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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Open to Public Inspection

| ΑF | or the 2 | 2013 calendar year, or tax year beginning $$ JUL $1,$ 2013 $$ and e | ending J | ŬN 30, 2014 | |
|--------------------------------|--------------------------------------|--|---------------|------------------------------|-------------------------------|
| Вс | heck if | C Name of organization | | D Employer identifi | cation number |
| ap | | HOMEFIRST SERVICES OF SANTA CLARA COUN | 1ŢY | | |
| | _Address _change | FORMERLY EMERGENCY HOUSING CONSORTIUM | | | 40.40.70 |
| | Name change | Doing Business As | | 94-2 | 684272 |
| | Initial return Termin- ated | Number and street (or P.O. box if mail is not delivered to street address) 507 VALLEY WAY | Room/suite | E Telephone numbe 408- | r 539-2100 |
| | Amende | | | G Gross receipts \$ | 10,715,286. |
| | ⊥return □Applica- □tion | MILPITAS, CA 95035 | | H(a) Is this a group re | eturn |
| | pending | F Name and address of principal officer: ANDREA K. URTON | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| ΙT | ax-exen | npt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) o | r 527 | 1 | list. (see instructions) |
| J۷ | Vebsite | :▶ WWW.HOMEFIRSTSCC.ORG | | H(c) Group exemptio | |
| K F | orm of o | rganization: X Corporation Trust Association Other | L Year | of formation: 1980 N | ∧ State of legal domicile: CA |
| Pa | irt I | Summary | | | |
| ø | 1 B | riefly describe the organization's mission or most significant activities: THE C | RGANI | ZATION'S EX | EMPT |
| Activities & Governance | P | URPOSE IS TO END HOMELESSNESS AND IMPROV | E COM | MUNITIES BY | PROVIDING |
| ž. | 2 C | heck this box 🕨 🔛 if the organization discontinued its operations or dispose | ed of more | | ssets. |
| O. | | | | 3 | 13 |
| 8 | | umber of independent voting members of the governing body (Part VI, line 1b) $_{\cdot\cdot}$ | | | 13 |
| es | 5 T | otal number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 153 |
| viti | | otal number of volunteers (estimate if necessary) | | | 1270 |
| ∖cti | 7 a T | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| 1 | bИ | et unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | | | | Prior Year | Current Year |
| <u>o</u> | 8 C | ontributions and grants (Part VIII, line 1h) | | 7,552,706. | 8,867,871. |
| Revenue | 9 P | rogram service revenue (Part VIII, line 2g) | | 1,101,197. | 1,186,801. |
| eve | 10 In | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 221,529. | 236,961. |
| <u></u> | 11 0 | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 390,811. | 340,272. |
| | 12 T | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 9,266,243. | 10,631,905. |
| | 13 G | rants and similar amounts paid (Part IX, column (A), lines 1-3) | | 1,677,360. | 1,488,115. |
| | 14 B | enefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| S | | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{ m}$ | | 4,849,664. | 4,866,309. |
| Expenses | 16 a P | rofessional fundraising fees (Part IX, column (A), line 11e)otal fundraising expenses (Part IX, column (D), line 25)570 , 36 | | 0. | 0. |
| xbe | b T | otal fundraising expenses (Part IX, column (D), line 25) | 94. | 4 604 660 | 4 000 054 |
| Ú | 17 C | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1 | 4,376,997. | 4,297,254. |
| | 18 T | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 10,904,021. | 10,651,678. |
| | 19 R | evenue less expenses. Subtract line 18 from line 12 | | -1,637,778. | -19,773. |
| ces | | | | ginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 T | otal assets (Part X, line 16) | | 28,086,375. | 27,651,854. |
| t As | 21 T | otal liabilities (Part X, line 26) | | 12,148,751. | 11,742,212. |
| 콾 | 22 N | et assets or fund balances. Subtract line 21 from line 20 | | 15,937,624. | 15,909,642. |
| Pa | art II | Signature Block | | | |
| Und | er penalt | ies of perjury, I declare that I have examined this return, including accompanying schedules | and statem | ents, and to the best of m | y knowledge and belief, it is |
| true, | , correct, | and complete. Declaration of preparer (other than officer) is based on all information of whi | ich preparer | has any knowledge. | |
| | | | | Doto | |
| Sig | n | Signature of officer | | Date | |
| Her | е | ANDREA K. URTON, CEO | | | |
| | | Type or print name and title | | Note | II DTIM |
| | | Print/Type preparer's name Preparer's signature | 1 | Date Check | PTIN |
| Paid | - | CAROLYN R. AMSTER CAROLYN R. AMSTE | <u>ык (</u> 0 | 5/01/15 if self-employ | ^ы №00189994 |
| | · - | Firm's name BURR PILGER MAYER, INC. | | Firm's EIN ▶ | 26-3839190 |
| Use | Only | Firm's address 2000 UNIVERSITY AVE, SUITE 201 | | | E0/0EE 6000 |
| | | E. PALO ALTO, CA 94303 | | Phone no. (b | 50)855-6800 |
| May | the IR | S discuss this return with the preparer shown above? (see instructions) | | | X Yes No |
| | | 12 LHA For Paperwork Reduction Act Notice, see the separate instruction | ns. | | Form 990 (2013) |

| HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM | 94-2684 |
|--|--|
| Program Service Accomplishments | руу арарында жайдан такта жана жайдан такжа байдан такжа байдан жайда жайда жайда жайда жайда жайда жайда жайд |
| e O contains a response or note to any line in this Part III | |
| panization's mission: ONFRONTS HOMELESSNESS BY CULTIVATING PEOPLE'; | |
| AND STAY HOUSED. THE ORGANIZATION IS A LEADING | |
| HELTER, AND HOUSING FOR THE HOMELESS IN SANTA | A CLARA |
| , , | |
| | |

| | Check if Schedule O contains a response or note to any line in this Part III |
|----|--|
| 1 | Briefly describe the organization's mission: HOMEFIRST CONFRONTS HOMELESSNESS BY CULTIVATING PEOPLE'S POTENTIAL TO |
| | GET HOUSED AND STAY HOUSED. THE ORGANIZATION IS A LEADING PROVIDER OF |
| | SERVICES, SHELTER, AND HOUSING FOR THE HOMELESS IN SANTA CLARA COUNTY. |
| | |
| 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. |
| _ | The symmetry conduction consistency or make significant changes in how it conducts any program services? |
| 3 | Did the organization cease conducting, or make significant changes in now it conducts, any program converse. |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 9,242,974 · including grants of \$ 1,488,115 ·) (Revenue \$ 1,367,877 ·) |
| 70 | THE ORGANIZATION IS A LEADING PROVIDER OF SERVICES, SHELTER, AND |
| | HOUSING FOR THE HOMELESS IN SANTA CLARA COUNTY. THE ORGANIZATION SERVES |
| | MODELING FOR THE CONTROL OF THE PARTY CONTROL OF THE CONTROL OF TH |
| | MORE THAN 5,600 ADULTS, VETERANS, FAMILIES AND YOUTH EACH YEAR WITH |
| | SERVICES RANGING FROM STREET/ENCAMPMENT OUTREACH TO EMERGENCY SHELTER, |
| | INDIVIDUAL CASE MANAGEMENT, MENTAL HEALTH COUNSELING, JOB SEARCH |
| | ASSISTANCE, TRANSITIONAL HOUSING, AND PERMANENT AFFORDABLE HOUSING. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4c | (Code:) (Expenses \$) (Revenue \$) |
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| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ Including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ 9,242,974. |
| | Total program service expenses y |

Form **990** (2013)

