mplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
g				about the supporte		(iv) is the orm	anization listed		· · · · · · · · · · · · · · · · · · ·	
	(	<ul> <li>(i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions
		organization	•		above (see instructions))	Yes	No			
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

### Schedule A (Form 990 or 990-EZ) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684272 Page 2 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.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8867871.	9406555.	10492371.	<u>10958376.</u>	12042482.	51767655.
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	8867871.	9406555.	10492371.	10958376.	12042482.	<u>51767655.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						51767655.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	8867871.	9406555.	10492371.	10958376.	12042482.	<u>51767655.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	236,961.	248,910.	259,641.	285,601.	292,150.	1323263.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	181,076.	272,913.	378,476.	1480111.	790,135.	
	Total support. Add lines 7 through 10						56193629.
	Gross receipts from related activities,	,	,			· · ·	,430,779.
13	First five years. If the Form 990 is for	0	, ,		,	( )( )	
<u> </u>	organization, check this box and stor ction C. Computation of Publi	o here	oontaga				
	•						0.0 1.0
	Public support percentage for 2017 (I		•			14	92.12 %
	Public support percentage from 2016					15	92.61 %
16a	<b>33 1/3% support test - 2017.</b> If the c						
	stop here. The organization qualifies		-		line 15 is 22 1/20/		
b	<b>33 1/3% support test - 2016.</b> If the c						
47	and <b>stop here.</b> The organization qual						
1/8	1 10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				-	-	
L	meets the "facts-and-circumstances"						
C	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						■
10	organization meets the "facts-and-circ		-				
10	Private foundation. If the organizatio	T UIU HUL CHECK & I		a, 100, 17a, 01 170		edule A (Form 990	
					SUIR	2 a a la chi a a a a a a a a a a a a a a a a a a a	

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## Schedule A (Form 990 or 990 EZ) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684272 Page 3 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>(b)</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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		(2) _ 0 + 1	(0) = 0 + 0	(2) 2010		(.)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, o	column (f))		15	%
	Public support percentage from 2016				<u></u>	16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)17</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
73202	23 10-06-17				Sch	edule A (Form 99	0 or 990-EZ) 2017
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## Schedule A (Form 990 or 990-EZ) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684272 Page 4

## Part IV Supporting Organizations

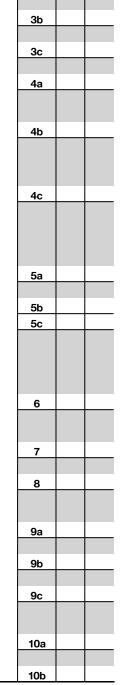
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

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Yes No

1

2

3a

Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684272 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations		I	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		163	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form 9	90 or 99	0-EZ)	2017

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Sche Pai	dule A (Form 990 or 990-EZ) 2017 HOMEFIRST SERVICES OF S			4-2684272 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part V(I) See instructions Al
•	other Type III non-functionally integrated supporting organizations must c	-		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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-functiona	Illy integrate	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684272 Page 7

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	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			
Secti	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			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	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 <b>Part VI.</b> 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.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
C	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	<b>nation.</b> Provide the explana 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 ines 2 and 3; Part IV, Section	ations required by Part II, b, 9c, 11a, 11b, and 11c; E, lines 1c, 2a, 2b, 3a, an	<b>CLARA COUNTY 94–2684272</b> line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C d 3b; Part V, line 1; Part V, Section B, line 1e; Part te this part for any additional information.	),
700000 45 55					7) 00-17
732028 10-06-1	17		20	Schedule A (Form 990 or 990-E2	L) 2011

Schedule B (Form 990 990-F7 or 990-PF) Department of the Treasury Internal Revenue Service

## ****** PUBLIC DISCLOSURE COPY

## 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

Employer identification number

Name of the organiz	ation	Employer identification
	HOMEFIRST SERVICES OF SANTA CLARA COUNTY	94-2684272
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	ation 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)

### Name of organization

### HOMEFIRST SERVICES OF SANTA CLARA COUNTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 346,770. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

94-2684272

723452 11-01-17

2017.05060 HOMEFIRST SERVICES OF SAN 163500.2

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10060514 781135 163500.0

Employer identification number

94-2684272

## HOMEFIRST SERVICES OF SANTA CLARA COUNTY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD		
		\$346,770.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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10060514 781135 163500.0

2017.05060 HOMEFIRST SERVICES OF SAN 163500.2

Name of org	panization		Employer identification number					
HOMEFI	IRST SERVICES OF SANTA C	LARA COUNTY	94-2684272					
Part III		ibutions to organizations described i olumns (a) through (e) and the follo charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gif						
-	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-		(e) Transfer of gif						
-	Transferee's name, address, an	id ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-		[						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					

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723454 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017.05060 HOMEFIRST SERVICES OF SAN 163500.2

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.



