

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable:	C Name of organization HABITAT FOR HUMANITY EAST BAY/ SILICON VALLEY	D Employer identification number 94-3053687
Address change	Doing business as	E Telephone number (510)251-6304
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2619 BROADWAY, NO.205	
Initial return	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612	G Gross receipts \$ 23,509,740.
Final return/terminated	F Name and address of principal officer: JANICE JENSEN SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Amended return		H(b) Are all subordinates included? Yes No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. See instructions
	J Website: ▶ WWW.HABITATEBSV.ORG	H(c) Group exemption number ▶
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1987
		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	100
6	Total number of volunteers (estimate if necessary)	6	3022
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,216,077.	18,205,341.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,393,596.	3,017,574.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,882.	84,414.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-127,392.	602,898.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,589,163.	21,910,227.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	125,000.	633,762.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,754,265.	9,010,186.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,794,575.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,796,694.	8,829,462.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,675,959.	18,473,410.
19 Revenue less expenses. Subtract line 18 from line 12	1,913,204.	3,436,817.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	41,053,789.	46,536,794.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,996,617.	16,257,776.
		27,057,172.	30,279,018.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JANICE JENSEN, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name TRACY TEALE	Preparer's signature TRACY TEALE
	Date 06/14/23	Check if self-employed <input type="checkbox"/>
	Firm's name ▶ APRIO, LLP	PTIN P01290862
	Firm's address ▶ 201 NORTH CIVIC DRIVE, SUITE 220 WALNUT CREEK, CA 94596	Firm's EIN ▶ 57-1157523
		Phone no. 925-210-2180

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE BELIEVE EVERYONE DESERVES A DECENT PLACE TO LIVE AND WE WORK TO FOSTER SOCIAL, RACIAL, AND ECONOMIC JUSTICE THROUGH HOUSING. BY CREATING, PRESERVING, AND EXPANDING ACCESS TO AFFORDABLE HOUSING, WE PROVIDE THE OPPORTUNITY TO TRANSFORM LIVES AND BUILD BETTER FUTURES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 8,174,254. including grants of \$ 633,762.) (Revenue \$ 2,829,849.) BUILDING AFFORDABLE HOMES: HABITAT BUILDS AFFORDABLE HOMES FOR PEOPLE AND FAMILIES WITH LIMITED INCOMES (50%-120% AMI), THOSE WHO STRUGGLE TO GAIN A FOOHOLD IN OUR HOUSING MARKET. OUR INNOVATIVE MODEL BUILDS PARTNERSHIPS WITH FAMILIES WHO GIVE "SWEAT EQUITY," VOLUNTEERS WHO GIVE TIME, AND DONORS WHO GIVE FINANCIALLY, AND WE LEVERAGE THESE CONTRIBUTIONS TO MAXIMIZE OUR IMPACT. THROUGH OUR PROGRAM, FAMILIES GAIN ECONOMIC STABILITY AND BUILD A FOUNDATION FOR THE FUTURE FOR THEMSELVES, THEIR CHILDREN, AND GENERATIONS TO COME. SINCE 1986 HABITAT HAS BUILT OR RENOVATED NEARLY 500 HOMES, SERVING OVER 2,000 PEOPLE. IN FISCAL YEAR 2022, HABITAT BUILT HOMES IN SAN JOSE, OAKLAND, WALNUT CREEK, AND PITTSBURG. OUR FIVE-YEAR DEVELOPMENT PIPELINE INCLUDES OVER 300 ADDITIONAL HOMES ACROSS OUR SERVICE AREA.

4b (Code:) (Expenses \$ 2,695,122. including grants of \$) (Revenue \$) HOME PRESERVATION: HABITAT'S HOME PRESERVATION PROGRAM PROVIDES CRITICAL REPAIRS TO HOMEOWNERS WITH EXTREMELY LIMITED INCOMES (15%-80% AMI), INCLUDING SENIORS, PEOPLE WITH DISABILITIES, AND MOBILE HOME COMMUNITY RESIDENTS. HABITAT PROVIDES GRANTS FOR MINOR REPAIRS, AS WELL AS LOW INTEREST RATE, NO-PAYMENT LOANS FOR MAJOR PROJECTS, OFTEN MODIFYING A HOME FOR ADAPTIVE USE FOLLOWING A CHANGE IN THE CLIENT'S SITUATION, I.E. CONVERTING BATHTUBS TO WALK IN SHOWERS, WIDENING DOORWAYS, AND ADDING RAMPS FOR MOBILITY DEVICES. HABITAT ALSO PROVIDES CRUCIAL BUILDING ENVELOPE IMPROVEMENTS, SUCH AS ROOFING, UPGRADED ELECTRICAL, AND INSTALLATION OF HVAC SYSTEMS, SO CLIENTS CAN CONTINUE TO LIVE IN THEIR HOME SAFELY. IN FISCAL YEAR 2022, HABITAT REPAIRED 125 HOMES, SERVING OVER 200 INDIVIDUALS.

4c (Code:) (Expenses \$ 72,134. including grants of \$) (Revenue \$ 13,150.) HOUSING & FINANCIAL COUNSELING: HABITAT'S HUD-APPROVED HOUSING & FINANCIAL COUNSELING PROGRAM HELPS CLIENTS BUILD THE SKILLS AND HABITS THEY NEED TO SUCCESSFULLY TAKE ON THE RESPONSIBILITY OF HOMEOWNERSHIP AND ACHIEVE FINANCIAL WELLNESS. THE PROGRAM OFFERS SKILLS AND EDUCATION THROUGH ONE-ON-ONE COUNSELING WITH A HUD-CERTIFIED HOUSING COUNSELOR TO DISCUSS THEIR PERSONAL FINANCIAL ISSUES (I.E. CREDIT REPAIR, BUDGETING, SAVING, ETC.); GROUP CLASSES AND WORKSHOPS, INCLUDING THE FIRST TIME HOMEBUYER CLASS; AND AN ONLINE FINANCIAL EDUCATION CENTER WHERE CLIENTS CAN TAKE COURSES AT THEIR OWN PACE ON MANY FINANCIAL TOPICS FROM "OPENING A BASIC BANK ACCOUNT" TO "PREPARING FOR RETIREMENT." THE SERVICES ARE OPEN TO ANYONE, BUT TARGET LIMITED INCOME FAMILIES. IN FISCAL YEAR 2022, THE PROGRAM SERVED 957 PEOPLE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,305,483. including grants of \$) (Revenue \$ 174,575.)

4e Total program service expenses 14,246,993.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	13	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records _____
 HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY - (510)251-6304
 2619 BROADWAY, NO.205, OAKLAND, CA 94612