Form 990 (2013) Part IV Checklist of Required Schedules

| 1 is the organization described in section 501(x)(3) or 4947(x)(1) (other than a private foundation)? 1 | | | | Yes | No |
|--|---------|--|----------------------|-----------|-------------|
| 2 Is the organization required to complete Schedule 6, Schedule of Contributorial 3 Did the organization engage in direct or indirect politicis campaign activities on behalf of or in opposition to candidates for public office? if Yes, "complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in ecitivity activities, or have a section 501(h) election in effect curring the tax year? If Yes, "complete Schedule C, Part II 5 Is the organization as edificial in Revenue Procedure 9.819 II Yes, "complete Schedule C, Part III 6 Did the organization as edificial in Revenue Procedure of amounts in such funds or accounts for which denors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide active on the distribution or investment in the organization release of hold a conservation easement, including easements to presence open space. 7 Did the organization export an amount in Part X, line 21, for secrecy or custodial account liability; serve as a custodian for amounts to release the study of the registration or provide active and account liability; serve as a custodian for amounts and liated in Part X, line part X, line 10 part X, line | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| Did the organization angaing 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 described (C) (C) (S) organizations. Did the organization ingaing in (bibying activities, or have a section 501(h) election in effect during the tax year) of "Yes," complete Schedule C, Part II s to the organization assess to 501(h) election in effect during the tax year) of "Yes," complete Schedule C, Part II as the organization assess to 501(h) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S | | If "Yes," complete Schedule A | 1 | | |
| public office? If "Yes," complete Schedule C, Part I Section 501(6) go agrantations. 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 I be the organization a section 501(h) 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as adefined in Newmure Procedule 96-197 If "Yes," complete Schedule C, Part II I be the organization maintain any donor acvixed funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such drad or accounts? If "Yes," complete Schedule D, Part II I bit the organization receive or hold a conservation asserted, lickliding essements to presenve open space, the environment, historic lead areas, or historic attractives? If "Yes," complete Schedule D, Part II I bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I bit the organization insport 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 deter negotiations services? If "Yes," complete Schedule D, Part IV I bit the organization indicated or through a related organization, hold assets in temporarily restricted andowments, permanent andowments, or quale-indownents? If "Yes," complete Schedule D, Part V II I bit the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V II I bit the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part X II I bit the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part X II I bit the organization is skinily for uncertain tax positions under FIN 48 (XSC 740)? If "Yes," c | 2 | | 2 | X | |
| Section 501c(s) organizations. Did the organization engage in lobbying activities, or have a section 501(s) election in effect orting the tax year? ************************************ | 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| during the tax year? If "Yes," complete Schedule C, Part II 4 X is the organization a section 501(6)(5) 501(6)(5), or 501(6)(5), or 501(6)(5), or 501(6)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III bit the organization maintain any donor advised funds or any similar funds or accounts to which donors have the right 10 provide advise on the distribution or investment of amounts in such funds or accounts to which donors have the fight 10 provide advise on the distribution or investment of amounts in such funds or accounts to which donors have the fight 10 provide advise on the distribution or investment of amounts in such funds or accounts to which donors have the fight 10 provide advise or hold a conservation easement, including easements to preserve one space, the environment, historic land drease, or historic structures If Yes, "complete Schedule D, Part III bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III bit the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on the part X, or provide oredit ocuseeling, debt management, credit repair, or debt regoliston services? If Yes, "complete Schedule D, Part IV bit the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments 2 if Yes, "complete Schedule D, Part V bit the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V bit the organization report an amount for investments - program related in Part X, line 10? If Yes, "complete Schedule D, Part X bit the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes, | | | 3 | | X |
| is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership olies, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III" 6 Did the organization maintain any donor advised funds or any similar funds or accounts 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) 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 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 negoliation services? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount for indeed organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-incommants? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for indeed, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 the organization report an amount for indeed, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for investments - other socurities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for investments - other socurities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 19? If "Yes," complete Schedule D, Part VIII 14 Did the organization an amount for investments program related in Part X, line 19 that is 5% or more of its total assets reported in Part X, line 19? If "Yes," complete Schedule D, Part X III 15 Did the organization or short an amount for investments or the tax year? If Yes," complete Schedule D, Part X III 16 Did | 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization ministin any donor activised funds or any similar funds or accounts for which donors have the right to provide acvice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Use the organization receive or hold a conservation essement, including essements to proserve open space, the environment, historic faund areas, or historic structures? If "Yes," complete Schedule D, Part III Use 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 Use the organization, directly or through a related organization, hold assets in temporarily restricted endowments, proment endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV Use the organization, circetly or through a related organization, hold assets in temporarily restricted endowments, proment endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV Use organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV Use organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IV Use organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X Use organization state and a manual for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X Use organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Use organization state and a manual for organization an asserted in Schedule D, Part X Use organiza | | | 4 | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation assement, including easurements to preserve open space, the environment, historical dress, or historic structures? If "Yes," complete Schedule D, Part II Side the organization report an amount in Part X, line 21, for escrow or outstodial 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 Did the organization for the part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization or the total part X, in entire and the complete Schedule D, Part IV II If the organization is newer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 107 II "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 107 II "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 120 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other asseturities in Part X, line 120 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other asseturities in Part X, line 120 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part X II II X X Did the organization report an amount for investme | 5 | | | | |
| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 | | | 5 | | <u>X</u> |
| 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 III. 8 Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide oredit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide oredit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 12 Did the organization report an amount for investments - organization assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 12 Did the organization report an amount for investments organization assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. 15 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III. 16 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 | 6 | | | | 37 |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 6 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 cereld counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 5 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasive-dowments? If "Yes," complete Schedule D, Part V 10 Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part V III, the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III 2 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III 3 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III 4 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 5 Did the organization report an amount for other ilabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 5 Did the organization obtain separate or consolidated financial statements for the tax year include a dontor that advancesses the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X | | | 6 | | Λ. |
| Bild the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 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 11 if the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, X, or X as applicable. a bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b bid the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c bid the organization report an amount for chier assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 110 X 111 X 110 X 111 X 111 X 112 X 113 Is the organization report an amount for chier assets in Part X, line 25? If "Yes," complete Schedule D, Part X 110 X 111 X 112 X 113 Is the organization in separate or consolidated financial statements for the tax year include a footnote that addresses the organization in separate in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 110 X 111 X 111 X 112 X 113 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 114 X 115 Is the organization included in an office, employees, or agents outside of the Unite | 7 | | _ 、 | | ₩. |
| Schedule D, Part III 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 counsaling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - ordgare related in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - ordgare related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization or sport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization or sport an amount for other liabilities in Part X, line 25% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization or sport an amount for other liabilities in Part X, line 25% If "Yes," complete Schedule D, Part X Did the organization or sport an Part X, line 25% If Yes, "complete Schedule D, Part X and XII so ptio | | | 7 | | |
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| Schedule D, Parts XI and XII 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 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 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 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II 18 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 12a | | | | |
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| 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | IQ | | 12 | x | |
| complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X | 10 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a? If "Yes " | ا " | | |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X | ıs | | 19 | | х |
| 20a Did the organization operate one of more hospital lacinities? If year, complete estimates ? | 20-2 | Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H | | - | |
| | | | | | |

Page 4 Part IV Checklist of Required Schedules (continued) No Yes 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ. government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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 X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I 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 so, Χ 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form **990** (2013)

Note. All Form 990 filers are required to complete Schedule O

FORMERLY EMERGENCY HOUSING CONSORTIUM ements Regarding Other IRS Filings and Tax Compliance

| rai | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|------------|--|----------|------------------------|----------|-----|---------|
| | Check it ochequie o contains a response of hote to any line in the fact v | ····· | | | Yes | No |
| | The state of the s | 1 4- | 158 | - Branch | 162 | 140 |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 1b | 130 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | phlo gaming | | | |
| С | | | - | 1c | X. | |
| 0- | (gambling) winnings to prize winners? | | | 10 | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 2a | 153 | | | |
| | filed for the calendar year ending with or within the year covered by this return | <u></u> | | 2b | X | |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 20 | | |
| 0- | | | | За | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | rity over a | 0.5 | | |
| 4a | financial account in a foreign country (such as a bank account, securities account, or other financial | | | 4a | | X |
| | | accoc | | | | |
| D | If "Yes," enter the name of the foreign country: ► | Accol | ınte | | | |
| ~ - | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years. | | | 5b | | X |
| | | | | 5c | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | | | -00 | | |
| oa | any contributions that were not tax deductible as charitable contributions? | | | 6a | X | |
| h | If "Yes," did the organization include with every solicitation an express statement that such contribu | | | - Ou | | |
| D | | | | 6b | Х | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | | | | 1.11.15 |
| 7 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices | provided to the payor? | 7a | Х | |
| a | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | X | |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | |
| C | to file Form 8282? | | | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | ct? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | | | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D | id the s | supporting N/A | | | |
| • | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | N/A | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 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 N/A | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form | 1041 | ? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$ | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 10.58 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | N/A | 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 | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | , | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | le O | | 14b | | <u></u> |
| | · · · · · · · · · · · · · · · · · · · | | | Form | 990 | (2013) |

Form 990 (2013)

FORMERLY EMERGENCY HOUSING CONSORTIUM

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. Y

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | |
|----------|---|-----------|-----------------------|---------------------------------------|---------------|----------------------|
| Sec | tion A. Governing Body and Management | | | | | 1 |
| | | , | ٠. | <u> </u> | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 1 | <u>3</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 0. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 1 | 3 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | ip with | any other | | | |
| | officer, director, trustee, or key employee? | | | . 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | he dire | ct supervision | | | |
| _ | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | |
| 7 4 | more members of the governing body? | | | 7a | | X |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| b | persons other than the governing body? | | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | |
| | The governing body? | | | 8a | Х | P. 17-24-1 |
| a L | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| ь 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re- | | | · | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | | | · · · · · · · · · · · · · · · · · · · | | |
| | don B. 1 Gilolog (IIII) Georgia in Programme III and a sear periode in the square by | | | | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such or | | | | | |
| D | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 110 | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | | | 11a | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | u, 2011 | | 56.48 | | |
| b 120 | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | 100.00 |
| 12a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to cor | flicts? | 12b | X | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | Yes " d | escribe | | | |
| С | | | | 12c | Х | |
| 40 | in Schedule O how this was done Did the organization have a written whistleblower policy? | | | | X | |
| 13 | Did the organization have a written whistieblower policy? Did the organization have a written document retention and destruction policy? | | | | X | |
| 14 | | | | | 5030 | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | | idebelidelit | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 15a | g Carana | x |
| a | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| b | Other officers or key employees of the organization | | | . 155 | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | م ماخان | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | | 16a | 1876 E 3876 P | х |
| | taxable entity during the year? | | | . <u>10a</u> | Beakers | 22 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | | | 16b | SSAGE | |
| | exempt status with respect to such arrangements? | | | . 100 | | |
| | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filled CA | T /C = == | ion 501(a)(0)a anh | ı) availak | io | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- | · I (Sec | .เบก อบ กุษภูเอาร บทก | , avallal | 10 | |
| | 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 | n in Ca | hadula (A) | | | |
| | CWIT WODORG / WIGHTON G WODONG | | • | and fine | ooiol | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, or | JOHNE | or interest policy, | anu iinal | icidi | |
| | statements available to the public during the tax year. | l | ovela of the ava | zation. b | _ | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books a | ano rec | orus or the organi | zation: 🏿 | _ | |
| | FRANK TSAI - (408)539-2100 | | | | | |
| | 507 VALLEY WAY, MILPITAS, CA 95035 | | | | - | التعليب عبي بي بي بي |

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organizat (A) | (B) | | | (0 | 2) | • | | (D) | (E) | (F) |
|---|------------------------|--------------------------------|--|---------|--------------|------------------------------|----------|--|----------------------------------|-----------------------|
| Name and Title | Average | / | nat a | Posi | itior | than | ono | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pei | rson | is bot | h an | compensation | compensation | amount of |
| | week | <u> </u> | cer an | a a a | irecti | Trus | tee) | 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 d | stee | | | ısatec | | (W-2/1099-MISC) | (** 27 1000 Mileo) | organization |
| | organizations | truste | Institutional trustee | | yee | Highest compensated employee | | (,, _, , _ , , _ , , , , , , , , , , , , | , | and related |
| | below | ridual | tution | er | Key employee | lest co | Jer | · · | | organizations |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (1) BRAD COX | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (2) GARY CAMPANELLA | 2.00 | | | | | | | | | |
| DIRECTOR/TREASURER | | X | | X | | <u> </u> | | 0. | 0. | 0 |
| (3) HEIDI LIDTKE | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | <u> </u> | | | 0. | 0. | 0 |
| (4) KIRK HEINRICHS | 2.00 | | l | | | | | | 0 | 0 |
| DIRECTOR | | X | | | <u> </u> | ļ | | 0. | 0. | 0 |
| (5) LESLIE J. DANIELS | 2.00 | ١,, | | ا ۱ | | | | 0. | 0. | 0 |
| DIRECTOR/VICE-CHAIRMAN | 2 00 | X | _ | X | | | | U • | 0. | U |
| (6) LINDA Y. CHIN | 2.00 | ٠, | | | | | | 0. | 0. | 0 |
| DIRECTOR | 2 00 | X | _ | _ | | ├ | - | 0. | 0. | 0 |
| (7) MARK DONNELLY | 2.00 | ٠,, | | | | | | 0. | 0. | 0 |
| DIRECTOR | 3 00 | X | - | | | - | | 0. | 0. | 0 |
| (8) MARY E. CATES | 2.00 | ٠, | | x | | | | 0. | 0. | 0 |
| DIRECTOR/SECRETARY | | X | ├ | _ | ├ | | | 0. | 0. | 0 |
| (9) MICHAEL POPE | 2.00 | x | | x | | | | 0. | 0. | 0 |
| DIRECTOR/CHAIR E | 2.00 | ^ | <u> </u> | | _ | ┼ | <u> </u> | 0. | 0. | |
| (10) MIKE ROGERS | 4.00 | x | | | | | | 0. | 0. | 0 |
| DIRECTOR TOWN CRANE | 2.00 | ^ | | | \vdash | \vdash | - | 0. | . | |
| (11) SUZANNE ST. JOHN-CRANE DIRECTOR/CHAIRPERSON | 2.00 | X | | Х | | | | 0. | 0. | 0 |
| (12) SUZY PAPZIAN | 2.00 | 122 | ╁ | | ┢ | | | | | |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| (13) WAYNE BARTON | 2.00 | 11 | ┢ | | \vdash | | - | | | |
| DIRECTOR | 2.00 | \mathbf{x} | | | | | | 0. | 0. | 0 |
| (14) JENNIFER NIKLAUS | 40.00 | | | | t^- | + | \vdash | | | |
| CEO | | 1 | | х | | | | 128,851. | 0. | 9,467 |
| (15) MICHAEL L. VEUVE | 40.00 | ┢ | ┢ | | Т | 1 | _ | | | - |
| CHIEF FINANCIAL OFFICER | | 1 | | х | | | | 122,116. | 0. | 13,249 |
| (16) CYNTHIA ZBIN | 40.00 | 1 | T | | - | <u> </u> | | | | |
| CHIEF DEVELOPMENT OFFICER | | 1 | | | | Х | | 110,108. | 0. | 2,031 |
| (17) HILARY BARROGA | 40.00 | T | | | T | 1 | П | | | |
| CHIEF PROGRAM OFFICER | | 1 | 1 | | | X | l | 100,022. | 0. | 7,592 |