Name of the organization

Employer identification number HOMEFIRST SERVICES OF SANTA CLARA COUNTY

94-2684272

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	s or Acc	ounts. Complete if the
	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 advi	sed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		YesNo
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	e used onl	у
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferrin	g
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, li	ne 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 ec	ducation) Preservation of a his	storically in	mportant land area
	Protection of natural habitat	Preservation of a ce	rtified hist	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		L	2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic strue	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struct	ure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ation 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 I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation	easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ation ease	ments during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			nt, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the orgar	nization's accounting for
	conservation easements.		-	-
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ment and	balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furthera	ance of pu	Iblic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemen	t and bala	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ublic servi	ce, 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			
	the following amounts required to be reported under SFAS 11			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2017
	10-09-17			
		~ -		

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		ST SERVICES					94-26			age <b>2</b>
Par									,	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	pllections and explain	how they further th	e organizatio	n's exer	npt purpo	se in Part	XIII.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Parent Pare		ete if the organizatio	n answered "	'Yes" on	Form 990	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributions	s or other ass	sets not	included				
. a	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII						····· ∟			
~			ioning table.					Amoun	t	
c	Beginning balance					1c		/ inioun		
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe						·	Yes		No
	If "Yes," explain the arrangement in Part XIII.						····· —			1
Par						10.				
	·	(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four	vears	back
1a	Beginning of year balance	98,702.	95,468.		),484.		93,257.	1		166.
b	Contributions									
с	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	-1,160.	-10,664.	-10	),579.				4,	909.
f	Administrative expenses									
g	End of year balance	106,582.	98,702.	95	5,468.	1	L10,484.		93,	257.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment  80.92	%								
с	Temporarily restricted endowment  1	9.08 %								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	d administer	ed for th	ne organiz	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(ii) related organizations						3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o		or other	• •	ccumulat		<b>(d)</b> Boo	k value	Э
		basis (investr	,	(other)	de	preciation	1			
	Land			<u>5,891.</u>				4,69		
b	Buildings			4,488.		<u>899,8</u>		.3,13	-	
	Leasehold improvements			1,400.		<u>794,4</u>		1,18	-	
d	Equipment			6,260.		<u>517,7</u>			8,51	
е	Other		27	3,829.		199,8			3,9	
Total	. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part )	X, column (B), line 10	)c.)				.9,49		
							Schedule	e D (Forn	n <b>990</b> )	2017

732052 10-09-17

Schedule D	(Form 990)	) 2017	HOMEFIRST	SERVICES	OF	SANTA	CLARA	COUNTY	94-2684272	Page 3
Part VII	Investn	nents -	Other Securities.							

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

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

### Part VIII Investments - Program Related.

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

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

## Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

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

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OTHER LIABILITIES	107,486.
(3)	SECURITY DEPOSITS	76,660.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	184,146.

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

Schedule D (Form 990) 2017

732053 10-09-17

Sche	edule D (Form 990) 2017 HOMEFIRST SERVICES OF SANTA	A CLARA	COUNTY	94-	2684272 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	14,272,925.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,042. 91,395.		
b	Donated services and use of facilities	2b	91,395.		
с					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	90,353.
3	Subtract line 2e from line 1			3	14,182,572.
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			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,182,572.
Ť	Potar foverade. A da miles e and for miles must eduar form 350. Fatti, me 12.			-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With I	Expenses per F	Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With I	Expenses per F		n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With I	Expenses per F	letur	
	rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With I	Expenses per F		n.
1	rt XII         Reconciliation of Expenses per Audited Financial Statemer           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With I	Expenses per F		n.
1 2	rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With I	Expenses per F		n.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	Expenses per F		n.
1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	Expenses per F		n. 15,504,577.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 91,395.	1 2e	n. 15,504,577.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 91,395.	1	n.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F 91,395.	1 2e	n. 15,504,577.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F 91,395.	1 2e	n. 15,504,577.
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	Expenses per F 91,395.	1 2e	n. 15,504,577.
1 2 3 4 3	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3 4c	n. <u>15,504,577.</u> <u>91,395.</u> <u>15,413,182.</u> 0.
1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	91,395.	1 2e 3	n. 15,504,577.