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANICE E. JENSEN PRESIDENT & CEO	40.00 1.00			X				329,717.	0.	27,689.
(2) JEAN BRIDGES COO & CFO	40.00 1.00			X				231,102.	0.	28,810.
(3) KEVIN ELLIOTT CHIEF REAL ESTATE OFFICER	40.00				X			225,133.	0.	24,118.
(4) KRYSTA MORGENTHALER CHIEF DEVELOPMENT OFFICER	40.00				X			211,493.	0.	16,006.
(5) CHRISTINE CHU CONTROLLER	40.00					X		160,735.	0.	29,022.
(6) ROBERT SIMONDS DIRECTOR OF HOUSING DEVELOPMENT	40.00					X		155,827.	0.	14,898.
(7) KRISTI BASCOM SENIOR PROJECT MANAGER	40.00					X		137,453.	0.	26,085.
(8) LUCINDA O'SULLIVAN DIRECTOR OF HUMAN RELATIONS	40.00					X		126,344.	0.	28,116.
(9) LESLEY CASTO DIRECTOR OF CLIENT SERVICES	40.00					X		129,267.	0.	22,859.
(10) JONAS MOE CHAIR	2.00	X		X				0.	0.	0.
(11) VINCE SALINAS VICE-CHAIR	2.00	X		X				0.	0.	0.
(12) DAVID BARRON TREASURER	2.00	X		X				0.	0.	0.
(13) SHANNON ADKINS SECRETARY	2.00	X		X				0.	0.	0.
(14) LES POLTRACK MEMBER	2.00	X						0.	0.	0.
(15) CAROLYN CARPENTER MEMBER	2.00	X						0.	0.	0.
(16) BRIAN O'SHEA MEMBER	2.00	X						0.	0.	0.
(17) JOHN BYRD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RODGER MILLER MEMBER	2.00	X						0.	0.	0.
(19) LENA NICOLAIDES MEMBER	2.00	X						0.	0.	0.
(20) NINA LUALDI MEMBER	2.00	X						0.	0.	0.
(21) CHRIS BOYD MEMBER	2.00	X						0.	0.	0.
(22) ZEESHAN ZOKARIM MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,707,071.	0.	217,603.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,707,071.	0.	217,603.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HP CONSTRUCTION SERVICES 9000 CROW CANYON ROAD, DANVILLE, CA 94506	CONSTRUCTION	1,103,781.
CALIFORNIA MODULAR 196 N. 3RD STREET, SAN JOSE, CA 95112	CONSTRUCTION	1,057,649.
POWER POLE SERVICE LLC, 4156 SANTA ROSA AVENUE, SANTA ROSA, CA 95407	CONSTRUCTION	368,636.
THE VIRTUAL OFFICE TECHNOLOGIE DBA THE VIRT 309 VISTA TRUCHA, NEWPORT BEACH, CA 92660	INFORMATION TECHNOLOGY	208,907.
LAMB INSURANCE SERVICES, 1385 HIGHWAY 35 PMB 170, MIDDLETOWN, NJ 07748	INSURANCE	130,392.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	380,029.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,082,191.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,743,121.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,829,794.				
	h Total. Add lines 1a-1f			18,205,341.			
Program Service Revenue	2 a OTHER INCOME	Business Code					
		531390	1,256,045.	1,256,045.			
	b SALES OF AFFORDABLE HO	236000	1,073,018.	1,073,018.			
	c MORTGAGE DISCOUNT AMOR	531390	441,370.	441,370.			
	d NEW MARKET TAX CREDIT	531390	185,544.	185,544.			
	e NMTC INTEREST INCOME	531390	39,997.	39,997.			
	f All other program service revenue	531390	21,600.	21,600.			
g Total. Add lines 2a-2f			3,017,574.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		69,845.			69,845.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,471,316.			
	b Less: cost or other basis and sales expenses	7b	1,456,747.				
c Gain or (loss)	7c	14,569.					
d Net gain or (loss)			14,569.		14,569.		
8 a Gross income from fundraising events (not including \$ 380,029. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	142,766.			
		c Net income or (loss) from fundraising events			-142,766.		-142,766.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a SETTLEMENT OF CONTIGEN	Business Code					
		900099	745,664.			745,664.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			745,664.				
12 Total revenue. See instructions			21,910,227.	3,017,574.	0.	687,312.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	633,762.	633,762.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	560,819.	560,819.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,742,850.	4,346,372.	1,428,628.	967,850.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	212,596.	134,287.	44,778.	33,531.
9 Other employee benefits	946,333.	717,336.	141,371.	87,626.
10 Payroll taxes	547,588.	379,167.	91,322.	77,099.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	544,339.	271,877.	6,289.	266,173.
14 Information technology				
15 Royalties				
16 Occupancy	992,866.	952,678.	12,167.	28,021.
17 Travel	35,906.	34,571.	-11.	1,346.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	65,076.	40,004.	25,072.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	115,457.	25,010.	90,447.	
23 Insurance	107,172.	95,872.	11,300.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF HOMES & PROJECT	3,360,678.	3,360,678.		
b PROFESSIONAL SERVICES	1,028,807.	448,305.	503,460.	77,042.
c BAD DEBT	741,500.	741,500.		
d MISCELLANEOUS	494,952.	182,243.	68,947.	243,762.
e All other expenses	1,342,709.	1,322,512.	8,072.	12,125.
25 Total functional expenses. Add lines 1 through 24e	18,473,410.	14,246,993.	2,431,842.	1,794,575.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,886,831.	1	688,940.
	2 Savings and temporary cash investments	1,955,800.	2	2,565,986.
	3 Pledges and grants receivable, net	5,783,574.	3	4,503,908.
	4 Accounts receivable, net	77,118.	4	180,205.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	12,704,688.	7	11,909,433.
	8 Inventories for sale or use	15,684,881.	8	23,646,333.
	9 Prepaid expenses and deferred charges	244,341.	9	206,019.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,276,662.		
	b Less: accumulated depreciation	10b 981,430.	70,043.	10c 295,232.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,642,615.	12	2,540,738.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,898.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,053,789.	16	46,536,794.	
Liabilities	17 Accounts payable and accrued expenses	4,593,933.	17	3,323,858.
	18 Grants payable		18	
	19 Deferred revenue	910,088.	19	709,997.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,189,749.	23	9,682,998.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,302,847.	25	2,540,923.
	26 Total liabilities. Add lines 17 through 25	13,996,617.	26	16,257,776.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,745,363.	27	30,277,335.
	28 Net assets with donor restrictions	311,809.	28	1,683.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,057,172.	32	30,279,018.
33 Total liabilities and net assets/fund balances	41,053,789.	33	46,536,794.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,910,227.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,473,410.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,436,817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,057,172.
5	Net unrealized gains (losses) on investments	5	-214,971.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,279,018.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,275,952.	15,618,353.	14,150,187.	18,356,381.	18,205,341.	77,606,214.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,275,952.	15,618,353.	14,150,187.	18,356,381.	18,205,341.	77,606,214.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						77,606,214.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	11,275,952.	15,618,353.	14,150,187.	18,356,381.	18,205,341.	77,606,214.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67,128.	80,790.	78,159.	61,656.	69,845.	357,578.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						77,963,792.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.54 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.55 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization HABITAT FOR HUMANITY EAST BAY/ SILICON VALLEY	Employer identification number 94-3053687
--	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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 your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization HABITAT FOR HUMANITY EAST BAY/ SILICON VALLEY	Employer identification number 94-3053687
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST REPUBLIC FOUNDATION 111 PINE STREET SAN FRANCISCO, CA 94111	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARBARA MUNSTER AND EUGENE ONOPKO 956 SPRUCE ST BERKELEY, CA 94707-2456	\$ 510,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANONYMOUS TRUST 523 4TH ST STE 200 SAN RAFAEL, CA 94901-3347	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PAT KENNEDY 700 CARY DR SAN LEANDRO, CA 94577-3812	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROBERT MARSH 1534 SOLANO AVE ALBANY, CA 94707	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HABITAT FOR HUMANITY EAST BAY/ SILICON VALLEY	Employer identification number 94-3053687
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK _____ _____ _____	\$ 510,435.	06/30/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization HABITAT FOR HUMANITY EAST BAY/ SILICON VALLEY	Employer identification number 94-3053687
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY **Employer identification number**
94-3053687

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on 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. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,118.	37,194.	37,736.	37,503.	35,259.
b Contributions					
c Net investment earnings, gains, and losses	-6,115.	11,346.	-170.	601.	2,616.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		422.	372.	368.	372.
g End of year balance	42,003.	48,118.	37,194.	37,736.	37,503.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		563.		563.
c Leasehold improvements		364,765.	364,765.	0.
d Equipment		911,334.	616,665.	294,669.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				295,232.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMON STOCKS	337,358.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME SECURITIES	2,203,380.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,540,738.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST PAYABLE	3,546.
(3) LINE OF CREDIT	500,000.
(4) RELATED PARTY PAYABLE	2,037,377.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,540,923.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	23,063,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-214,971.
b	Donated services and use of facilities	2b	85,081.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,283,593.
e	Add lines 2a through 2d	2e	1,153,703.
3	Subtract line 2e from line 1	3	21,910,227.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,910,227.

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

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

1	Total expenses and losses per audited financial statements	1	18,879,640.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	85,081.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	321,149.
e	Add lines 2a through 2d	2e	406,230.
3	Subtract line 2e from line 1	3	18,473,410.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,473,410.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE BOARD DESIGNATED FUND INTENDS TO USE INCOME FROM THE FUND AS AN

OPERATING SOURCE FOR FUTURE HOUSING AND OTHER HABITAT PROJECTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CDI INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CDI EXPENSES

PART XI, PART XII-IDENTIFICATION OF RELATED ORGANIZATION

NAME OF RELATED ORGANIZATION:

Part XIII Supplemental Information *(continued)*

EBSV COMMUNITY DEVELOPMENT, INC.

DIRECT CONTROLLING ENTITY: HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY** Employer identification number **94-3053687**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HFHI CARS FOR HOMES - 121 HABITAT ST., AMERICUS, GA	VEHICLE DONATIONS	X		791,358.	210,493.	580,865.
THD, INC - 55 OLD BEDFORD ROAD, STE 201, LINCOLN, MA	DIRECT MAIL PROCESSING		X	506,420.	204,173.	302,247.
BLUE STATE DIGITAL - 41 FLATBUSH AVENUE, 8TH FL.,	DIRECT MAIL PROCESSING		X	296,685.	48,620.	248,065.
Total				1,594,463.	463,286.	1,131,177.