332007 10-29-13 Form **990** (2013)

Form 990 (2013)

| HOWELTKEI | PEKATCES | OF | SAMTA | , СПАКА | COOMI |
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| V.I GTMGOT | EMERGENCY | HOI | ISTNG | CONSORT | MTTTT |

| rant V | Section A. Officers, Directors, Trus | 1 | ploy | ees | | | ighe | st C | | | | |
|--------|--|---------------------|--------------------------------|----------------------|-------------|--------------|------------------------------|-------------|---------------------------|--------------------------------|--------------------------|------------|
| | (A) | (B) | | | | C) | | | (D) | (E) | (F |) |
| | Name and title | Average | (do | | Pos heck | | ገ than | one | Reportable | Reportable | Estima | |
| | | hours per | box | , unie | ss pe | rson | is bot or/trus | h an | compensation | compensation | l l | |
| | | Week | | 1 | | I | T | 1 | from | from related | oth | |
| | | (list any hours for | irecto | | | | <u> </u> | | the organization | organizations (W-2/1099-MIS | , | |
| | | related | e or d | ee | | | sated | | (W-2/1099-MISC) | (44-27 1059-14110 | organiz | |
| | | organizations | ruste | nstitutional trustee | | ee | mpen | | (17 2) 1000 (1100) | | and re | |
| | | below | dua! t | tiona | _ | (old n | stco | 150 | | | organiz | ations |
| | | line) | Individual trustee or director | Institu | Officer | Key employee | Highest compensated employee | Former | | | | |
| | | | | | | | | | | | | |
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| | | | 1 | | | | | | | | | |
| 1b S | ub-total | 1, | | | | | | > | 461,097. | | | 339. |
| | otal from continuation sheets to Part V | | | | | | | | 0. | | 0. | 0. |
| | otal (add lines 1b and 1c) | | | | | | | > | 461,097. | | 0. 32, | 339. |
| 2 To | otal number of individuals (including but r | ot limited to th | nose | liste | ed a | bov | e) w | ho r | eceived more than \$100 | ,000 of reportable | | |
| | ompensation from the organization | iot inflicou to ti | | | | | -, | ; | , | , | | 4 |
| | ompensation from the organization | | | | | | | | | | Ye | s No |
| 2 D | id the organization list any former officer, | director or tra | ıste | e ke | av er | mnlr | างคล | or | highest compensated e | mplovee on | | 35 8 S S S |
| | ne 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 | X |
| | or any individual listed on line 1a, is the si | | | | | | | | har companyation from | | ··· Biralan | |
| | | | | | | | | | | | 4 | X |
| | nd related organizations greater than \$15 | | | | | | | | | | | |
| 5 D | id any person listed on line 1a receive or | accrue compe | nsat | ion | rom | any | y uni | reiai | ted organization or indiv | dual for services | | X |
| | endered to the organization? If "Yes," con | iplete Schedul | e J i | or s | uch | per: | son | | | | 5 | |
| | on B. Independent Contractors | | | | | | | | | 4100.000 (| | - |
| | complete this table for your five highest co | | | | | | | | | | pensation from | 1 |
| th | ne organization. Report compensation for | the calendar y | ear | end | ng v | with | or w | /ithi | | year. | | |
| | (A) | | | a | | | | | (B) | | (C) Compensa | tion |
| | Name and business | address | M | ON: | 브 | | | | Description of s | ervices | Compensa | LIOIT |
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| | | | | | | | | | | | | |
| 2 T | otal number of independent contractors (| includina hut r | not li | mite | d to | the | ose li | ster | d above) who received n | nore than | | |
| | 100,000 of compensation from the organ | | 11 | | | | ō " | | | | | |
| 2 | Too,ooo of compensation from the organ | IZULIOIT | | | | | _ | | | | - 000 | 0 (0010) |

FORMERLY EMERGENCY HOUSING CONSORTIUM

| 4,15,511.0 | | Check if Schedule O contains a response | or note to any lin | (A) | (B) | (C) | (D) |
|--------------------------|--------|---|--------------------|--|--|--|---|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenuè excluded from tax under sections 512 - 514 |
| 1 th | а | Federated campaigns 1a | | | | | |
| on Other Similar Amounts | | Membership dues 1b | | | | | |
| ξ. | С | Fundraising events 1c | | | | | |
| ar a | | Related organizations 1d | | | | | |
| y E | | Government grants (contributions) 1e | 5,991,874. | | | | |
| 20 | f | All other contributions, gifts, grants, and | | | | | |
| the | | similar amounts not included above 1f | 2,875,997. | | | | |
| 9 | g | Noncash contributions included in lines 1a-1f: \$ | 1,205,806. | | | | |
| a S | _ | Total. Add lines 1a-1f | > | 8,867,871. | | | |
| | | | Business Code | | | | |
| <u> </u> | 2 a | RENTAL INCOME | 532000 | 1,186,801. | 1,186,801. | | |
|] _ | b | | | | | | |
| חמ פו | c | | | | | | |
| 8 8 E | d | | | | | | |
| Revenue | e | | | | | | |
| Ē | - | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | | 1,186,801. | | | |
| 3 | | Investment income (including dividends, intere | | | · | | |
| | | other similar amounts) | | 236,961. | | | 236,961 |
| 4 | ı | Income from investment of tax-exempt bond p | | | | | |
| 5 | | Royalties | . 1 | | | | |
| | | (i) Real | (ii) Personal | | | | |
| 6 | a a | Gross rents | | | | | |
| ľ | | Less: rental expenses | | | | | |
| | | Rental income or (loss) | | | | | |
| | | Net rental income or (loss) | | 2,111,000 0000 000 000 | Health and lafter and state at the second | | |
| - | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| ' | a | assets other than inventory | (ii) Strioi | | | | |
| 1 | h | Less: cost or other basis | | | | | |
| | IJ | and sales expenses | | | | | |
| | _ | Gain or (loss) | | | | | |
| | | Net gain or (loss) | I | s erreg en største stylle skilpterstellere | namicalina amin'ny farantara na tao | | |
| | | Gross income from fundraising events (not | | | | | |
| 3 1 | s a | | | | | | |
| Ver | | including \$ of contributions reported on line 1c). See | | | | | |
| Other Reven | | | 242,577. | | | | |
| per | | | 83,381. | | | | |
| შ | | | 03,301. | 159 196. | | Manager to Replace Manager to | 159,196 |
| _ | | Net income or (loss) from fundraising events | | | | | |
| 9 | , a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 a | 1 | | | | |
| | | Less: direct expenses b | | | | | |
| | | Net income or (loss) from gaming activities | | | geransere en soussi | | |
| 10 |) a | Gross sales of inventory, less returns | | | | | |
| | | and allowances a | | | | | |
| | | Less: cost of goods sold b | | | | | |
| | С | Net income or (loss) from sales of inventory | | | | | |
| | | Miscellaneous Revenue | Business Code | 101 086 | 101 056 | | |
| 11 | 1 a | MISCELLANEOUS | 900099 | 181,076. | 181,076. | | |
| | b | | | | | | |
| 1 | С | | | | | | |
| . | | All other revenue | | | 1 | | l |
| | d | All other revenue | | | State of the state | escape and the state of the first of the state of the sta | Barth, Farry of the print of the collection. |
| | d e | Total. Add lines 11a-11d Total revenue. See instructions. | | 181,076. 10,631,905. | 1,367,877. | 0. | 396,157 |