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 V, LINE 4:

THE FUNDS ARE TO BE USED FOR ENDOWMENT PURPOSES WITH INCOME HENCEFORTH	THE	FUNDS	ARE	то	ΒE	USED	FOR	ENDOWMENT	PURPOSES	WITH	INCOME	HENCEFORTH	тС
------------------------------------------------------------------------	-----	-------	-----	----	----	------	-----	-----------	----------	------	--------	------------	----

BE USED FOR CERTAIN YOUTH PROGRAM SERVICES.

732054 10-09-17

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$15 Attach to Form 990 Go to www.jrs.gov/Form990	Form 5,000 ( or Fo	990, F on Foi rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.		r if the	OMB No. 1545-0047
Name of the organization		ST SERVICES OF SAN					Employer ide 94-2684	entification number
		Complete if the organization answe						
<ol> <li>Indicate whether the</li> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organization key employees lister</li> </ol>	e organization rais ons email solicitations ations icitations n have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pur- viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fι	mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No	-			
Total           3         List all states in white or licensing.	ch the organization	n is registered or licensed to solicit o	ontrib	▶ utions	or has been notified	it is e	kempt from re	egistration
				000 -		0		000 av 000 EZ 00 :=
LITA FOR Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	SO OL	990-E		sched	uie G (Form §	990 or 990-EZ) 2017

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2684272 Page 2 Part II 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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of furfulaising event contributions and gro			terne man greee receipt	o groater than \$0,000.
			(a) Event #1 SPECIAL EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	243,355.			243,355.
	2	Less: Contributions	200,461.			200,461.
	3	Gross income (line 1 minus line 2)	42,894.			42,894.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	42,894.			42,894.
		Direct expense summary. Add lines 4 through			•	42,894. 0.
Pa	rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	ne 3, column (d) answered "Yes" on Form		reported more than	0.
		\$15,000 on Form 990-EZ, line 6a.			•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	•		Yes%	── Yes %	Yes%	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	Ent	tor the state(s) is which the examination condu	unto apmina potivitioo:			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
					_	
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Ves No
~						
73200	2 00	-13-17			Schedule G (For	m 990 or 990-EZ) 2017

G (FO =Z) 2

Sch	edule G (Form 990 or 990-EZ) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-2	2684272	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	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
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	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	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ 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		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	
C	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (v); and Part III, line 2b, co	nes 9 9h 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	103 0, 00, 10	5, 155,
7320	83 09-13-17 Schedule G (Forr	n 990 or 990	-EZ) 2017
	31		

2017.05060 HOMEFIRST SERVICES OF SAN 163500.2

Schedule G	(Form 990 or 990-E Supplemental	Z)	HOME	FIRST	SERVICES	OF	SANTA	CLARA	COUNTY	94-2684272	Page 4
Part IV	Supplemental	Inform	nation	(continued)							
									Sch	edule G (Form 990 o	[•] 990-EZ)

732084 04-01-17

SCHEDULE I (Form 990) Department of the Treasury	Go	irants and Oth vernments, an ete if the organizatio	nd Individual n answered "Yes" Attach to For	I <b>s in the Ŭni</b> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
	SERVICES	OF SANTA C	LARA COUNI	ſΥ			Employer identification number $94 - 2684272$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t criteria used to award the grants or assis	stance?						
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	-				anization answered "N	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than s <b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABODE SERVICES 40849 FREMONT BOULEVARD FREMONT, CA 94538	94-3087060	501(C)3	663,491.	0.			FINANCIAL /RENTAL/UTILITIES/TRANSPOR TATION ASSISTANCE
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations</li> <li>LHA For Paperwork Reduction Act Notice.</li> </ul>	s listed in the line 1	I table	l e line 1 table				Schedule I (Form 990) (2017)

### Schedule I (Form 990) (2017) HOMEFIRST SERVICES OF SANTA CLARA COUNTY

94-2684272

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CASH (AVAILABLE UPON REQUEST)	293	822,917.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
•					

PART I, LINE 2:

THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE AND RELATED EXPENSES FOR