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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CYCLE OF HOPE (event type)	WOMEN'S LEADERSHIP (event type)	1 (total number)		
Revenue	1	Gross receipts	239,179.	140,850.	380,029.	
	2	Less: Contributions	239,179.	140,850.	380,029.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	123,130.	15,754.	3,882.	142,766.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				142,766.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-142,766.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct 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 No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 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

17 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

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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: HFHI CARS FOR HOMES

(I) ADDRESS OF FUNDRAISER: 121 HABITAT ST., AMERICUS, GA 31709

(I) NAME OF FUNDRAISER: THD, INC

(I) ADDRESS OF FUNDRAISER: 55 OLD BEDFORD ROAD, STE 201, LINCOLN, MA 01773

(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 41 FLATBUSH AVENUE, 8TH FL., BROOKLYN, NY 11217

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY**

Employer identification number
94-3053687

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 121 HABITAT STREET - AMERICUS, GA 31709	91-1914868	501(C)(3)	633,762.	0.			TITHE TO SUPPORT INTERNATIONAL WORK OF HFHI.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2

HABITAT FOR HUMANITY INTERNATIONAL, INC. SENDS THE ORGANIZATION A

REPORT ON HOW THE TITHE WAS DIRECTED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY**

Employer identification number
94-3053687

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANICE E. JENSEN PRESIDENT & CEO	(i)	329,717.	0.	0.	27,689.	0.	357,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEAN BRIDGES COO & CFO	(i)	231,102.	0.	0.	28,810.	0.	259,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN ELLIOTT CHIEF REAL ESTATE OFFICER	(i)	225,133.	0.	0.	24,118.	0.	249,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRYSTA MORGENTHALER CHIEF DEVELOPMENT OFFICER	(i)	211,493.	0.	0.	16,006.	0.	227,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTINE CHU CONTROLLER	(i)	160,735.	0.	0.	29,022.	0.	189,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT SIMONDS DIRECTOR OF HOUSING DEVELOPMENT	(i)	155,827.	0.	0.	14,898.	0.	170,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KRISTI BASCOM SENIOR PROJECT MANAGER	(i)	137,453.	0.	0.	26,085.	0.	163,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LUCINDA O'SULLIVAN DIRECTOR OF HUMAN RELATIONS	(i)	126,344.	0.	0.	28,116.	0.	154,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LESLEY CASTO DIRECTOR OF CLIENT SERVICES	(i)	129,267.	0.	0.	22,859.	0.	152,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY** Employer identification number **94-3053687**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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		722,783.	FAIR MARKET VALUE
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	X	3	2,384,000.	FAIR MARKET VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (BUILDING MATE)	X	1,000	3,723,011.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	HABITAT FOR HUMANITY EAST BAY/ SILICON VALLEY	Employer identification number	94-3053687
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HABITAT FOR HUMANITY BUILDS AFFORDABLE HOMES, PRESERVES AFFORDABLE

HOUSING WHERE IT STANDS, AND PREPARES PEOPLE FOR HOMEOWNERSHIP

THROUGH FINANCIAL COUNSELING AND EDUCATION.

HABITAT FOR HUMANITY HAS SERVED OVER 51 MILLION PEOPLE WORLDWIDE.

HERE IN THE BAY AREA, IN ONE OF THE WORLD'S TOUGHEST HOUSING MARKETS,

WE WORK TO CREATE OPPORTUNITY AND FOSTER JUSTICE THROUGH HOUSING.

- WE MAKE IT POSSIBLE FOR FAMILIES TO BUILD STRENGTH, STABILITY, AND

SELF-RELIANCE THROUGH AFFORDABLE HOMEOWNERSHIP.

- WE PRESERVE OUR AFFORDABLE HOUSING STOCK AND KEEP OUR NEIGHBORS IN

SAFE, HEALTHY HOMES PREVENTING DISPLACEMENT.

- WE OFFER SKILLS AND EDUCATION THROUGH OUR HOUSING & FINANCIAL

COUNSELING PROGRAM.

- WE HELP BUILD SOLUTIONS THAT SAFELY SHELTER OUR UNHOUSED NEIGHBORS

AND SUPPORT THEM ON THEIR PATH TO PERMANENT HOUSING.

CLIMATE-SMART SUSTAINABLE BUILDING:

FOR MORE THAN TWO DECADES, HABITAT HAS BUILT OUR HOMES TO RIGOROUS

LOCAL, STATE, AND NATIONAL GREEN BUILDING STANDARDS. WE CONSTANTLY

STRIVE TO STRENGTHEN OUR COMMITMENT TO SUSTAINABILITY EVEN FURTHER,

INCLUDING A COMMITMENT TO ACHIEVING ZERO NET ENERGY ON ALL NEW HABITAT

DEVELOPMENTS ENSURING THAT HABITAT COMMUNITIES CONTRIBUTE MORE ENERGY

THAN THEY CONSUME. WE LOOK AT OUR DEVELOPMENTS THROUGH A WHOLE-SYSTEMS

APPROACH, CONSERVING ENERGY AND RESOURCES, PRIORITIZING THE HEALTH OF

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

Schedule O (Form 990) 2021

Name of the organization HABITAT FOR HUMANITY EAST BAY/ SILICON VALLEY	Employer identification number 94-3053687
--	--

THE HOMEOWNER AND THE PLANET, AND ACHIEVING MAXIMUM IMPACT WITH MINIMUM FOOTPRINT.

SUSTAINABLE BUSINESS RESTORE:

HABITAT OPERATES THREE RESTORES IN OAKLAND, CONCORD, AND SAN JOSE THAT ACCEPT DONATIONS OF QUALITY NEW AND USED HOME IMPROVEMENT GOODS AND SELL THEM TO THE PUBLIC AT DISCOUNTED PRICES. RESTORES ARE SUSTAINABLE FOR THE PLANET AND FOR HABITAT DIVERTING OVER 13 MILLION POUNDS OF USABLE ITEMS FROM LANDFILL ANNUALLY AND REINVESTING ALL PROCEEDS IN OUR WORK TO BRING AFFORDABLE HOMEOWNERSHIP, FINANCIAL WELLNESS, AND SECURE, SUPPORTIVE SHELTER WITHIN REACH OF MORE PEOPLE AND FAMILIES WITH LIMITED INCOMES.

INVESTMENT IN IMPACT:

AN INVESTMENT IN HABITAT IS AN INVESTMENT IN FAR MORE THAN WALLS AND WINDOWS. AS WE SAW IN A RECENT SOCIAL IMPACT STUDY, A HABITAT HOME PAYS SIGNIFICANT DIVIDENDS WHEN IT COMES TO FAMILIES' HEALTH, SAFETY, EDUCATION, FINANCIAL WELLNESS, COMMUNITY CONNECTIONS, AND MORE. OUR ECONOMIC IMPACT STUDY DEMONSTRATED THAT HABITAT'S WORK CREATES A RIPPLE EFFECT OF ECONOMIC ACTIVITY IN THE COMMUNITY, MANY TIMES ITS INITIAL INVESTMENT.

OUR HOME PRESERVATION PROGRAM PROTECTS AFFORDABLE HOUSING STOCK, STABILIZES AND BEAUTIFIES COMMUNITIES, AND MOST OF ALL, KEEPS LOW-INCOME HOMEOWNERS IN THEIR HOMES AND NEIGHBORHOODS.

OUR HOUSING & FINANCIAL COUNSELING PROGRAM HELPS CLIENTS BUILD THE SKILLS AND HABITS THEY NEED TO TAKE ON THE RESPONSIBILITY OF

Name of the organization HABITAT FOR HUMANITY EAST BAY/ SILICON VALLEY	Employer identification number 94-3053687
--	--

HOMEOWNERSHIP SUCCESSFULLY AND ACHIEVE FINANCIAL WELLNESS.

OUR EMERGENCY INTERIM HOUSING PROGRAM WIDENS OUR IMPACT EVEN FURTHER,
PROVIDING INNOVATIVE AND EFFECTIVE SOLUTIONS TO THE HOMELESSNESS
CRISIS.

COMMUNITY SUPPORT:

HABITAT DEPENDS ON COMMUNITY SUPPORT TO CREATE SUCH IMPACT. ALL OUR
BUILDING EFFORTS AND EVERY PERSON AND FAMILY WE SERVE IS THE RESULT OF
MANY HEARTS AND HANDS, VOLUNTEERING AND GIVING. WE WORK TO LEVERAGE
EVERY GIFT OF TIME AND RESOURCES WITH RESPONSIBILITY, INTELLIGENCE, AND
FOR MAXIMUM POSITIVE IMPACT.

AWARDS AND DISTINCTIONS:

WE'RE PROUD TO CONSISTENTLY EARN HIGH RATINGS ON CHARITY NAVIGATOR,
GUIDESTAR, AND BETTER BUSINESS BUREAU FOR BEING RESPONSIBLE AND
EFFECTIVE STEWARDS OF OUR DONORS' GENEROSITY. HABITAT FOR HUMANITY
INTERNATIONAL HAS ALSO DESIGNATED OUR AFFILIATE AS AN "AFFILIATE OF
DISTINCTION" IN RECOGNITION OF BEST PRACTICES IN AREAS LIKE
SUSTAINABILITY, LEADERSHIP, INNOVATION, AND FINANCIAL STABILITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUSTAINABLE BUSINESS RESTORE:

HABITAT OPERATES THREE RESTORES IN OAKLAND, CONCORD, AND SAN JOSE THAT
ACCEPT DONATIONS OF QUALITY NEW AND USED HOME IMPROVEMENT GOODS AND
SELL THEM TO THE PUBLIC AT DISCOUNTED PRICES. RESTORES ARE SUSTAINABLE
FOR THE PLANET AND FOR HABITAT DIVERTING OVER 13 MILLION POUNDS OF

Name of the organization HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY

Employer identification number
94-3053687

USABLE ITEMS FROM LANDFILL ANNUALLY AND REINVESTING ALL PROCEEDS IN OUR

WORK TO BRING AFFORDABLE HOMEOWNERSHIP, FINANCIAL WELLNESS, AND SECURE,

SUPPORTIVE SHELTER WITHIN REACH OF MORE PEOPLE AND FAMILIES WITH

LIMITED INCOMES.