Form 990 (2013) FORMERLY EMER

| Do no 7b, 8b 1 0 2 0 3 0 4 E 5 0 6 0 | Check if Schedule O contains a response tinclude amounts reported on lines 6b, p, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Grants paid to or for members Compensation of current officers, directors, rustees, and key employees | | this Part IX (B) Program service expenses | | (D) Fundraising expenses |
|--|--|-----------------------|---|--|--------------------------------|
| 7b, 8b 1 6 2 0 2 t 3 0 4 E 5 0 6 0 | of include amounts reported on lines 6b, 20, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Grants and to or for members Grants and to or for members Grants and of current officers, directors, | (A) Total expenses | (B) Program service expenses | (C) Management and | (D) Fundraising |
| 7b, 8b 1 6 2 0 2 t 3 0 4 E 5 0 6 0 | or, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Granefits paid to or for members Granefits paid to or current officers, directors, | | ēxpenses | Management and general expenses | |
| 2 0 t 3 0 c 4 E 5 0 t 6 0 p | Grants and other assistance to individuals in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Granefits paid to or for members Grants and of current officers, directors, | 1,488,115. | 1,488,115. | | |
| 3 C C C C C C C C C C C C C C C C C C C | he United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, | 1,488,115. | 1,488,115. | | |
| 3 C C C C C C C C C C C C C C C C C C C | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members | | | | |
| 4 E 5 C t 6 C | organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, | | | | |
| 4 E 5 C t 6 C | Benefits paid to or for members Compensation of current officers, directors, | | | | |
| 5 (6 (| Compensation of current officers, directors, | | | | |
| 6 C | · | | | | |
| 6 0 | | 461,097. | | 461,097. | |
| | Compensation not included above, to disqualified | | | | |
| - | persons (as defined under section 4958(f)(1)) and | | | | |
| μ | persons described in section 4958(c)(3)(B) | | | | 262 600 |
| | Other salaries and wages | 3,447,657. | 3,063,782. | 21,275. | 362,600. |
| | Pension plan accruals and contributions (include | | | | |
| | ection 401(k) and 403(b) employer contributions) | 660 010 | E 0 2 2 0 0 | 00 606 | E 0 7/12 |
| | Other employee benefits | 662,817. | 523,388. | 80,686. 35,879. | 58,743. 26,121. |
| | Payroll taxes | 294,738. | 232,738. | 35,6/9. | 20,121. |
| | ees for services (non-employees): | | | | |
| | Management | 13,012. | | 13,012. | |
| | _egal | 64,905. | | 64,905. | |
| | Accounting | 04,505. | | 04,505. | |
| | Lobbying Londraining convices Con Part IV line 17 | | | | |
| | Professional fundraising services. See Part IV, line 17 | | To the second of the season of the season of the second | Service of Land Control of the Contr | |
| | nvestment management fees | | <u> </u> | | |
| 0 | column (A) amount, list line 11g expenses on Sch 0.) | 74,116. | 10,021. | 31,776. | 32,319. |
| | Advertising and promotion | | | | 7 |
| | Office expenses | | | | |
| | nformation technology | | | | |
| | Royalties | 1,033,085. | 1,032,487. | 598. | |
| | Decupancy | 1,033,003 | 1,002,407 | 3,0. | - |
| | Fravel | | | | |
| | Payments of travel or entertainment expenses or any federal, state, or local public officials | | , | | |
| | Conferences, conventions, and meetings | | | | |
| | nterest | 503,801. | 497,905. | 5,896. | |
| | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 1,063,867. | 1,048,786. | 15,081. | |
| | nsurance | | | | |
| 24 (| Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| 7 | amount, list line 24e expenses on Schedule 0.) DONATED GOODS AND SERVI | 678,146. | 659,886. | | 18,260. |
| | ALLLOWANCE FOR VALUATIO | 236,936. | 236,936. | | , |
| | MISCELLANEOUS | 223,048. | 160,255. | 35,366. | 27,427. |
| | SUPPLIES | 172,074. | 140,970. | 16,464. | 14,640. |
| - | All other expenses | 234,264. | 147,705. | 56,305. | 30,254. |
| | Total functional expenses. Add lines 1 through 24e | 10,651,678. | 9,242,974. | 838,340. | 570,364. |
| | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2013) |

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|------------------------------|----------|--|--|----------|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 848,245. | 1 | 608,064 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 793,518. | 3 | 948,830 |
| | 4 | Accounts receivable, net | 1 200 771 | 4 | 58,668 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | ng | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| Assels | | employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots}$ | •• | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ١ ٢ | 8 | Inventories for sale or use | . 120 (12 | 8 | 117 450 |
| | 9 | Prepaid expenses and deferred charges | 138,642. | 9 | 117,450 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 37, 273, 666 | 0 006 057 | | 24,959,855 |
| | b | 2550, documented depression | | 10c | 24,959,055 |
| - 1 | 11 | Investments · publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments · program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | 958,987 |
| | 15 | Other assets. See Part IV, line 11 | 20 006 275 | 15 16 | 27,651,854 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2 260 007 | 17 | 3,552,606 |
| | 17 | Accounts payable and accrued expenses | 1 200 204 | 18 | 1,200,304 |
| | 18 | Grants payable | •• | 19 | |
| | 19 | Deferred revenue | | 20 | |
| - 1 | 20 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| - 1 | 21 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| ا يُ | 22 | key employees, highest compensated employees, and disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | egyennen geben mis misteret annt skataf en un grånnen av | 22 | |
| Ĭ | 23 | Secured mortgages and notes payable to unrelated third parties | | | 6,706,112. |
| i | 24 | Unsecured notes and loans payable to unrelated third parties | •• | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | 1 | |
| | | Schedule D | 836,202. | 25 | 283,190. |
| | 26 | Total liabilities. Add lines 17 through 25 | _ 12,148,751. | 26 | 11,742,212. |
| | | Organizations that follow SFAS 117 (ASC 958), check here | | | |
| 8 | | complete lines 27 through 29, and lines 33 and 34. | | | |
| <u> </u> | 27 | Unrestricted net assets | 7,815,831. | 27 | 7,807,698. |
| ١ | 28 | Temporarily restricted net assets | | 28 | 8,015,700. |
| | 29 | Permanently restricted net assets | 86,244. | 29 | 86,244. |
| 3 | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| 5 | | and complete lines 30 through 34. | | | |
| 2 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| ž | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 1 | 31 | |
| Net Assets of Fullu balances | 32 | Retained earnings, endowment, accumulated income, or other funds | 1 | 32 | 15 000 640 |
| - | 33 | Total net assets or fund balances | 1 20 006 275 | 33 | 15,909,642. |
| - 1 | 34 | Total liabilities and net assets/fund balances | <u>. ⊿ŏ,∪ŏŏ,3/5•</u> | 34 | 27,651,854. |

| | 990 (2013) FORMERLY EMERGENCY HOUSING CONSORTIUM | 94-20 | 004414 | Pac | je IZ |
|--------------|--|------------|--------|-----------------|---------------|
| Pai | t XI Reconciliation of Net Assets | | | | [TZ] |
| | Check if Schedule O contains a response or note to any line in this Part XI | ······ | | | X |
| | | | 10 (2) | 1 0 | 0 = |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,633 | | |
| 2 | Total expenses (must equal Part-IX, column (A), line 25) | 2 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 9,7 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 15,93 | 1,0 | <u> </u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | 0 0 | 00 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | - 1 | 8,2 | 08. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | 1 - 00 | o c | 12 |
| | column (B)) | 10 | 15,90 | 9,6 | <u>43.</u> |
| Pa | t XII Financial Statements and Reporting | | | | [37] |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | 1.55 | 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 | Ο. | | W VV | 37 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | e s Sede Sales. | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 3480 | 77 | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | S-15 15 - 2-2 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e 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 | e audit, | | v | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | 545455 FF |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | 0.4460 | 77 | |
| | Act and OMB Circular A-133? | | За | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | ₹. | ĺ |
| National Co. | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | X | (2015) |
| | | | Form | 990 | (2013) |

SCHEDULE A

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM

Employer identification number 94-2684272

| No organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) | Part I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | te this par | t.) See inst | tructions. | | | | | |
|--|-----------|------------------|------------------------|------------------------------------|--------------|--------------------|--------------------|--------------|---|-------------------|-------|----------|---|---|
| A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11th. a Type I b Type I c Type III rectionally integrated d Type III - Non-functionally integrated by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box If the o | The orgar | ization is not a | private foundation | because it is: (For lines | 1 through | 11, check | only one b | oox.) | | | | | | |
| A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). An medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry cut the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization adecribed in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | 1 🔲 | A church, co | nvention of churche | s, or association of chur | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) |). | | | | | |
| A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives: (1) more than 33 1/396 of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/396 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(7) or section 509(a)(8). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type II b Type II c Type III - Functionally integrated Dyperated System of the purposes of one or more publicly supported organization and complete lines 11e through 11h. a Type II b Type III c Type III - Functionally integrated Dyperated System of the following persons other than foundation managers and other than one or more publicly supported organization section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III or Type III or Type | 2 | A school des | cribed in section 17 | ′0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | | |
| city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | з 🗔 | A hospital or | a cooperative hospi | tal service organization o | described | in section | 170(b)(1) | (A)(iii). | | | | | | |
| An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization ad complete lines 11e through 11h. a | 4 | A medical res | search organization | operated in conjunction | with a hos | pital desc | ribed in se | ction 170 | (b)(1)(A)(ii | i). Enter | the l | nospital | l's nam | ıe, |
| section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | | | | | | | | | | | | | | |
| A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III refunctionally integrated d Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box In general public described in (i) above? (ii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) or (ii) above? (iv) Is the organization in col. (vii) Indignalization in col. (viii) A family member of a pers | 5 | = | | | niversity o | wned or op | perated by | a governi | mental uni | t describ | ed i | n | | |
| An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 | | | | | | | | | | | | | | |
| section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | 6 | | | | | | | | | | | | ., ., | |
| A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | 7 📖 | | | | of its supp | ort from a | governme | ental unit c | or from the | general | pub | lic desc | ribed i | n |
| An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions · subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | _ 📆 | | | | | | | | | | | | | |
| activities related to its exempt functions · subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | | | | | | | | | | | | | | |
| income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | 9 📖 | | | | | | | | | | | | | |
| See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | | | | | | | | | | | | | | |
| An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | | | | | uononia | ix) iroin bu | 1511165565 | acquired b | iy iile orga | HIZALIOH | aite | i dune c | 50, 157 | ٥. |
| An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | 40 | | , ,, , , , | • | et for publ | ic safety S | See sectio | n 509(a)(4 | 1) | | | | | |
| more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a | | | | | | | | | | v out the | nur | noses d | of one | or |
| describes the type of supporting organization and complete lines 11e through 11h. a | | | | | | | | | | | | | | |
| a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section above or IRC section (see instructions)) (iv) Is the organization in col. (iv) Is the organization in col. (iv) Organization in c | | | | | | | | -, | | , (- , | | | | |
| By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization about the supported organization ((v) Did you notify the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiii) org | | | F | | | | | c | і 🔲 Тур | e III - Noi | n-fur | nctional | ly integ | grated |
| foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (described on lines 1-9 above or IRC section for col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiii) organization in col. (iiiiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | е 🗔 | | • | | | | | | | | | | | |
| f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC sections) (iii) Type of organization in col. (iv) Is the organization in col. (iv) of your support? (iv) Is the organization in col. (iv) of your support? (vi) Is the organization in col. (iv) | - | | | | | | | | | | | | | |
| supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (iii) EIN (iii) Type of organization (described in your above or IRC section above or IRC section (see instructions)) (iv) Is the organization (v) Did you notify the organization in col. (i) organized in the U.S.? | f | | | | | | | | | | | | | |
| Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the supported organization (described on lines 1-9 above or IRC sections) (iii) Type of organization (iv) Is the organization in col. (iv) of your support? (iv) Is the organization in col. (iv) organization in col. | • | - | | | | | | | | | | | | |
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Provide the following information about the supported organization (some organization) (iii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC sections (see instructions)) (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organized in the U.S.? | q | | | | | | | | | | | | | |
| the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(ii) 11g(ii) 11g(iii) | • | | | | | | | | | | , | | Yes | No |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organized in the U.S.? (vii) Amount of monetary support | | | | | | | | | | | - 1 | 11g(i) | | |
| h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC sections) (iv) Is the organization (v) Did you notify the organization in col. (i) organization in col. (i) organization in col. (i) organized in the U.S.? | | (ii) A family | member of a persor | n described in (i) above? | , | | | | | | | 11g(ii) | | |
| (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. (ii) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in coll. (iiii) organization in coll. (iiii) organization in coll. (iiiiii) organization in coll. | | (iii) A 35% (| controlled entity of a | person described in (i) | or (ii) abov | e? | | | | | | 11g(iii) | | |
| organization organization organization organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions) | h | Provide the f | ollowing information | about the supported or | ganization | (s). | | | | | | | | |
| organization organization organization organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions) | | | T | | I | | Lever | 117 11 | (14) 10 | tho | | | | |
| above or IRC section governing document? (i) of your support? (') digata in the U.S.? | (i) Name | of supported | (ii) EIN | (iii) Type of organization | | | | | Lorganizatio | on in col. 1 | (vii) | | | netary |
| (see instructions)) | org | anization | · · | above or IRC section | | | | | l (i) organiz IJ.S | ed in the .? | | sup | port | ribed in relepts from investment 0, 1975. f one or that y integrated er than (a)(2). Yes No |
| | | | | | | | | | ļ | , | | | | |
| | | | | | 162 | NO | 162 | NO | 163 | 140 | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | <u> </u> | | | | Salah na alau alau alau alau alau alau alau a | 0.275,0201.015.01 | | | | |
| [23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25 | | | | | | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