ELIGIBLE PROGRAM PARTICIPANTS. THE ORGANIZATION OFFERS ADDITIONAL PROGRAMS

THAT PROVIDE FINANCIAL ASSISTANCE FOR HOUSING, INCLUDING SECURITY DEPOSITS,

RENTAL ASSISTANCE AND UTILITIES PAYMENTS, AND CERTAIN LIVING EXPENSES. ALL

OF THESE PROGRAMS HAVE ESTABLISHED GUIDELINES THAT DETERMINE ELIGIBILITY

FOR PROGRAM PARTICIPATION IN LINE WITH AGREEMENTS BETWEEN THE ORGANIZATION

AND THE FOUNDATION AND GOVERNMENTAL AGENCIES THAT FUND THESE ASSISTANCE

## PAYMENTS.

			Nonc	ash Contri	ibutions		OMB No. 1545-004	17
(Fo	rm 990)						2017	,
		Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.		
	ment of the Treasury I Revenue Service	Attach to Form 990.					Open To Public Inspection	ic
	e of the organization	Go to www.irs.gov/	Form990 fo	r the latest inform	ation.	Emple	oyer identification num	mber
Inding	e of the organization		סעדרידים		CLARA COUNTY	Empic	94-2684272	linei
Par	tl Types of	Property	KVICED	OF SANIA	CHARA COUNTI		94-2004272	
			(a)	(b)	(c)		(d)	
			Check if	Number of	Noncash contribution		thod of determining	
			applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncas	h contribution amounts	S
1	Art - Works of art				<u> </u>			
2		asures						
3		erests						
4		ations						
5		sehold goods						
6		hicles						
7								
8		ty						
9		ly traded						
10		y held stock						
11	Securities - Partne							
		• • •						
12	Securities - Miscel							
13	Qualified conserva							
	Historic structures	3						
14	Qualified conserva	ation contribution - Other						
15	Real estate - Resid							
16	Real estate - Com	mercial						
17		r						
18								
19			X	2	361,625.	FAIR M	ARKET VALUE	
20		I supplies						
21								
22	Historical artifacts							
23	Scientific specime	ns						
24	Archeological artif							
25	Other 🕨 (G	OODS )	X	3	15,000.	FAIR M	ARKET VALUE	
26	Other 🕨 (	)						
27	Other 🕨 (	)						
28	Other 🕨 (	)						
29	Number of Forms	8283 received by the organiz	zation during	g the tax year for co	ontributions			
	for which the orga	nization completed Form 82	83, Part IV, I	Donee Acknowledg	jement			
							Yes	No
30a	During the year, di	id the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it		
	must hold for at le	ast 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?	?				<u>30a</u>	X
b	If "Yes," describe	the arrangement in Part II.						
31	Does the organiza	tion have a gift acceptance p	policy that re	equires the review o	of any nonstandard contribu	tions?		X
32a	Does the organiza	tion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			_
							<u>32</u> a	X
b	If "Yes," describe i							
33		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.							
LHA	For Paperwork	Reduction Act Notice, see	the Instruct	tions for Form 990	).	So	chedule M (Form 990)	2017

Schedule M		HOMEFIRST						94-2684272	Page <b>2</b>
Part II	is reporting in Part	Information. P I, column (b), the n Iditional information	umber of contribu	ation re utions, 1	equired by P the number	art I, lines 3 of items rec	0b, 32b, and 33 eived, or a com	, and whether the organiza bination of both. Also com	tion plete
732142 09-07-1	7							Schedule M (Form	990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



HOMEFIRST SERVICES OF SANTA CLARA COUNTY 94-

94-2684272

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OPPORTUNITIES TO THE MEN, WOMEN AND CHILDREN WHO ARE CURRENTLY HOMELESS

OR AT IMMINENT RISK OF HOMELESSNESS IN SANTA CLARA COUNTY. THE

ORGANIZATION PROVIDES A ROBUST CONTINUUM OF CARE INCLUDING STREET

OUTREACH, EMERGENCY SHELTER, CASE MANAGEMENT, PREVENTION SERVICES,

TRANSITIONAL HOUSING AND PERMANENT SUPPORTIVE HOUSING. IT SERVES OVER

5,000 ADULTS, VETERANS, FAMILIES AND YOUTH EACH YEAR AT SEVEN LOCATIONS

FROM GILROY TO MENLO PARK, INCLUDING THE BOCCARDO RECEPTION CENTER

WHICH IS THE COUNTY'S LARGEST EMERGENCY SHELTER WITH AN OVERNIGHT

CAPACITY OF 250 ADULTS.

THE ORGANIZATION IS AN ESSENTIAL LINK TO SHELTER AND SUPPORTIVE SERVICES THROUGHOUT THE COLD WEATHER SEASON (ESSENTIALLY FROM MID-OCTOBER TO MID-APRIL). HOMEFIRST MANAGES COLD WEATHER SHELTERS IN SUNNYVALE, GILROY, AND MOUNTAIN VIEW, AS WELL AS FOUR OVERNIGHT WARMING LOCATIONS WITHIN THE LIMITS OF THE CITY OF SAN JOSE.