EXPENSES \$ 3,305,483. INCLUDING GRANTS OF \$ 0. REVENUE \$ 174,575.

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

THE FORM 990 IS FIRST REVIEWED BY THE AUDIT COMMITTEE. THE FULL BOARD ALSO

REVIEWS AND COMMENTS BEFORE VOTING TO APPROVE UPON RECOMMENDATION FROM THE

AUDIT COMMITTEE.

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

THE CONFLICT OF INTEREST POLICY STATEMENT AND CONFIRMATION OF COMPLIANCE IS

SENT TO EACH DIRECTOR, OFFICER AND EMPLOYEE. EACH IS REQUIRED TO NOTE ANY

POTENTIAL CONFLICT IN ACCORDANCE WITH POLICY GUIDELINES AND TO SIGN THE

DOCUMENTS.

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

THE COMPENSATION COMMITTEE DETERMINES THE COMPENSATION BASED ON

COMPENSATION SURVEYS AND STUDIES AND THE FORM 990 OF OTHER ORGANIZATIONS.

THE FULL BOARD APPROVES THE DETERMINATION.

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

UPON WRITTEN REQUEST THE ORGANIZATION WILL PROVIDE THIS INFORMATION.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY** Employer identification number **94-3053687**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HABITAT FOR HUMANITY EAST BAY FUNDING COMPANY, LLC, 2619 BROADWAY NO. 205, OAKLAND, CA 94612	ACQUIRING AND HOLDING MORTGAGE LOANS ORIGINATED BY HEBSV	CALIFORNIA			HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY
HABITAT FOR HUMANITY EAST BAY FUNDING COMPANY II, LLC, 2619 BROADWAY NO. 205, OAKLAND, CA 94612	ACQUIRING AND HOLDING MORTGAGE LOANS ORIGINATED BY HEBSV	CALIFORNIA			HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY
HEBSV 3778 MANILA, LLC 2619 BROADWAY NO. 205 OAKLAND, CA 94612	BUILDING AND HOLDING PROPERTY	CALIFORNIA			HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY
HEBSV 4TH AND REED, LLC 2619 BROADWAY NO. 205 OAKLAND, CA 94612	BUILDING AND HOLDING PROPERTY	CALIFORNIA			HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EBSV COMMUNITY DEVELOPMENT, INC. - 81-2826561, 2619 BROADWAY SUITE 200, OAKLAND, CA 94612	SUPPORT OF AFFORDABLE HOUSING INITIATIVES IN CALIFORNIA	CALIFORNIA	501(C)(3)	LINE 12A, I	HABITAT FOR HUMANITY EAST BAY/SILICON	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EBSV COMMUNITY DEVELOPMENT, INC.	L	209,167.	FAIR VALUE
(2) EBSV COMMUNITY DEVELOPMENT, INC.	E	2,037,377.	FAIR VALUE
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

EBSV COMMUNITY DEVELOPMENT, INC.

DIRECT CONTROLLING ENTITY: HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

EBSV COMMUNITY DEVELOPMENT, INC.

DIRECT CONTROLLING ENTITY: HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

JANICE JENSEN
2619 Broadway, No.205
Oakland, CA 94612

Prepared By:

Aprio, LLP
201 North Civic Drive, Suite 220
Walnut Creek, CA 94596

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

JANICE JENSEN
2619 Broadway, No.205
Oakland, CA 94612

Prepared By:

Aprio, LLP
201 North Civic Drive, Suite 220
Walnut Creek, CA 94596

Amount of Tax:

Balance due of \$800

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022

Corporation/Organization name
**HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY**

California corporation number
1589421

Additional information. See instructions.
FEIN
94-3053687

Street address (suite or room)
2619 BROADWAY, NO. 205

PMB no.

City
OAKLAND

State
CA

ZIP code
94612

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,304,399	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	18,205,341	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2			
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	23,509,740	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,456,747	00
	7	Total costs. Add line 5 and line 6	7	1,456,747	00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	22,052,993	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	18,616,176	00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,436,817	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
Sign Here	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Paid Preparer's Use Only	Signature of officer	TRACY TEALE	Title PRESIDENT & CEO	Date 06/14/23	Telephone (510) 251-6304
	Preparer's signature	TRACY TEALE	Date	06/14/23	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	APRIO, LLP 201 NORTH CIVIC DRIVE, SUITE 220 WALNUT CREEK, CA 94596			PTIN P01290862
					Firm's FEIN 57-1157523 Telephone 925-210-2180
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes No					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	69,845	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	•	6	1,471,316	00	
	7	Other income SEE STATEMENT 4	•	7	3,763,238	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	5,304,399	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 5	•	9	633,762	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 6	•	11	560,819	00	
	12	Other salaries and wages	•	12	6,742,850	00	
	Expenses and Disbursements	13	Interest	•	13	65,076	00
		14	Taxes	•	14	547,588	00
		15	Rents	•	15	992,866	00
		16	Depreciation and depletion (See instructions)	•	16	115,457	00
		17	Other expenses and disbursements SEE STATEMENT 7	•	17	8,957,758	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	18,616,176	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,842,631	•	3,254,926
2 Net accounts receivable		77,118	•	180,205
3 Net notes receivable STMT 8		12,704,688	•	11,909,433
4 Inventories		15,684,881	•	23,646,333
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments STMT 9		2,642,615	•	2,540,738
10 a Depreciable assets	936,016		1,276,662	
b Less accumulated depreciation	(865,973)	70,043	(981,430)	295,232
11 Land			•	
12 Other assets STMT 10		6,031,813	•	4,709,927
13 Total assets		41,053,789		46,536,794
Liabilities and net worth				
14 Accounts payable		4,593,933	•	3,323,858
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable		6,189,749	•	9,682,998
18 Other liabilities STMT 11		3,212,935		3,250,920
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		27,057,172	•	30,279,018
22 Total liabilities and net worth		41,053,789		46,536,794

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	3,436,817	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		3,436,817
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		3,436,817			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
FIRST REPUBLIC FOUNDATION	111 PINE STREET SAN FRANCISCO, CA 94111	06/30/22	1,000,000.
ANONYMOUS TRUST	523 4TH ST STE 200 SAN RAFAEL, CA 94901-3347	06/30/22	500,000.
PAT KENNEDY	700 CARY DR SAN LEANDRO, CA 94577-3812	06/30/22	500,000.
ROBERT MARSH	1534 SOLANO AVE ALBANY, CA 94707	06/30/22	400,000.
ROBERT AND BARBARA FRICK	3374 MCGRAW LN LAFAYETTE, CA 94549-2314	06/30/22	278,285.
LOWELL HORAN	4250 TERRACE ST OAKLAND, CA 94611-5128	06/30/22	200,000.
MARILEA LARM	106 ALLEN WAY PLEASANT HILL, CA 94523-3218	06/30/22	170,000.
JOY ADDIEGO	PO BOX 223 SAN RAMON, CA 94583-0223	06/30/22	160,000.
THE PG&E CORPORATION FOUNDATION	77 BEALE STREET, B29J SAN FRANCISCO, CA 94105	06/30/22	132,834.
RITA L. FISHER	7029 PEARL RD STE 350 CLEVELAND, OH 44130-4979	06/30/22	116,702.
ICE MORTGAGE TECHNOLOGY	4420 ROSEWOOD DR STE 500 PLEASANTON, CA 94588-3059	06/30/22	110,000.
MARATHON PETROLEUM CORPORATION	150 SOLANO WAY PACHECO, CA 94553-1465	06/30/22	105,000.
ANONYMOUS	2619 BROADWAY, NO.205 OAKLAND, CA 94612	06/30/22	102,805.
FIRST REPUBLIC BANK	111 PINE STREET SAN FRANCISCO, CA 94111	06/30/22	100,000.