HOMEFIRST SERVICES OF SANTA CLARA COUNTY

Schedule A (Form 990 or 990-EZ) 2013 FORMERLY EMERGENCY HOUSING CONSORTIUM 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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------------------------|----------------------|-------------------------------------|--|-------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| .1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 8681957. | 9642879. | 7060737. | 7552705. | 8867871. | 41806149. |
| | | 0002307 | | | | | |
| 2 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| • | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 8681957. | 9642879. | 7060737. | 7552705. | 8867871. | 41806149. |
| 4 | The portion of total contributions | | | | | | |
| 5 | | | | | | | |
| | 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) | | | | | | 41806149. |
| | Public support. Subtract line 5 from line 4. | erespectable district and an addition | | and the second second second second | e Australia registration in the service of the serv | | 111000111 |
| | | (.) 0000 | (I=) 0010 | (=) 0011 | (4) 2012 | (e) 2013 | (f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2009 8681957. | (b) 2010 9642879. | (c) 2011 7060737. | (d) 2012 7552705• | 8867871. | 41806149. |
| | Amounts from line 4 | 00013371 | J04201J• | 7000757 | 73327034 | 00070721 | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | 162 756 | 212,710. | 198,293. | 233,451. | 236,961. | 1045171. |
| | and income from similar sources | 163,756. | 414,710. | 190,295. | 200,401. | 230,301. | 10431/10 |
| 9 | Net income from unrelated business | | | | | = | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | 3 | | | | | |
| | or loss from the sale of capital | 250 670 | 207 564 | 225 124 | 196,960. | 191 076 | 1270412. |
| | assets (Explain in Part IV.) | 359,678. | 307,564. | 223,134. | 130,300. | | 44121732. |
| 11 | Total support. Add lines 7 through 10 | | | | | 10,110,111 | ,630,841. |
| 12 | Gross receipts from related activities | etc. (see instructi | ons) | | | | ,030,041. |
| 13 | First five years. If the Form 990 is for | | | | | | |
| 5- | organization, check this box and stop ction C. Computation of Publ | here | | | | | |
| | | | | | | | 94.75 % |
| | Public support percentage for 2013 (| | | | | 14 | 24.42 |
| | Public support percentage from 2012 | | | | | 15 | |
| 16a | 33 1/3% support test - 2013. If the | | | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization |) | | | |
| b | 33 1/3% support test - 2012. If the | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| t | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets to | | | | | | e |
| | organization meets the "facts-and-cir | | | | | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17t | | | |
| | | | • | | Sche | edule A (Form 990 | or 990-EZ) 2013 |

Schedule A (Form 990 or 990-EZ) 2013 FORMERLY EMERGENCY HOUSING CONSORTIUM 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|---|---------------------------|---------------------------|----------------------|---------------------|---|---|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | 1 ' | |
| 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 | | | | | 0 000.00 000 000 000 000 000 000 000 00 | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | eservica de la compa | | | | |
| 8 Public support (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | (a) 2003 | (8) 2010 | (0) 20 (1) | (-/ | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | · | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | · |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | · · · · · · · · · · · · · · · · · · · |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | <u> </u> | | | <u></u> |
| 14 First five years. If the Form 990 is for | | | | | | |
| check this box and stop here | | | | | | |
| Section C. Computation of Pub | lic Support Pe | ercentage | | | T I | |
| 15 Public support percentage for 2013 | | | | | 15 | <u>%</u> |
| 16 Public support percentage from 201: | | | | | 16 | % |
| Section D. Computation of Inve | | | | | Till | |
| 17 Investment income percentage for 2 | | | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | 2012 Schedule A, | Part III, line 17 | | | 18 | <u>%</u> |
| 19a 33 1/3% support tests - 2013. If the | e organization did | not check the box | on line 14, and lin | ne 15 is more than | 33 1/3%, and line | 1 / is not |
| more than 33 1/3%, check this box | and stop here. The | e organization qua | lifies as a publicly | supported organiz | zation | > |
| b 33 1/3% support tests - 2012. If the | e organization did | not check a box o | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, ch | eck this box and s | stop here. The org | anization qualifies | as a publicly supp | oorted organization | |
| 20 Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check | this box and see in | structions | > L |

332023 09-25-13

HOMEFIRST SERVICES OF SANTA CLARA COUNTY Schedule A (Form 990 or 990-EZ) 2013 FORMERLY EMERGENCY HOUSING CONSORTIUM 94-2684272 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

OMB No. 1545-0047

Name of the organization

HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM

Employer identification number

94-2684272

| Oi gailizai | ion type (cricon or | 10). |
|-------------|--|--|
| Filers of: | | Section: |
| Form 990 | or 990-EZ | X 501(c)(3) (enter number) organization |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | | 527 political organization |
| Form 990- | PF | 501(c)(3) exempt private foundation |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | | 501(c)(3) taxable private foundation |
| Check if y | our organization is | s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| Note. On | y a section 50 f(c) | (7), (a), of (10) organization can check boxes for boar the deficient rate and a cp |
| General F | Rule | |
| | For an organization contributor. Comp | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II. |
| Special F | tules | |
| : | 509(a)(1) and 170(| c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% ii) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. |
| 1 | total contributions | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III. |
| 1 | contributions for u If this box is check purpose. Do not c | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. Red, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions of \$5,000 or more during the year |
| but it mu | st answer "No" or | hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), a 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 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) (2013)

Name of organization HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM

Employer identification number

94-2684272

| | utors (see instructions). Use duplicate copies of Part I | | (d) |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | Type of contribution |
| 1 | | \$\$ | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$\$ | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$\$ | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$\$ | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ 375,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013 |

Name of organization
HOMEFIRST SERVICES OF SANTA CLARA COUNTY
FORMERLY EMERGENCY HOUSING CONSORTIUM

Employer identification number

94-2684272

| art II | Noncash Property (see instructions). Use duplicate copies of Part II if | additic | nal space is needed. | |
|------------------------------|---|---------|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _1 | PRODUCT DONATION TECHNOLOGY UPGRADE PROJECT | | | |
| | | \$_ | 345,100. | 12/31/13 |
| (a) No. rom Part I | (b) Description of noncash property given | | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 2 | SOFTWARE & SERVER UPGRADE PROJECT | | | |
| | | \$_ | 200,820. | 12/31/13 |
| (a) No. rom Part I | (b) Description of noncash property given | | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 3 | 5593 LBS OF FOOD, 189,087 LBS OF FOOD | | ., | |
| | | \$_ | 334,850. | 12/31/13 |
| (a) No. from Part I | (b) Description of noncash property given | | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 4 | ANNUAL OFFICE SPACE DONATION | | | |
| | | \$_ | 89,903. | 12/31/13 |
| (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 |
| | | | | |
| | | | | - |

| lame of orga | nization | | Employer identification number | | | | | | |
|---------------------------|---|--|--|--|--|--|--|--|--|
| | RST SERVICES OF SANTA (| TLADA COUNTY | | | | | | | |
| TOWERT | RST SERVICES OF SANIA (| DIANA COUNTI | 94-2684272 | | | | | | |
| FORMER Part III | LY EMERGENCY HOUSING CO Exclusively religious, charitable, etc., indivi- year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additions | idual contributions to section 501(c)(/ e following line entry. For organizations ., contributions of \$1,000 or less for th | 7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter he year. (Enter this information once.) | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | | |
| Part I | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | |
| | Transferee's name, address, an | nd 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, ar | | 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, a | nd 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, a | | Relationship of transferor to transferee | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