HOMEFIRST HAS TWO FACILITIES FOR FAMILIES WORKING TO SUSTAIN PERMANENT HOUSING, THE BOCCARDO FAMILY LIVING CENTER IN SAN MARTIN AND THE SOBRATO FAMILY LIVING CENTER IN SANTA CLARA. SOBRATO HOUSE, LOCATED IN DOWNTOWN SAN JOSE, IS A SUPPORTIVE LIVING CENTER FOR YOUNG ADULTS AND THEIR CHILDREN. A PERMANENT SUPPORTIVE HOUSING FACILITY, LOCATED ON THE GROUNDS OF THE VA'S MENLO PARK SITE, PROVIDES INTENSIVE CARE FOR VETERANS WITH SPECIAL NEEDS.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 \$

 732211
 09-07-17
 \$

37

Schedule O (Form 990 or 990-EZ) (2017) Page												
Name of the organization HOMEFIRST SER	VICES OF SANTA CLARA COUNTY	Employer identification number 94-2684272										
A COMPLETE COPY OF FORM 990	IS PROVIDED TO ALL MEMBERS OF	THE GOVERNING										
BODY FOR THEIR REVIEW.												

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

MEMBERS OF THE BOARD, SENIOR MANAGEMENT, AND THOSE STAFF WHO WORK IN PROGRAMS THAT DISTRIBUTE SIGNIFICANT AMOUNTS OF FINANCIAL ASSISTANCE TO CLIENTS COMPLETE AND SIGN ANNUAL STATEMENTS CONCERNING POTENTIAL CONFLICTS OF INTEREST WHICH ARE REVIEWED BY THE ORGANIZATION'S COMPLIANCE OFFICER. AS APPROPRIATE, THE COMPLIANCE OFFICER CONSULTS WITH THE CHAIR OF THE AUDIT COMMITTEE OR THE CHAIR OF THE BOARD CONCERNING ANY REPORTED CONFLICTS. THE CFO AND PROGRAM MANAGEMENT PERIODICALLY REVIEW CLIENT FILES AND RELATED DOCUMENTS TO CONFIRM COMPLIANCE WITH GRANT AGREEMENTS.

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

FINANCIAL STATEMENTS ARE AVAILABLE ON THE HOMEFIRST WEBSITE. ALL OTHER

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

NO CHANGES WERE MADE TO THE OVERSIGHT OF THE AUDIT.

732212 09-07-17

SCH	EDULE	R
	1	

### (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.

Attach to Form 990.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

94-2684272

Department of the Treasury Internal Revenue Service

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

Name of the organization

## HOMEFIRST SERVICES OF SANTA CLARA COUNTY

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
EHC DELMAS PARK, LLC - 20-1719292					
507 VALLEY WAY	HOLDS AND LEASE LAND FOR				HOMEFIRST SERVICES OF
MILPITAS, CA 95035	AFFORDABLE HOUSING	CALIFORNIA		3,494,120.	SANTA CLARA COUNTY
EHC BELOVIDA, LLC - 94-2684272	ENTERED INTO LONG-TERM				
507 VALLEY WAY	GROUND LEASE OF CERTAIN				HOMEFIRST SERVICES OF
MILPITAS, CA 95035	PROPERTY	CALIFORNIA			SANTA CLARA COUNTY
	-				
	-				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2017

## Schedule R (Form 990) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY

94-2684272 Page 2

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.

		-					1				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
											_
										$\left  \right $	<u> </u>
										+	
	1		1	1		1		L	1	<u> </u>	

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion o)(13) rolled ity?
		country)		01 11 03 0		233013		Yes	No