SIMPSON STRONG-TIE COMPANY, INC.	5956 W LAS POSITAS BLVD STE 400 PLEASANTON, CA 94588-8540	06/30/22	88,672.
SOBRATO FAMILY FOUNDATION	599 CASTRO ST STE 400 MOUNTAIN VIEW, CA 94041-3009	06/30/22	85,081.
BANK OF AMERICA CHARITABLE FOUNDATION	315 MONTGOMERY ST FL 3 SAN FRANCISCO, CA 94104-1809	06/30/22	80,000.
ELAINE FARGE	115 CREEDON CIR ALAMEDA, CA 94502-1404	06/30/22	80,000.
MICHAEL AND JEANETTE THATCHER	1561 N PERSIMMON ST CANBY, OR 97013-2991	06/30/22	75,350.
JENNIFER BOSTEDO, TRIVERGENT TRUST	1201 S. ORLANDO AVE STE 370 WINTER PARK, FL 32789	06/30/22	74,591.
PATELCO CREDIT UNION	3 PARK PL DUBLIN, CA 94568-7983	06/30/22	70,000.
AMAZON	475 SANSOME ST FL 10 SAN FRANCISCO, CA 94111-3142	06/30/22	63,000.
PROLOGIS	PIER 1, BAY 1 SAN FRANCISCO, CA 94111	06/30/22	59,000.
SUSAN J. FORSYTHE	1219 W WYNNEWOOD RD APT 103 WYNNEWOOD, PA 19096-2113	06/30/22	7,500.
WILLIAM & EVELYN STOKES ESTATE	10049 OAKLEAF PL CUPERTINO, CA 95014-1127	06/30/22	54,000.
MARGARET ANN THOMPSON	1415 D ST ANTIOCH, CA 94509-2348	06/30/22	50,912.
THOMAS WOLF	748 CUESTA DR MOUNTAIN VIEW, CA 94040-3741	06/30/22	50,000.
BARBARA J MCCONNELL	1850 ALICE ST APT 1101 OAKLAND, CA 94612-4134	06/30/22	50,000.
BLACKBERRY CREEK FOUNDATION	260 SOUTHAMPTON AVE BERKELEY, CA 94707-2039	06/30/22	50,000.
MENLO SCHOOL	50 VALPARAISO AVE ATHERTON, CA 94027-4401	06/30/22	45,000.
UNITED WAY BAY AREA	550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108-2524	06/30/22	40,000.
MARCIE AND JOHN COMYNS	195 CAMILLE CT ALAMO, CA 94507-2413	06/30/22	35,000.
WELLS FARGO FOUNDATION	1220 CONCORD AVE CONCORD, CA 94520-4906	06/30/22	30,050.
DANIEL AND ALLYN CARL	1081 COUNTRY CLUB DR MORAGA, CA 94556-1923	06/30/22	30,000.
CITY NATIONAL BANK	555 S FLOWER ST FL 11 LOS ANGELES, CA 90071-2435	06/30/22	30,000.
SAN JOSE SHARKS FOUNDATION	525 W SANTA CLARA ST SAN JOSE, CA 95113-1520	06/30/22	30,000.
KAISER PERMANENTE SOUTH BAY/SANTA CLARA SERVICE AREA	19000 HOMESTEAD ROAD BUILDING 1, 2ND FLOOR CUPERTINO, CA 95014	06/30/22	30,000.
RIMINI STREET	6601 KOLL CENTER PKWY STE 300 PLEASANTON, CA 94566-3127	06/30/22	27,000.
LAFAYETTE-ORINDA PRESBYTERIAN CHURCH	49 KNOX DR LAFAYETTE, CA 94549-3322	06/30/22	25,000.
CONTRA COSTA ASSOCIATION OF REALTORS	1870 OLYMPIC BLVD STE 200 WALNUT CREEK, CA 94596	06/30/22	25,000.
ALICE F. AND CORTLAND J. KNIPE CHARITABLE TRUST	C/O DEUTSCHE BANK TRUST COMPANY, N.A. NEW YORK, NY 10019-8735	06/30/22	25,000.
KIM AND STEVE RICHARDSON	125 LAIDLEY ST SAN FRANCISCO, CA 94131-2767	06/30/22	25,000.

DAVID AND JEAN BARRON	4310 CHAMBERLIN CT OAKLAND, CA 94619-3702	06/30/22	20,050.
SOUTHWEST AIRLINES	2619 BROADWAY, NO.205 OAKLAND, CA 94612	06/30/22	20,000.
GEORGE L. SHIELDS FOUNDATION, INC.	4416 EAST WEST HIGHWAY 4TH FL BETHESDA, MD 20814-4565	06/30/22	20,000.
EAST BAY COMMUNITY ENERGY	1999 HARRISON ST STE 800 OAKLAND, CA 94612-3598	06/30/22	20,000.
ADVANTEST AMERICA, INC.	3061 ZANKER RD SAN JOSE, CA 95134-2127	06/30/22	20,000.
KENNETH BIRD	966 EL CAJON WAY PALO ALTO, CA 94303-3408	06/30/22	20,000.
SKANSKA USA BUILDING	2152 MCKEE ROAD SAN JOSE, CA 95116	06/30/22	19,129.
APPLE, INC.	1 INFINITE LOOP CUPERTINO, CA 95014-2083	06/30/22	18,830.
SECK-ENG TAN AND PATRICIA LOWE	168 HEATHER DR ATHERTON, CA 94027-2120	06/30/22	17,500.
PROMETHEUS PHILANTHROPIC FUND	1900 S NORFOLK ST STE 150 SAN MATEO, CA 94403-1161	06/30/22	17,500.
PROVIDENT CREDIT UNION	11030 BOLLINGER CANYON RD STE 190 SAN RAMON, CA 94582-4874	06/30/22	16,000.
DAVID AND JOAN HALPERIN	40 ROBERT RD ORINDA, CA 94563-3216	06/30/22	15,950.
GOOGLE MATCHING GIFTS PROGRAM	PO BOX 8809 PRINCETON, NJ 08543-8809	06/30/22	15,925.
WHIRLPOOL	2619 BROADWAY, NO.205 OAKLAND, CA 94612	06/30/22	15,448.
PG&E CORPORATION	77 BEALE ST. SAN FRANCISCO, CA 94105-1814	06/30/22	15,000.
WAI AND GLENDA CHANG	38 EL ALAMO CT DANVILLE, CA 94526-1455	06/30/22	15,000.
JOHN AND DONNA WARNKEN-BRILL	551 OAKSHIRE PL ALAMO, CA 94507-2328	06/30/22	15,000.
HARVEY AND LILLIAN SILBERT FOUNDATION	21C ORINDA WAY # 383 ORINDA, CA 94563-2534	06/30/22	15,000.
PRIME ELECTRIC	3460 161ST AVE SE BELLEVUE, WA 98008-5758	06/30/22	15,000.
CHRISTOPHER AND KATIE KNIGHT	20 BROOKSIDE AVE BERKELEY, CA 94705-2719	06/30/22	15,000.
VIEW INC	195 S MILPITAS BLVD MILPITAS, CA 95035-5425	06/30/22	15,000.
ADVENT INTERNATIONAL	428 UNIVERSITY AVE PALO ALTO, CA 94301-1812	06/30/22	15,000.
SHIAOLOONG SHENG	1811 APPLETREE LN MOUNTAIN VIEW, CA 94040-4007	06/30/22	15,000.
LEONARD CHARITABLE FOUNDATION	663 BERRY AVE LOS ALTOS, CA 94024-4939	06/30/22	15,000.
KLA FOUNDATION	1 TECHNOLOGY DR MILPITAS, CA 95035-7916	06/30/22	14,988.
LOS ALTOS UNITED METHODIST CHURCH	655 MAGDALENA AVE LOS ALTOS HILLS, CA 94024-5297	06/30/22	13,194.
NIKOLA FILBY	13323 CLAIREPOINTE WAY OAKLAND, CA 94619-3531	06/30/22	13,000.
FIRST PRESBYTERIAN CHURCH OF BERKELEY	2407 DANA ST BERKELEY, CA 94704-2207	06/30/22	12,300.
MICRON TECHNOLOGY	570 ALDER DR MILPITAS, CA 95035-7443	06/30/22	12,000.