HOMEFIRST SERVICES OF SANTA CLARA COUNTY Emplo

EMERGENCY HOUSTNG CONSORTIUM

Employer identification number 94-2684272

OMB No. 1545-0047

Open to Public

Inspection

| no. | t I Organizations Maintaining Donor Advised Fu | | is or Accounts Complete if the |
|-----|---|--|---|
| Par | | inds of Other Online Fan | |
| | organization answered "Yes" to Form 990, Part IV, line 6. | (a) Donor advised funds | (b) Funds and other accounts |
| | | (a) Donor advised farias | (b) Farias aria saris, assessins |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | 1.16 |
| 5 | Did the organization inform all donors and donor advisors in writing | | |
| | are the organization's property, subject to the organization's exclusion | sive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisor | s in writing that grant funds can b | be used only |
| | for charitable purposes and not for the benefit of the donor or donor | | |
| 1 | impermissible private benefit? | | Yes No |
| Par | | | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (ch | | |
| | Preservation of land for public use (e.g., recreation or educat | | nistorically important land area |
| | Protection of natural habitat | Preservation of a ce | ertified historic structure |
| | Preservation of open space | • | |
| 2 | Complete lines 2a through 2d if the organization held a qualified co | onservation contribution in the for | m of a conservation easement on the last |
| | day of the tax year. | | Total Held at the Field of the Tox Voor |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | | | |
| С | Number of conservation easements on a certified historic structure | e included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8 | | 1 = 1 |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released | I, extinguished, or terminated by t | he organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation easemer | nt is located - | _ |
| 5 | Does the organization have a written policy regarding the periodic | | |
| | violations, and enforcement of the conservation easements it holds | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and e | inforcing conservation easements | during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforce | sing conservation easements duri | ng the year > \$ |
| 8 | Does each conservation easement reported on line 2(d) above sati | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation ea | sements in its revenue and expen | se statement, and balance sneet, and |
| | include, if applicable, the text of the footnote to the organization's | financial statements that describe | es the organization's accounting for |
| - | conservation easements. t III Organizations Maintaining Collections of Art | Historical Treasures or | Other Similar Assets |
| Ра | Organizations Maintaining Conections of Art | Part IV line 9 | Offici Offinial Addets: |
| | Complete if the organization answered "Yes" to Form 990, I | | rement and halance shoot works of art |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958 | s), not to report in its revenue state | reman of public sorvice, provide in Part YIII |
| | historical treasures, or other similar assets held for public exhibition | | statice of public service, provide, in Fart XIII, |
| | the text of the footnote to its financial statements that describes the | nese items. | and helenes shoot works of art. historical |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958 | s), to report in its revenue stateme | ent and palance sneet works of art, historical |
| | treasures, or other similar assets held for public exhibition, education | on, or research in furtherance of p | Jubile service, provide the rollowing amounts |
| | relating to these items: | | Φ. Φ |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | |
| | (ii) Assets included in Form 990, Part X | | piel gain provide |
| 2 | If the organization received or held works of art, historical treasure | | ciai gairi, provide |
| | the following amounts required to be reported under SFAS 116 (A: | SC 958) relating to these items: | Φ. Φ |
| а | Revenues included in Form 990, Part VIII, line 1 | | · · · · · · · · · · · · · · · · · · · |
| b | Assets included in Form 990, Part X | | » • |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

| | HOMEFIRS | T SERVICES | S OF | SANTA | CLARA | COUN! | ŢΥ | ă [*] | | |
|--------|---|-------------------------|-------------|---------------|-----------------------|-------------|-----------------------|--|---|---|
| Sche | | EMERGENC'S | | | | | | WWW. Company Company Company (1996) | 84272 | CONTRACTOR OF STREET, |
| Par | t III Organizations Maintaining Co | llections of Ar | t, Histo | orical Tr | easures, or | Other | Simil | ar Asse | ts (continue | ed) |
| 3 | Using the organization's acquisition, accession | n, and other record | s, check | any of the | following that | are a sig | nificant | use of its | collection i | items |
| J | (check all that apply): | | • | · | | | | | | |
| _ | Public exhibition | d | | oan or excl | hange progran | ns | | | | |
| a | Scholarly research | e | | | | | | | | |
| b | Preservation for future generations | Č | | | | | | | | |
| C | Provide a description of the organization's coll | loctions and evolair | how the | ev further th | ne organization | n's exem | nat purpa | ose in Par | t XIII. | |
| - 4 | During the year, did the organization solicit or | roccive donations of | of art his | torical trea | sures or other | similar a | assets | | | |
| 5 | to be sold to raise funds rather than to be mai | ntained as part of the | ho organ | ization's co | ellection? | Ommar c | | | Yes | No No |
| Day | t IV Escrow and Custodial Arrang | intained as part of the | to if the | organizatio | n answered "Y | es" to F | orm 990 | Part IV | THE RESERVE OF THE PERSON NAMED IN COLUMN 1 | commence and the second |
| rai | reported an amount on Form 990, Part | | ite ii trie | organizacio | iranswored i | 00 10 1 | 01111 000 | , | | |
| | reported an amount on Form 990, Fait | 7, III 6 2 1. | i-u fau | | o or other ass | ots not in | ncluded | | | |
| 1a | Is the organization an agent, trustee, custodia | n or other intermed | lary for c | CONTIDUCTOR | is of other assi | ets not ii | icidaea | | Yes | ☐ No |
| | on Form 990, Part X? | | | | | | | | 1 CO | |
| b | If "Yes," explain the arrangement in Part XIII a | nd complete the fol | llowing ta | abie: | | | | | Amount | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | | | | |
| d | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | T., | T 1. |
| 2a | Did the organization include an amount on Fo | rm 990, Part X, line | 21? | | | | | | ∐ Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planatio | n has been | provided in Pa | art XIII | | | | |
| Pai | t V Endowment Funds. Complete if | the organization an | swered ' | 'Yes" to Fo | | √, line 10 |), | | | |
| | | (a) Current year | (b) Pi | ior year | (c) Two years | back (c | d) Three y | years back | (e) Four ye | ears back |
| 1a | Beginning of year balance | 98,166. | | | | | | | | |
| b | Contributions | · · | | 86,244. | | | | | | |
| С | Net investment earnings, gains, and losses | | | 11,922. | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | 4,909. | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g g | End of year balance | 93,257. | | 98,166. | | | | | | |
| 2 | Provide the estimated percentage of the curre | | e (line 1 | a, column (a | a)) held as: | | | | | |
| a | Board designated or quasi-endowment | , | % | · | | | | | | |
| b | Permanent endowment ▶ 92.48 | % | | | | | | | | |
| | Temporarily restricted endowment | 7.52 % | | | | | | | | |
| С | The percentages in lines 2a, 2b, and 2c should | | | | | | | | | |
| 0- | Are there endowment funds not in the posses | ceion of the organiz | ation tha | t are held a | and administer | ed for th | e organi | zation | | |
| Ja | | SSION OF THE ORGANIZA | ution thu | it are note e | ina aanimisto. | | 9 | | TY | es No |
| | by: | | | | | | | | 3a(i) | Х |
| | (i) unrelated organizations | | | | | | | | 3a(ii) | X |
| | (ii) related organizations | | n Coboo | luio D2 | | | | | 3b | - |
| | If "Yes" to 3a(ii), are the related organizations | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | willent | uilus. | | | | AND THE PROPERTY OF THE PARTY O | | |
| Ра | rt VI Land, Buildings, and Equipm | | Dort IV | lino 11a C | Saa Form 900 | Part Y II | ine 10 | | | |
| | Complete if the organization answered | | | | | | cumulat | od | (d) Book | value |
| | Description of property | (a) Cost or o | | ٠, | t or other (other) | (-) · · · | cumulati reciation | - 1 | (u) BOOK | value |
| | | basis (investr | nent) | Dasis | (00101) | uep | i GUIALIUI | recolored in | <u> </u> | 410 |

6,053,410. 1a Land _____ 27,577,886. 1,090,571. 9,582,614. **b** Buildings 542,700. 2,031,058. 547,871. 343,226. c Leasehold improvements 2,374,284. d Equipment 20,076. 157,439. 177,515. e Other 24,959,855. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013

| | TODATOTA TA | SERVICES OF SA | | | 1-268 4 272 Page 3 |
|----------------|---|---|--|----------------------|----------------------------------|
| Schedule D (F | | ERGENCY HOUS | ING CONSORT. | LUM 54 | -2684272 Page 3 |
| | nvestments - Other Securities. | | 441 O . F 000 F |)4 V II- | • |
| (-) Deceriptio | Complete if the organization answered "Yes" on of security or category (including name of security) | (b) Book value | (c) Method of va | art X, line 12. | d-of-year market value |
| | | (b) DOOK Value | (c) Michiga of Va | addion: Oddi or on | 3 01 7 041 111411111 |
| (1) Financial | *************************************** | | | | |
| | eld equity interests | | | | |
| (3) Other _ | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | must equal Form 990, Part X, col. (B) line 12.) | | | | |
| | Investments - Program Related. | | | | |
| | Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11c. See Form 990, F | art X, line 13. | |
| | (a) Description of investment | (b) Book value | (c) Method of va | aluation: Cost or en | d-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | must equal Form 990, Part X, col. (B) line 13.) ▶ | | Part and the state of the state | | |
| | Other Assets. | | | 5 1 W II 4 E | |
| | Complete if the organization answered "Yes" | | 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| | (a) | Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | nn (b) must equal Form 990, Part X, col. (B) lin | 76 15 l | | > | |
| | Other Liabilities. | 10 10.7 | | | |
| | Complete if the organization answered "Yes | " to Form 990. Part IV. line | e 11e or 11f. See Form | 990, Part X, line 25 | 5. |
| | (a) Description of liability | , | (b) Book value | | |
| 1. (1) Fede | ral income taxes | | | | |
| | HER LIABILITIES | | 197,681. | | |
| | CURITY DEPOSITS | | 85,509. | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| | | | | | |

283,190. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(7) (8) (9)