## Schedule R (Form 990) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY

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

the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
ot of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
rant, or capital contribution to related organization(s)	1b		
rant, or capital contribution from related organization(s)	1c		
or loan guarantees to or for related organization(s)	1d		L
or loan guarantees by related organization(s)	1e		L
nds from related organization(s)	1f		L
f assets to related organization(s)	1g		L
ase of assets from related organization(s)	1h		<u> </u>
nge of assets with related organization(s)	1i		L
of facilities, equipment, or other assets to related organization(s)	1j		L
of facilities, equipment, or other assets from related organization(s)	1k		L
nance of services or membership or fundraising solicitations for related organization(s)	11		L
	1m		L
g of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		L
g of paid employees with related organization(s)	10		L
ursement paid to related organization(s) for expenses	1p		L
ursement paid by related organization(s) for expenses	1q		L
			i –
transfer of cash or property to related organization(s)	1r		
n c c	of facilities, equipment, mailing lists, or other assets with related organization(s) of paid employees with related organization(s) resement paid to related organization(s) for expenses	nance of services or membership or fundraising solicitations for related organization(s)       11         nance of services or membership or fundraising solicitations by related organization(s)       1m         g of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         g of paid employees with related organization(s)       1o         ursement paid to related organization(s) for expenses       1p         ursement paid by related organization(s) for expenses       1g	nance of services or membership or fundraising solicitations for related organization(s)       11         nance of services or membership or fundraising solicitations by related organization(s)       1m         g of facilities, equipment, mailing lists, or other assets with related organization(s)       1n         g of paid employees with related organization(s)       1o         irrsement paid to related organization(s) for expenses       1p         irrsement paid by related organization(s) for expenses       1q

(a) Name of related organiza	tion Transa type (	ction Amount involved	(d) Method of determining amount involved
(1)			
<u>(</u> 2)			
<u>(</u> 3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(</u> 6)			

## Schedule R (Form 990) 2017 HOMEFIRST SERVICES OF SANTA CLARA COUNTY

### 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)	(b)	(c)	(d)	(e	)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c orgs <b>Yes</b>	all s sec. ()(3) 5.? <b>No</b>	Share of total income	Share of end-of-year assets	alloca	opor- nate tions?	of Schedule K-1	General o managin partner Yes No	or Percentage ownership
												<u> </u>

Schedule R (Form 990) 2017

Schedule R (Form 990) 2	017
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## Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017

732165 09-11-17

## 2017 DEPRECIATION AND AMORTIZATION REPORT

### FOI

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS	L				1,695,891.				4,695,891.			0.	
2	LAND IMPROVEMENT	VARIOUS	SL	15.00		16	121,588.				121,588.	101,484.		5,289.	106,773.
3	BUILDING	VARIOUS	SL	39.00	MM	16	25034488.				25034488.	11075039.		824,820.	11899859.
4	BUILDING IMPROVEMENT	VARIOUS	SL	15.00		16:	,859,812.				1,859,812.	606,527.		81,137.	687,664.
5	EQUIPMENT	VARIOUS	200DB	5.00	ну	17	781,610.				781,610.	397,088.		90,562.	487,650.
6	FURNITURE - HOUSEHOLD	VARIOUS	200DB	7.00	НУ	17	614,870.				614,870.	605,201.		8,821.	614,022.
7	FURNITURE - OFFICE	VARIOUS	200DB	7.00	ну	17	999,509.				999,509.	991,963.		4,721.	996,684.
8	AUTO	VARIOUS	200DB	5.00	ну	17	273,829.				273,829.	181,078.		18,781.	199,859.
9	COMPUTER	VARIOUS	200DB	5.00	ну	17	530,271.				530,271.	373,392.		46,001.	419,393.
	* TOTAL 990 PAGE 10 DEPR						34911868.				34911868.	14331772.		1,080,132.	15411904.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2017)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying pumber

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					Enter mer sidentnying number		
Type or	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print							
File by the	HOMEFIRST SERVICES OF SANTA CLARA COUNTY				94-2684272		
due date for filing your return. See	507 VALLEY WAY			Social se	ecurity numbe	er (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a f MILPITAS, CA 95035	oreign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	le a separat	e application for each return)				
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above) THE ORGANIZATIO		06	Form 8870			12	
<ul> <li>If this</li> <li>box ▶</li> <li>1 I re</li> <li>for</li> <li>▶</li> </ul>	brganization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning JUL 1, 2017	Group Exe and atta MAX organizatio	mption Number (GEN) ch a list with the names and EINs of <u>X 15, 2019</u> , to file n's return for: d ending <b>JUN 30, 2018</b>	If this is fo <u>all memb</u> the exen	r the whole g ers the exten npt organizati	sion is for.	
2 If th	If the tax year entered in line 1 is for less than 12 months, check reason:     Initial return     Change in accounting period						
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069, e	enter the tentative tax, less any				
nor	nrefundable credits. See instructions.			3a	\$	0.	
b lfth	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
<u>est</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Ba	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
by using EFTPS (Electronic Federal Tax Payment System). S			ctions.	3c	\$	0.	
instructio		-		453-EO an			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	, see instru	ictions.		Form <b>8</b>	868 (Rev. 1-2017)	

723841 04-01-17