ROSE AND GARY LAYMON	1768 HOLLAND CIR WALNUT CREEK, CA 94597-2239	06/30/22	11,664.
FHL BANK SAN FRANCISCO	600 CALIFORNIA STREET, 50TH FL SAN FRANCISCO, CA 94108	06/30/22	11,335.
BARBARA AND BILL HEIL	14125 VIA DE LA VIS SAN JOSE, CA 95127-5203	06/30/22	11,000.
CISCO FOUNDATION	170 W TASMAN DR SAN JOSE, CA 95134-1706	06/30/22	10,845.
HABITAT FOR HUMANITY INTERNATIONAL	121 HABITAT ST AMERICUS, GA 31709-3423	06/30/22	10,553.
MILTON AND MARY FUJII	1883 ROCKSPRING PL WALNUT CREEK, CA 94596-6161	06/30/22	4,724.
HERB MORGENTHALER	3851 BEARD AVE S MINNEAPOLIS, MN 55410-1040	06/30/22	10,118.
JAMES IRVINE FOUNDATION	575 MARKET ST STE 3400 SAN FRANCISCO, CA 94105-2858	06/30/22	10,000.
MARK MAXSON AND MARY BURCHILL	5 VIA HERMOSA ORINDA, CA 94563-1827	06/30/22	10,000.
JOHN MUIR HEALTH	1400 TREAT BLVD 2ND FL WALNUT CREEK, CA 94597-2142	06/30/22	10,000.
WESTERN DIGITAL CORPORATION	3355 MICHELSON DR STE 100 IRVINE, CA 92612-5694	06/30/22	10,000.
CHARLES SCHWAB BANK	2360 CORPORATE CIR STE 400 HENDERSON, NV 89074-7739	06/30/22	10,000.
AND BETTY GORDON MOORE	23965 JABIL LN LOS ALTOS HILLS, CA 94024-5103	06/30/22	10,000.
JAMES FORSTER AND JOAN LEMAHIEU	690 ORANGE AVE LOS ALTOS, CA 94022-3946	06/30/22	10,000.
JOHN AND MARY HANLON	2098 MOHAWK DR PLEASANT HILL, CA 94523-3157	06/30/22	10,000.
TAD AND FLORENCE YOSHIKAWA	559 TORLAND CT SUNNYVALE, CA 94087-2443	06/30/22	10,000.
ELAINE SELO AND CYNTHIA SHEVEL	5526 TAFT AVE OAKLAND, CA 94618-1519	06/30/22	10,000.
ROBERT BOSCH LLC	384 SANTA TRINITA AVE SUNNYVALE, CA 94085-3911	06/30/22	10,000.
PETER CARDIELLO AND SOYEON KIM	742 CRAGMONT AVE BERKELEY, CA 94708-1302	06/30/22	10,000.
KIEWIT COMPANIES	4157 ZANKER ROAD SAN JOSE, CA 95134	06/30/22	10,000.
STELLA B. GROSS CHARITABLE TRUST	96 N 3RD ST STE 500 SAN JOSE, CA 95112-7709	06/30/22	10,000.
DEREK AND VALERIE SANDERS	20797 KREISLER CT SARATOGA, CA 95070-3003	06/30/22	10,000.
ELAYNE AND PHILIP DAUBER	148 GARLAND WAY LOS ALTOS, CA 94022-2230	06/30/22	10,000.
WORKDAY, INC.	6230 STONERIDGE MALL RD PLEASANTON, CA 94588-3260	06/30/22	9,459.
NATIONAL GRID PARTNERS	1700 MONTGOMERY ST STE 200 SAN FRANCISCO, CA 94111-1023	06/30/22	9,100.
KAISER PERMANENTE OAKLAND CORPORATE HEADQUARTERS	1950 FRANKLIN STREET OAKLAND, CA 94612	06/30/22	9,000.
GIVEBACK HOMES	1732 AVIATION BLVD REDONDO BEACH, CA 90278-2810	06/30/22	9,000.
SENSIBA SAN FILIPPO	5960 INGLEWOOD DR STE 201 PLEASANTON, CA 94588-8611	06/30/22	9,000.
LISA LAMBERT	18500 AQUINO WAY SARATOGA, CA 95070-6204	06/30/22	9,000.

INTUITIVE SURGICAL, INC.	950 KIFER RD SUNNYVALE, CA 94086-5206	06/30/22	9,000.
AARP	601 E. STREET, N. W. WASHINGTON, DC 20049-0001	06/30/22	8,860.
NETFLIX	100 WINCHESTER CIR LOS GATOS, CA 95032-1815	06/30/22	8,600.
LES AND ALICE POLTRACK	164 DOUD DR LOS ALTOS, CA 94022-2369	06/30/22	8,120.
PORTER E. & HELENMAE THOMPSON FOUNDATION	PO BOX 417 LAFAYETTE, CA 94549-0417	06/30/22	8,000.
VMWARE, INC.	3401 HILLVIEW AVE PALO ALTO, CA 94304-1320	06/30/22	7,692.
KENNETH KWIDZINSKI	49 SHOWERS DR APT R420 MOUNTAIN VIEW, CA 94040-1490	06/30/22	7,642.
GASTON AND ARIANE HABETS	410 BEATRICE RD PLEASANT HILL, CA 94523-3823	06/30/22	7,500.
VINCE AND PATRICIA SALINAS	3638 STONEHENGE WAY SAN RAMON, CA 94582-5552	06/30/22	7,500.
JACQUELINE WNUKOWSKI	1200 RUSSELL WAY APT 416 HAYWARD, CA 94541-2894	06/30/22	7,500.
ROBERT AND JACQUILINE HOFFMAN	2129 MARS ROAD LIVERMORE, CA 94550	06/30/22	7,000.
BEN AND MEGAN CHEAH	PO BOX 2162 KENAI, AK 99611-2162	06/30/22	7,000.
JON RANSOHOFF AND CHAMPE DZONG	6630 DAWES ST OAKLAND, CA 94611-3216	06/30/22	7,000.
GOOGLE, INC.	1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043-1351	06/30/22	6,464.
INTUITIVE FOUNDATION	1020 KIFER RD SUNNYVALE, CA 94086-5301	06/30/22	6,343.
SHANNON AND ROB ADKINS	854 CEDAR ST ALAMEDA, CA 94501-5216	06/30/22	6,240.
SERVICENOW	6817 FAIRWAY RD LA JOLLA, CA 92037-5635	06/30/22	6,100.
LOGITECH	1002 WILD OAK CT CONCORD, CA 94521	06/30/22	6,093.
LEONARD AND LOUISELLE HOLMES	567 ARROWHEAD DR LAFAYETTE, CA 94549-5550	06/30/22	6,045.
PHILIP MARRACCINI	861 UNIVERSITY AVE APT 12 PALO ALTO, CA 94301-2145	06/30/22	6,015.
PRINCE OF PEACE LUTHERAN CHURCH	38451 FREMONT BLVD FREMONT, CA 94536-6030	06/30/22	6,000.
BUCKLES-SMITH ELECTRIC	5594 BRISA ST LIVERMORE, CA 94550-2507	06/30/22	6,000.
STEWART AND MARGARET LEWIS	36102 SPRUCE ST NEWARK, CA 94560-1556	06/30/22	6,000.
WILLIAM HINSBERG AND FRANCES HOULE	40635 LADERO ST FREMONT, CA 94539-3640	06/30/22	6,000.
LINKEDIN CORPORATION	2029 STIERLIN CT MOUNTAIN VIEW, CA 94043-4655	06/30/22	6,000.
HANS-THEO AND JENNY JUNGEBLUT	149 W ARQUES AVE SUNNYVALE, CA 94085-4361	06/30/22	6,000.
BRADFORD KIRBY	2801 SHADELANDS DR APT 325 WALNUT CREEK, CA 94598-2555	06/30/22	6,000.
BERDING & WEIL	2175 N CALIFORNIA BLVD STE 500 WALNUT CREEK, CA 94596-7336	06/30/22	6,000.
PREMIER NUTRITION	1222 67TH ST STE 210 EMERYVILLE, CA 94608-1121	06/30/22	6,000.

SOPHIE PERISIC	1173 ORILLA CT LOS ALTOS, CA 94022-1037	06/30/22	6,000.
CIM GROUP	2398 E CAMELBACK RD FL 4 PHOENIX, AZ 85016-9011	06/30/22	6,000.
LINDA EATON	1075 SYRACUSE DR SUNNYVALE, CA 94087-2031	06/30/22	6,000.
MBDS COMPANY, LLC	39560 STEVENSON PL STE 215 FREMONT, CA 94539-3074	06/30/22	6,000.
BEAM SUNTORY	977 24TH ST OAKLAND, CA 94607-1593	06/30/22	6,000.
WINKLER REAL ESTATE GROUP	1215 SOLANO AVE ALBANY, CA 94706-1724	06/30/22	6,000.
MOLEX	2222 WELLINGTON CT LISLE, IL 60532-3831	06/30/22	6,000.
MCCARTHY BUILDING COMPANIES, INC.	3975 FREEDOM CIR STE 950 SANTA CLARA, CA 95054-1455	06/30/22	6,000.
AVALONBAY COMMUNITIES, INC.	3055 OLIN AVE STE 2100 SAN JOSE, CA 95128-2070	06/30/22	6,000.
DEVCON CONSTRUCTION, INC.	690 GIBRALTAR DR MILPITAS, CA 95035-6317	06/30/22	6,000.
OPHELIA BASGAL AND GARY FITSCHEN	3849 BRIGHTON AVE OAKLAND, CA 94602-1169	06/30/22	5,965.
CISCO SYSTEMS, INC.	33979 MELLO WAY FREMONT, CA 94555-1448	06/30/22	5,665.
ASSETMARK	1655 GRANT ST 10TH FL CONCORD, CA 94520-2445	06/30/22	5,500.
WILLIAM WALZER	2907 LORINA ST BERKELEY, CA 94705-1806	06/30/22	5,467.
PATSY MEYER	2025 MONTCLAIR CIR WALNUT CREEK, CA 94597-3025	06/30/22	5,100.
KATHARINE ANDERSON AND JAY SEELYE	3831 ALTA VISTA AVE SANTA ROSA, CA 95409-4052	06/30/22	5,000.
RUSSELL AND JACKIE COWGILL	1111 EL CURTOLA BLVD LAFAYETTE, CA 94595-1011	06/30/22	5,000.
JANET SCHILLING	1 RIVERPLACE DR APT 209 LA CROSSE, WI 54601-8528	06/30/22	5,000.
LEONARD AND CAROLYN TOM	252 RAMONA AVE PIEDMONT, CA 94611-3934	06/30/22	5,000.
LAWRENCE BERMAN AND RHEA RUBIN	1100 SAN PABLO AVE APT 408 ALBANY, CA 94706-2363	06/30/22	5,000.
TARBELL FAMILY FOUNDATION	6324 VALLEY VIEW RD OAKLAND, CA 94611-1227	06/30/22	5,000.
LOWE'S	PO BOX 1111 NORTH WILKESBORO, NC 28659-1111	06/30/22	5,000.
JOAN WADE	34400A MISSION BLVD UNIT 1325 UNION CITY, CA 94587-3682	06/30/22	5,000.
HOLLY AND BARRY WALTER	2754 OLIVE AVE FREMONT, CA 94539-5053	06/30/22	5,000.
MARCIE GUTIERREZ AND BRET DICKEY	894 LONGRIDGE RD OAKLAND, CA 94610-2445	06/30/22	5,000.
RALPH AND DONNA BRISKIN	1500 PARK AVE APT 112 EMERYVILLE, CA 94608-3574	06/30/22	5,000.
NANCY A. WILLIAMS	2512 APPALOOSA CT WALNUT CREEK, CA 94596-6501	06/30/22	5,000.
GREGORY WELCH	40 LOS ALAMOS CT ALAMO, CA 94507-2132	06/30/22	5,000.
THE MORRISON & FOERSTER FOUNDATION	425 MARKET ST FL 30 SAN FRANCISCO, CA 94105-2482	06/30/22	5,000.