| Part XI | | | Revenue per R | eturi | 7. |
|--------------------|---|----------------|------------------------|---------|------------------------|
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | | | 10 771 020 |
| | al revenue, gains, and other support per audited financial statements | | | 1 | 10,771,230. |
| | ounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 . 1 | | | |
| | unrealized gains on investments | 1 1 | 139,325. | | |
| | nated services and use of facilities | | 137,323. | | |
| | coveries of prior year grants | 1 1 | | | |
| | er (Describe in Part XIII.) | | | 2e | 139,325. |
| | d lines 2a through 2d | | 1 | 3 | 10,631,905. |
| | otract line 2e from line 1 outries included on Form 990, Part VIII, line 12, but not on line 1: | | | 3 | |
| | estment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | er (Describe in Part XIII.) | · | | | |
| | d lines 4a and 4b | · <u> </u> | | 4c | 0. |
| | al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 10,631,905. |
| Part X | II Reconciliation of Expenses per Audited Financial Staten | nents Wit | h Expenses per | Retu | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | | | |
| 1 Tot | al expenses and losses per audited financial statements | | | 1 | 10,796,581. |
| | ounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| | nated services and use of facilities | 2a | 139,325. | | |
| | or year adjustments | 1 0 1 | | | |
| | ner losses | 1 - 1 | | | |
| | ner (Describe in Part XIII.) | | 5,577. | | |
| | d lines 2a through 2d | | | 2e | 144,902. |
| | otract line 2e from line 1 | | | 3 | 10,651,679. |
| | ounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| | estment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| | ner (Describe in Part XIII.) | 1 1 | | | |
| | d lines 4a and 4b | | | 4c | 0. |
| 5 Tot | al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 10,651,679. |
| | III Supplemental Information. | | | | |
| Provide t | he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b | and 2b; Part V, line 4 | 1; Part | X, line 2; Part XI, |
| lines 2d a | and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad | ditional infor | mation. | | |
| | | | | | |
| | | | | | |
| PART | V, LINE 4: | | | | |
| TIXED T | ANATION: THE FUNDS ARE TO BE USED FOR EN | JT∩WÆN | रस्ट्राच का | WΤ | TH INCOME |
| EXPLA | MATION: THE FUNDS ARE TO BE USED FOR ED | ADOMITET | 41 FORFODED | 44.7 | III INCOME |
| TTT337()T | FORTH TO BE USED FOR CERTAIN YOUTH PROC | TR MAGE | RVICES. | | |
| HENCE | FURTH TO BE USED FOR CERTAIN TOUTH FROC | JIVANI DI | TILA TORO | | |
| | | | | | · |
| | | | | | |
| рарп | X, LINE 2: | | | | |
| TAILT | AL, DIRE D. | | | | |
| EXPLA | ANATION: THE ORGANIZATION'S POLICY FOR I | CVALUAT | ING UNCERT | AIN | TAX |
| <u> </u> | | | | | |
| POSIT | TIONS IS A TWO STEP PROCESS. THE FIRST S | STEP IS | TO EVALUA | TE | THE TAX |
| | | | | | |
| POSI | TION FOR RECOGNITION BY DETERMINING IF | THE WE | GHT OF AVA | ILA | BLE |
| | | | | | |
| EVIDI | ENCE INDICATES THAT IT IS MORE-LIKELY-TH | IAN-NOT | THAT THE | POS | ITION WILL |
| | , | | | | a on |
| BE ST | JSTAINED UPON AUDIT, INCLUDING RESOLUTION | ON OF I | KELATED APP | ĽАL | S UK |
| | | | mo Mesorem | יזרון | Tr. may |
| LITIC | GATIONS PROCESSES, IF ANY. THE SECOND ST | LEL IS | TO MEASURE | | r TAV |
| T- 1-45 | FIT OR LIABILITY AS THE LARGEST AMOUNT | יים העומה | אר אור הודע או | 50 | % ፣.ፐዠዝፒ.፣ |
| 332054 09-25-13 | TIT OK LIABILITY AS THE LARGEST AMOUNT | TUVI T | | | |
| 09-25-13 | | | | ocne | dule D (Form 990) 2013 |

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

2013

Open To Public Inspection

Name of the organization

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

HOMEFIRST SERVICES OF SANTA CLARA COUNTY Employees to the control of the country of th

Employer identification number

| Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are required to complete this part. | not |
|--|----------------------------------|
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a |] No |
| (ii) Activity (iii) Activity (iv) Great day (iv) Great day (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv) | unt paid ained by) ization |
| Yes No | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. | |
| | |
| | |
| | |
| | - |
| | |
| | |
| | |

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

Schedule G (Form 990 or 990-EZ) 2013

HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM 94-2684272 Page 2

| Sch Pa | | le G (Form 990 or 990-EZ) 2013 FORMERT I Fundraising Events. Complete if the | ne organization answered | l "Yes" to Form 990, Parl | t IV, line 18, or reported | more than \$15,000 |
|-----------------|--------|--|--|------------------------------|----------------------------|----------------------------|
| 1 | | of fundraising event contributions and gr | | | events with gross recei | pts greater than \$5,000. |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | IN FROM THE | NONE | (add col. (a) through |
| | | | CHOCOLATE EV | COLD DINNER | | col. (c)) |
| 41 | | | (event type) | (event type) | (total number) | (-)/ |
| Revenue | | | | | | 0.40 5.77 |
| eve | 1 | Gross receipts | 166,077. | 76,500. | | 242,577. |
| œ | | | | | | |
| | 2 | Less: Contributions | | | | |
| | | | 1.66.000 | 56 500 | | 242 577 |
| | 3 | Gross income (line 1 minus line 2) | 166,077. | 76,500. | | 242,577. |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| ses | | | | | | |
| pen | 6 | Rent/facility costs | | | | |
| Direct Expenses | | | | | | |
| ect | 7 | Food and beverages | | | | |
| ä | | | | | | |
| | 8 | Entertainment | 1 77 716 | 10,665. | | 83,381. |
| | 9 | Other direct expenses | The second secon | | > | 83,381. |
| | 10 | Direct expense summary. Add lines 4 throug | | | | 159,196. |
| Th. | 11 | | answered "Yes" to Form | 990 Part IV line 19 or i | reported more than | 200/2001 |
| Pa | II L | \$15,000 on Form 990-EZ, line 6a. | allswelled les to lott | 1000, 1 art 14, 1110 10, 011 | oportod moro trial | |
| | r | \$15,000 OH FORM 950-62, line oa. | | (b) Pull tabs/instant | | (d) Total gaming (add |
| ne | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | |
| æ | | Cross revenue | | | | |
| | 1 | Gross revenue | | | | |
| | , | Cash prizes | | | | |
| Direct Expenses | ~ | Cash ph250 | | | | |
| pen | 3 | Noncash prizes | | | | |
| Щ | | The field of the f | | | | |
| ect | 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 | gh 5 in column (d) | | > | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line | 7 from line 1, column (d) | | > | |
| E | | | | | | |
| 9 | | ter the state(s) in which the organization oper | | | | |
| á | ls | the organization licensed to operate gaming a | ctivities in each of these | states? | | Yes No |
| l |) If ' | "No," explain: | | | | |
| | | | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses | | | year? | Yes No |
| i |) If | "Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

HOMEFIRST SERVICES OF SANTA CLARA COUNTY

| Sch | nedule G (Form 990 or 990-EZ) 2013 FORMERLY EMERGENCY HOUSING CONSORTIUM 94-2 | | 272 | Page 3 |
|----------|--|-------------|----------|----------|
| 11 | Does the organization operate gaming activities with nonmembers? | | Yes | 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 I | L No |
| | Indicate the percentage of gaming activity operated in: | | | |
| | a The organization's facility | | | <u>%</u> |
| | o An outside facility | 13b | L | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name Name | | | |
| | Address | | | |
| 15 | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| 1 | or If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | | |
| | of gaming revenue retained by the third party > \$ | | | |
| (| c If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation > \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | - | |
| | Director/officer Employee Independent contractor | | | |
| 477 | Mandatory distributions: | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | No No |
| | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| | organization's own exempt activities during the tax year 🕨 💲 | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I | ines 9, | 9b, 1 | 0b, 15b, |
| | 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No. 1545-0047

Inspection

▶ Attach to Form 990.

°N Employer identification number 94-2684272 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ► Information about Schedule I (Form 990) and its instructions is at www its gov/form990 HOMEFIRST SERVICES OF SANTA CLARA COUNTY (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant FORMERLY EMERGENCY HOUSING CONSORTIUM Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Parti

Schedule I (Form 990) (2013)

HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM

94-2684272

Schedule I (Form 990) (2013) FORMERLY EMERGENCY HOUSING CONSORTIUM

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|----------------------------|---------------------------------------|---------------------------------------|---|--|
| | c c | , , , , , , , , , , , , , , , , , , , | | 011 7 571 100 70 577 677 | |
| CASH - SEE PART IV | 780 | 1,488,115. | • 0 | U.FAIK MAKKET VALUE | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | * | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | l quired in Part I, lin | e 2, Part III, column | (b), and any other a | dditional information. | |
| PART I, LINE 2: | | | | | |
| EXPLANATION: THE ORGANIZATION'S RI | RISE PROGRAM | AM PROVIDES | S FINANCIAL | L ASSISTANCE | |
| FOR EDUCATION AND RELATED EXPENSES | FOR | ELIGIBLE PROGRAM | | PARTICIPANTS. THE | |
| ORGANIZATION OFFERS ADDITIONAL PROGRAMS | | AT PROVIDE | FINANCIAL | THAT PROVIDE FINANCIAL ASSISTANCE | |
| FOR HOUSING, INCLUDING SECURITY DE | DEPOSITS, | RENTAL ASS | ASSISTANCE AND | D UTILITIES | |
| PAYMENTS, AND CERTAIN LIVING EXPENSES | NSES. ALL | L OF THESE | PROGRAMS | HAVE | |
| ESTABLISHED GUIDELINES THAT DETERMINE | | ELIGIBILITY FOR | PROGRAM | PARTICIPATION | |
| IN LINE WITH AGREEMENTS BETWEEN TH | THE ORGANI | ORGANIZATION AND | AND THE FOUNDATION AND | ATION AND | |
| GOVERNMENTAL AGENCIES THAT FUND TE | THESE ASSI | ASSISTANCE PAY | PAYMENTS. | | |
| 332102 10-29-13 | , | 30. | | | Schedule I (Form 990) (2013) |

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number HOMEFIRST SERVICES OF SANTA CLARA COUNTY Name of the organization 94-2684272 FORMERLY EMERGENCY HOUSING CONSORTIUM Types of Property Part I (d) .

| | | Check if applicable | Number of contributions or items contributed | Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of de noncash contribu | • | :s |
|-----|---|---------------------|--|---|----------------------------------|---------|----|
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 1 | 21,264. | FAIR MARKET | , AVTOR | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | X | 2 | 339,850. | FAIR MARKET | ' VALUE | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other ▶ (GOODS) | X | 5 | 701,630. | FAIR MARKET | ' VALUE | |
| 26 | Other () | | | | | | |
| 27 | Other () | | | | | | |
| 28 | Other (| | | | | | |
| 29 | Number of Forms 8283 received by the organ | ization durin | g the tax year for o | contributions | | | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowled | gement 29 | | | |
| | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contributi | on any property re | ported in Part I, lines 1 - 28, | that it must hold for | | |
| | at least three years from the date of the initial | | | | | | |
| | the entire holding period? | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 30a | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that r | equires the review | of any non-standard contrib | utions? | 31 | X |
| 32a | Does the organization hire or use third parties | | | | | | _ |
| | contributions? | | | | | 32a | X |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization did not report an amount in | column (c) | for a type of prope | rty for which column (a) is ch | necked, | | |
| - | describe in Part II. | . , | | | | | |

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

Schedule M (Form 990) (2013)

HOMEFIRST SERVICES OF SANTA CLARA COUNTY

| Schedule M | 1 (Form 990) (2013) F | ORMERLY | EMERGENCY | HOUSING | CONSORTIUM | 94-2684272 | Page 2 |
|--------------|--|---|--|--|---|---|-----------------|
| Part II | Supplemental In is reporting in Part I, of this part for any additional supplemental in the supplemental i | formation. column (b), the ional informatio | Provide the informa number of contribu on. | tion required by tions, the numbe | Part I, lines 30b, 32b, and er of items received, or a | d 33, and whether the organiza combination of both. Also com | ation 1plete |
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| 332142 09-03 | 3-13 | | | The state of the s | | Schedule M (Form | 990) (2013 |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.go.
HOMEFIRST SERVICES OF SANTA CLARA COUNTY gov/form990 FORMERLY EMERGENCY HOUSING CONSORTIUM

Employer identification number 94-2684272

| A VIII had be a vice of the control |
|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| HOUSING AND SUPPORT SERVICES THAT ENABLE HOMELESS CHILDREN AND ADULTS |
| TO ATTAIN STABLE HOUSING. THE ORGANIZATION IS A LEADING PROVIDER OF |
| SHELTER AND SUPPORT SERVICES IN SANTA CLARA COUNTY, CALIFORNIA. |
| |
| FORM 990, PART VI, SECTION B, LINE 11: |
| EXPLANATION: THE FORM 990 IS REVIEWED BY THE CFO AND MEMBERS OF THE AUDIT |
| COMMITTEE BEFORE BEING FILED. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| EXPLANATION: 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. |
| AOITHHIBAT D • |
| FORM 990, PART VI, SECTION C, LINE 19: |
| EXPLANATION: FINANCIAL STATEMENTS ARE AVAILABLE ON THE HOMEFIRST WEBSITE. |
| ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST. |
| TITL OTTITE DOGGETHER THE TELEFORM |

CHANGES IN NET ASSETS: FORM 990, PART XI, LINE 9,

DELMA A/R

-8,208.