ELIZABETH BOWLES	608 SHADOWHAWK WAY WALNUT CREEK, CA 94595-3935	06/30/22	5,000.
TAMARA G. AND KENNETH D. KOLDA	11721 SHADOW DR DUBLIN, CA 94568-2203	06/30/22	5,000.
MARK AND LYNNE HUMPHREY	42 LAMBETH SQ MORAGA, CA 94556-2126	06/30/22	5,000.
SERVANE DEMOL AND NAMAN NAIR	4395 GROVER DR FREMONT, CA 94536-5938	06/30/22	5,000.
SUSAN AND DAVID MCDONALD	PO BOX 8615 BRECKENRIDGE, CO 80424-8615	06/30/22	5,000.
GARY AND ELAINE SCHLEGEL	1085 CORNFLOWER CT SUNNYVALE, CA 94086-8367	06/30/22	5,000.
CHARLES AND LINDA CORBALIS	PO BOX 2426 SARATOGA, CA 95070-0426	06/30/22	5,000.
FRED AND KATE WEBER	1137 SETTLE AVE SAN JOSE, CA 95125-2360	06/30/22	5,000.
FLORENCE WONG	142 FAWCETT HERCULES, CA 94547-3700	06/30/22	5,000.
INSPERITY	19001 CRESCENT SPRINGS DR KINGWOOD, TX 77339-3802	06/30/22	5,000.
MING-TEH CHEN	2200 CAMINO A LOS CERROS MENLO PARK, CA 94025-6536	06/30/22	5,000.
RANGARAJAN AND SHAMALA JAYARAMAN	6668 DANRIDGE DR SAN JOSE, CA 95129-2925	06/30/22	5,000.
MARK AND LORRAINE GROVER	2829 KIERNAN AVE MODESTO, CA 95356-9749	06/30/22	5,000.
ARTHUR AND ROBIN RANGEL	50 WILLOWBROOK LN WALNUT CREEK, CA 94595-2636	06/30/22	5,000.
DAVID AND HEATHER FREELAND	275 GLORIA CIR MENLO PARK, CA 94025-3567	06/30/22	5,000.
KATHLEEN SHARP	5421 GREENSIDE DR SAN JOSE, CA 95127-1617	06/30/22	5,000.
ANN AND JAMES MORRISSEY	3316 GUTHRIE CT PLEASANTON, CA 94588-2929	06/30/22	5,000.
MARY AND ANDREW MOYCE	1163 ASHMOUNT AVE PIEDMONT, CA 94610-1206	06/30/22	5,000.
UNITED RENTALS	1199 AMES AVE MILPITAS, CA 95035-6304	06/30/22	5,000.
TEICHERT FOUNDATION	PO BOX 15002 SACRAMENTO, CA 95851-0002	06/30/22	5,000.
SUFFOLK CARES	65 ALLERTON ST BOSTON, MA 02119-2901	06/30/22	5,000.
JUSTIN RUBOVITS	2619 BROADWAY, NO.205 OAKLAND, CA 94612	06/30/22	5,000.
DAVID AND EMILY CASNOCHA	137 ALMA ST SAN FRANCISCO, CA 94117-4221	06/30/22	5,000.
JOHN HORNBERGER	2180 CEDAR AVE MENLO PARK, CA 94025-6504	06/30/22	5,000.
THOMAS KIM	10467 MANZANITA CT CUPERTINO, CA 95014-6565	06/30/22	5,000.
ROBERT HARTMANN	335 VIA CONCHA APTOS, CA 95003-5604	06/30/22	5,000.
CAMPOS EPC	2000 CROW CANYON PL SAN RAMON, CA 94583	06/30/22	5,000.
TIM AND MARY HEALY	255 ALVISO ST SANTA CLARA, CA 95050-5946	06/30/22	5,000.
XL CONSTRUCTION	851 BUCKEYE CT MILPITAS, CA 95035-7408	06/30/22	5,000.

<u>HABITAT FOR HUMANITY EAST BAY/ SILICON V</u>			<u>94-3053687</u>
TOSA FOUNDATION	3130 ALPINE RD STE 288 PMB 705 PORTOLA VALLEY, CA 94028	06/30/22	5,000.
SUZANNE AND PETER HOOPER	10401 SUNHILLS DR LOS ALTOS, CA 94024-6522	06/30/22	5,000.
WILLIAM VAN MELLE AND PATRICIA HO	651 DISTEL DR LOS ALTOS, CA 94022-1502	06/30/22	5,000.
WILLIAM AND KATHLEEN BRIGGS	16467 CARLSON DR MORGAN HILL, CA 95037-9656	06/30/22	5,000.
TOTAL INCLUDED ON LINE 3			<u><u>6,488,805.</u></u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
BARBARA MUNSTER AND EUGENE ONOPKO	956 SPRUCE ST BERKELEY, CA 94707-2456		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	510,435.	510,435.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SUSAN J. FORSYTHE	1219 W WYNNEWOOD RD APT 103 WYNNEWOOD, PA 19096-2113		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	50,328.	57,828.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
HOLLY HARTLEY	2910 1/2 BENVENUE AVE BERKELEY, CA 94705-2210		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	50,588.	50,588.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
FRED AND SUE BOCKMANN	800 E CHARLESTON RD APT 23 PALO ALTO, CA 94303-4628		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	24,503.	24,503.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
J. ERIC AND JACQUELINE ONG MOWAT	100 BONITA AVE PIEDMONT, CA 94611-3902		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	15,306.	15,306.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MILTON AND MARY FUJII	1883 ROCKSPRING PL WALNUT CREEK, CA 94596-6161		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	5,714.	10,438.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CORINNE BLANKENSHIP	1490 CHICKADEE CT SUNNYVALE, CA 94087-3363		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	6,893.	6,893.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
DAVID AND CAROL MOYER	1142 CLARENDON CRES OAKLAND, CA 94610-1808		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	5,912.	5,912.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
GENE ANDERSON AND KATARINA STENSTEDT	6650 COLTON BLVD OAKLAND, CA 94611-2332		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	5,804.	5,804.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ANN LUDWIG AND PETER LESTER	1480 FERNWOOD DR OAKLAND, CA 94611-2001		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
STOCK	06/30/22	5,716.	5,716.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
CONNOR AND MIKILA DUKE	882 HOLLENBECK AVE SUNNYVALE, CA 94087-1876		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
STOCK	06/30/22	5,300.	5,300.
TOTAL INCLUDED ON LINE 3		686,499.	698,723.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT 3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,456,747.	0.	0.	1,471,316.
TOTAL TO FORM 199, PAGE 2, LN 6	1,456,747.	0.	0.	1,471,316.

CA 199	OTHER INCOME	STATEMENT 4
DESCRIPTION	AMOUNT	
SETTLEMENT OF CONTIGENT GENERAL CONTRACTING REV	745,664.	
NEW MARKET TAX CREDIT - AMORTIZATION	21,600.	
SALES OF AFFORDABLE HOUSES	185,544.	
MORTGAGE DISCOUNT AMORTIZATION	1,073,018.	
NMTC INTEREST INCOME	441,370.	
OTHER INCOME	39,997.	
TOTAL TO FORM 199, PART II, LINE 7	1,256,045.	
	3,763,238.	

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 5

ACTIVITY CLASSIFICATION: 1

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HABITAT FOR HUMANITY INTERNATIONAL, INC.	2619 BROADWAY, NO.205 - OAKLAND, CA 94612	NONE	633,762.

TOTAL FOR THIS ACTIVITY 633,762.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 633,762.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JANICE E. JENSEN 2619 BROADWAY, NO.205 OAKLAND, CA 94612	PRESIDENT & CEO 40.00	329,717.
JEAN BRIDGES 2619 BROADWAY, NO.205 OAKLAND, CA 94612	COO & CFO 40.00	231,102.
KEVIN ELLIOTT 2619 BROADWAY, NO.205 OAKLAND, CA 94612	CHIEF REAL ESTATE OFFICER 40.00	0.
KRYSTA MORGENTHALER 2619 BROADWAY, NO.205 OAKLAND, CA 94612	CHIEF DEVELOPMENT OFFICER 40.00	0.
CHRISTINE CHU 2619 BROADWAY, NO.205 OAKLAND, CA 94612	CONTROLLER 40.00	0.
ROBERT SIMONDS 2619 BROADWAY, NO.205 OAKLAND, CA 94612	DIRECTOR OF HOUSING DEVELO 40.00	0.

KRISTI BASCOM 2619 BROADWAY, NO.205 OAKLAND, CA 94612	SENIOR PROJECT MANAGER 40.00	0.
LUCINDA O'SULLIVAN 2619 BROADWAY, NO.205 OAKLAND, CA 94612	DIRECTOR OF HUMAN RELATION 40.00	0.
LESLEY CASTO 2619 BROADWAY, NO.205 OAKLAND, CA 94612	DIRECTOR OF CLIENT SERVICE 40.00	0.
JONAS MOE 2619 BROADWAY, NO.205 OAKLAND, CA 94612	CHAIR 2.00	0.
VINCE SALINAS 2619 BROADWAY, NO.205 OAKLAND, CA 94612	VICE-CHAIR 2.00	0.
DAVID BARRON 2619 BROADWAY, NO.205 OAKLAND, CA 94612	TREASURER 2.00	0.
SHANNON ADKINS 2619 BROADWAY, NO.205 OAKLAND, CA 94612	SECRETARY 2.00	0.
LES POLTRACK 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER 2.00	0.
CAROLYN CARPENTER 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER 2.00	0.
BRIAN O'SHEA 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER 2.00	0.
JOHN BYRD 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER 2.00	0.
RODGER MILLER 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER 2.00	0.

HABITAT FOR HUMANITY EAST BAY/ SILICON V

94-3053687

LENA NICOLAIDES 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER	2.00	0.
NINA LUALDI 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER	2.00	0.
CHRIS BOYD 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER	2.00	0.
ZEESHAN ZOKARIM 2619 BROADWAY, NO.205 OAKLAND, CA 94612	MEMBER	2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

560,819.

CA 199	OTHER EXPENSES	STATEMENT 7
DESCRIPTION		AMOUNT
COST OF HOMES & PROJECT		3,360,678.
PROFESSIONAL SERVICES		1,028,807.
BAD DEBT		741,500.
MISCELLANEOUS		494,952.
DIRECT EXPENSES OF FUNDRAISING EVENTS		142,766.
PENSION PLAN CONTRIBUTIONS		212,596.
OTHER EMPLOYEE BENEFITS		946,333.
OFFICE EXPENSES		544,339.
TRAVEL		35,906.
INSURANCE		107,172.
ALL OTHER EXPENSES		1,342,709.
TOTAL TO FORM 199, PART II, LINE 17		8,957,758.

CA 199	NET NOTES RECEIVABLE	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	12,704,688.	11,909,433.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	12,704,688.	11,909,433.

CA 199	OTHER INVESTMENTS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
COMMON STOCKS	450,330.	337,358.
FIXED INCOME SECURITIES	2,192,285.	2,203,380.
	0.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,642,615.	2,540,738.

CA 199	OTHER ASSETS	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	5,783,574.	4,503,908.
PREPAID EXPENSES AND DEFERRED CHARGES	244,341.	206,019.
DEFERRED COSTS	3,898.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,031,813.	4,709,927.

CA 199	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTEREST PAYABLE	3,546.	3,546.
LINE OF CREDIT	508,150.	500,000.
RELATED PARTY PAYABLE	1,791,151.	2,037,377.
DEFERRED REVENUE	910,088.	709,997.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,212,935.	3,250,920.

CA 199	FUND BALANCES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	26,745,363.	30,277,335.
NET ASSETS WITH DONOR RESTRICTIONS	311,809.	1,683.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	27,057,172.	30,279,018.

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY, 94-3053687

Part I Electronic Return Information (whole dollars only)

Table with 3 columns: Line number, Description, Amount. Row 1: 1 Total gross receipts (Form 199, line 4) 23,509,740

Part II Settle Your Account Electronically for Taxable Year 2021

Table with 4 columns: 4 Electronic funds withdrawal, 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

Table with 7 columns: 5 Routing number, 6 Account number, 7 Type of account: Checking, Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return.

Sign Here Signature of officer TRACY TEALE Date Title PRESIDENT & CEO

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return.)

Table with 5 columns: ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's PTIN. Row 1: TRACY TEALE, [X], [], P01290862

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table with 5 columns: Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN. Row 1: [], [], []

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

HABITAT FOR HUMANITY EAST BAY/
SILICON VALLEY
Name of Organization

List all DBAs and names the organization uses or has used

2619 BROADWAY, NO. 205
Address (Number and Street)

OAKLAND, CA 94612
City or Town, State, and ZIP Code

(510) 251-6304
Telephone Number

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CT**068903

Corporation or Organization No. 1589421

Federal Employer ID No. 94-3053687

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 21,910,227 Noncash Contributions \$ 6,829,794 Total Assets \$ 46,536,794
Program Expenses \$ 14,246,993 Total Expenses \$ 18,473,410

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? SEE STATEMENT 13	X	
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 14	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program? SEE STATEMENT 15	X	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

JANICE JENSEN
Signature of Authorized Agent

JANICE JENSEN
Printed Name

PRESIDENT & CEO
Title

Date

CA RRF-1

INFORMATION REGARDING COMMERCIAL
FUNDRAISING SERVICES
PART B, LINE 4

STATEMENT 13

HABITAT FOR HUMANITY'S CARS FOR HOMES PROGRAM
HABITAT FOR HUMANITY INTERNATIONAL
121 HABITAT STREET
AMERICUS, GA 31709
CARSFORHOMES.ORG

BLUE STATE DIGITAL
41 FLATBUSH AVENUE, 8TH FL
BROOKLYN NY 11217
HELP@BLUESTATEDIGITAL.COM

THD, INC. (THOMPSON, HABIB, DENISON, INC.)
55 OLD BEDFORD ROAD
SUITE 201
LINCOLN, MA 01773
781-859-1400

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 14

COUNTY OF ALAMEDA, DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
224 W. WINTON ROAD # 108, HAYWARD, CA 94544
CONTACT PERSON: TERESA HESTER
TELEPHONE: 510-670-5941

CITY OF ANTIOCH, DEPARTMENT OF COMMUNITY DEVELOPMENT
200 H STREET / PO BOX 5007, ANTIOCH, CA 94519
CONTACT PERSON: TASHA JACKSON
TELEPHONE: 925-779-7037

CITY OF BERKELEY, HOUSING & COMMUNITY SERVICES
2180 MILVIA STREET, 2ND FLOOR, BERKELEY, CA 94704
CONTACT PERSON: JOSHUA OEHLER
TELEPHONE: 510-981-5408

CITY OF CONCORD
1950 PARKSIDE DRIVE, M/S 10A, CONCORD, CA 94519
CONTACT PERSON: LENG POWER
TELEPHONE: 925-603-5838

CITY OF SAN JOSE, HOUSING DEPARTMENT
200 E. SANTA CLARA ST., 12TH FLOOR, SAN JOSE, CA 95113
CONTACT PERSON: JAMES STAGI/THERESE TRAN
TELEPHONE: 408-535-8238/408-535-3860

CITY OF HAYWARD, COMMUNITY SERVICES DIVISION
777 B STREET, 2ND FLOOR, HAYWARD, CA 94541
CONTACT PERSON: AMY COLE
TELEPHONE: 510-583-4252

CITY OF FREMONT, HUMAN SERVICES DEPT.
3300 CAPITOL AVENUE, BLDG B, FREMONT, CA 94538
CONTACT PERSON: ROBERT LOPEZ
TELEPHONE: 510-574-2072

CITY OF PLEASANTON, HOUSING DIVISION
PO BOX 520 / 200 OLD BERNAL AVE., PLEASANTON, CA 94566
CONTACT PERSON: STEVE HERNANDEZ
TELEPHONE: 925-931-5011

CONTRA COSTA COUNTY, DEPARTMENT OF CONSERVATION & DEVELOPMENT
30 MUIR RD., MARTINEZ, CA 94553
CONTACT PERSON: DANIEL DAVIS
TELEPHONE: 925-674-7886

CITY OF WALNUT CREEK - CED
1666 NORTH MAIN ST., WALNUT CREEK, CA 94596
CONTACT PERSON: STEFANIE BRYNEN
TELEPHONE: 925-943-5899 X2208

CA RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 7

STATEMENT 15

HABITAT FOR HUMANITY'S CARS FOR HOMES PROGRAM
HABITAT FOR HUMANITY INTERNATIONAL
121 HABITAT STREET
AMERICUS, GA 31709