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

Schedule O (Form 990 or 990-EZ) (2013)

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|--|---|
| Name of the organization HOMEFIRST SERVICES OF SANTA CLARA COUNTY | Employer identification number |
| FORMERLY EMERGENCY HOUSING CONSORTIUM | Employer identification number $94-2684272$ |
| TOTALET ELECTRON 12005-1-1005 | |
| | |
| | |
| | |
| FORM 990, PART XI, LINE 2C | |
| | |
| EXPLANATION: NO CHANGES WERE MADE TO THE OVERSIGHT OF THE | AUDIT. |
| EAT DANALION. NO CHANGED WINE HIDE TO THE CVERTICAL OF THE | 110011 |
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 94-2684272

► Pinformation about Schedule R (Form 990) and its instructions is at www irs gov/form990. HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM

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

IOMEFIRST SERVICES OF IOMEFIRST SERVICES OF Direct controlling SANTA CLARA COUNTY SANTA CLARA COUNTY entity 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. End-of-year assets 3,485,912. (e) 5,577 Total income Ð Legal domicile (state or foreign country) ALIFORNIA CALIFORNIA HOLDS AND LEASE LAND FOR SROUND LEASE OF CERTAIN ENTERED INTO LONG-TERM Primary activity VFFORDABLE HOUSING PROPERTY Name, address, and EIN (if applicable) EHC DELMAS PARK, LLC - 20-1719292 of disregarded entity EHC BELOVIDA, LLC - 94-2684272 MILPITAS, CA 95035 CA 95035 507 VALLEY WAY 507 VALLEY WAY MILPITAS, Part II

(g) Section 512(b)(13) Š controlled entity? Yes Direct controlling status (if section 501(c)(3)) Public charity Exempt Code section Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

332161 09-12-13 LHA

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Schedule R (Form 990) 2013

HOMEFIRST SERVICES OF SANTA CLARA COUNTY

HOUSING CONSORTIUM FORMERLY EMERGENCY

Page 2

94-2684272

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. Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled 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. 区 Percentage ownership YesNo $\widehat{\Xi}$ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Shàre of end-of-year assets Ξ <u>@</u> Disproportionate Yes No allocations? Ξ Share of total income E Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ Legal domicile (state or foreign country) <u>ပ</u> (d)
(Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity **a** Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 332162 09-12-13 Part IV

Page 3

HOMEFIRST SERVICES OF SANTA CLARA COUNTY Schedule R (Form 990) 2013 FORMERLY EMERGENCY HOUSING CONSORTIUM

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | - | 200 |
|---|----------------------------------|-----------------------------|--|--|-------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | s with one or more re | ated organizations listed | in Parts II-IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 19 | 4 |
| b Gift, grant, or capital contribution to related organization(s) | | | | 9 | 4 |
| c Gift, grant, or capital contribution from related organization(s) | | | | ည | ∢ . |
| | | | | 1d X | |
| | | | | 1e | × |
| | | | | | |
| f Dividends from related organization(s) | | | | # | × |
| a Sale of assets to related organization(s) | | | | 19 | × |
| | | | | 1h | × |
| | | | | 1i | × |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | . 1j | × |
| | | | | | 1 |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 녹 | × |
| I Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | = | × ; |
| m Performance of services or membership or fundraising solicitations by related organization(s) | nization(s) | | | Ę | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | ion(s) | | | = | ∀ : |
| Sharing of paid employees with related organization(s) | | | | 2 | × |
| | | | | | |
| b Reimbursement paid to related organization(s) for expenses | | | | 10 | × |
| | | | | 19 | × |
| | | | | | : |
| r Other transfer of cash or property to related organization(s) | | | | - | 4 |
| s Other transfer of cash or property from related organization(s) | | | | 15 | × |
| 1 | who must complete the | nis line, including covered | relationships and transaction thresholds. | | |
| | (b) Transaction type (a·s) | (c) Amount involved | (d) Method of determining amount involved | nvolved | |
| (1) EHC DELMAS PARK, LLC | D | 185,912. | FAIR MARKET VALUE | | - |
| 6 | | | | | |
| <i>j-</i> / | | | | | |
| (3) | | | | The state of the s | |
| (4) | | | | | |
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| (9) | 3.7 | | - Freday | Schodule B (Form 990) 2013 | 390) 2013 |
| 332163 09-12-13 | ì | | | , 5 = 1.0 | . >1 /00/ |

Page 4

HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM Schedule R (Form 990) 2013

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.

| Į | 0 - | 1 | | | ı | | 1 | | | | | 1 | | | 1 | | İ | | 1 | | ļ | 13 |
|---|--------------------------------------|---|-----|------|---|------|--|------|--|--|------|---|---|------|---|------|---|------|---|------|---|----------------------------|
| (K) | Percentag ownership | | | | | | | | | | | | | | | | | | | | | Schedule R (Form 990) 2013 |
| 8 | General or F managing partner? | Yes No | | | | | | | | | | | | | | | | | | | | e R (Forr |
| (E) | amount in box 20 managing ownership | (Form 1065) | | | | | | | | | | | *************************************** | | | | | | | | | Schedul |
| Ξ | Dispropor- tionate | Yes No | | | | | | | | | | | | | 1 | | | | | | | |
| (6) | of /ear | | | | | | - Control of the cont | | | | | | | | | | | | | | | |
| (£) | <u>ب</u> م | | | | | | | | | | | | | | | | | | | | | |
| (e) | e partners sec. 501(c)(3) | Yes No | | | | | | | | | | | | | | | | | | | | |
| (d) | t incom related, | excluded from tax under section 512-514) | | | | | | | | | | | , | | | | | | | | | |
| (5) | nicile | country) | | | | | | | | | | | | | | | | | | | | |
| riovo filmingo regionalis | Primary activity | | THE | | | J | | | | | | | | | | | | | | | | |
| that was not a related organization; See instructions regarding exclusions of the property of | Name, address, and EIN | כן פווויגל | | | | | | | | | | | | | | | | | | | | |

38

HOMEFIRST SERVICES OF SANTA CLARA COUNTY

0 15,705. 9,365 1063355 30,182 20,724 58,275 10,343 3,224 915,537 Current Year Deduction 0 Current Sec 179 337,040. 253,787. 8667077. 543,166. 154,215 432,412. 167,430 70,741 961,631 0.37273668.11250459 Accumulated Depreciation 27577885. 918,629. 999,510. 422,865. 614,870. 171,942. 177,517. 6053410. Basis For Depreciation Reduction In Basis Bus % Excl 614,870. 6053410. 337,040. 37273668. 422,865. 171,942. 999,510. 918,629 27577885 177,517 Unadjusted Cost Or Basis 39.0016 S. S. 15.0016 7ARIES200DB5.00 17 15.0016 ARIES200DB7.00 VARIES200DB7.00 VARIES200DB5.00 ARIES200DB5.00 Life Method VARIESSI 7ARIESSI. /ARIESSI VARIEST Date Acquired * TOTAL 990 PAGE 10 8LAND IMPROVEMENT Description IMPROVEMENT 9FURNITURE **SEQUIPMENT** 6FURNITURE 4COMPUTER 2BUILDING BUILDING DEPR AUTO 7LAND Asset No.

(D) - Asset disposed

328102 05-01-13

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

See separate instructions. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates ldentifylna number HOMEFIRST SERVICES OF SANTA CLARA COUNTY FORMERLY EMERGENCY HOUSING CONSORTIUM FORM 990 PAGE 10 94-2684272 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar ilmitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 Property subject to section 168(f)(1) election 15 955,084. 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 108,271. 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Depreciation deduction (e) Convention (f) Method (a) Classification of property 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property е 20-year property 25 yrs. S/L 25-year property g 27.5 yrs. MM S/I h Residential rental property 27.5 yrs. MM S/L

40-year Part IV | Summary (See instructions.)

Class life

12-year

Nonresidential real property

i

20a

b

21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 316251 12-19-13 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

1,063,355.

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

39 yrs.

12 yrs.

40 yrs.

MM

MM

MM

S/L

S/L

21

94-2684272 Page 2 FORMERLY EMERGENCY HOUSING CONSORTIUM Form 4562 (2013) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete _{Only} 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes J No (e) (i) Elected Business/ Basis for depreciation Date Recovery Depreciation Method/ Type of property Cost or section 179 (business/investment placed in investment deduction period Convention (list vehicles first) other basis use only) use percentage cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: % % 0/0 27 Property used 50% or less in a qualified business use: S/L -S/L -% S/L 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (b) (c) (d) (e) (a) Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 Yes No 34 Was the vehicle available for personal use Yes Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

| 41 Do you meet the requirements conce Note: <i>If your answer to 37, 38, 39, 40</i> | | | | les. | | |
|---|------------------------------|-------------------------------------|------------------------|---|----|---|
| Part VI Amortization | | | | | | |
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percer | | (f) Amortization for this year |
| 42 Amortization of costs that begins duri | ng your 2013 tax year: | | | | | |
| - | : : | | | | | |
| | : : | | | | | |
| 43 Amortization of costs that began before | ore your 2013 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f). See | the instructions for whe | ere to report | | | 44 | |

316252 12-19-13