

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

# 2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)**

Employer identification number

**77-0545135**

Name and title of officer

**KEVIN ZWICK  
CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>5,867,979.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize LINDQUIST, VON HUSEN & JOYCE LLP to enter my PIN  **Enter five numbers, but do not enter all zeros**

ERO firm name

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**94010081998**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HOUSING TRUST SILICON VALLEY</b> <b>(FORMERLY HOUSING TRUST OF SANTA CLARA)</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>95 S. MARKET ST. 610</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN JOSE, CA 95113</b> <b>F</b> Name and address of principal officer: <b>KEVIN ZWICK</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>77-0545135</b> <b>E</b> Telephone number <b>(408) 436-3450</b> <b>G</b> Gross receipts \$ <b>6,174,208.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.HOUSINGTRUSTSV.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE HOUSING TRUST SILICON VALLEY MAKES LOANS AND GRANTS TO INCREASE THE SUPPLY OF AFFORDABLE</b>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue		Prior Year	Current Year
	<b>8</b> Contributions and grants (Part VIII, line 1h)	9,471,873.	4,840,985.
	<b>9</b> Program service revenue (Part VIII, line 2g)	99,922.	184,817.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	453,977.	692,827.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,782.	149,350.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,143,554.	5,867,979.
Expenses			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,930,419.	2,050,622.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,345,431.	1,388,318.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>147,205.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	616,188.	857,264.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,892,038.	4,296,204.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	251,516.	1,571,775.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	39,771,200.	46,030,874.
	<b>21</b> Total liabilities (Part X, line 26)	5,874,724.	10,482,580.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	33,896,476.	35,548,294.

**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.

<b>Sign Here</b>	Signature of officer <b>KEVIN ZWICK, CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ALEXIS H. WONG</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00604756</b>
	Firm's name ▶ <b>LINDQUIST, VON HUSEN &amp; JOYCE LLP</b> Firm's address ▶ <b>90 NEW MONTGOMERY STREET, 11TH FLOOR</b> <b>SAN FRANCISCO, CA 94105</b>	Firm's EIN ▶ <b>94-1250261</b> Phone no. (415) 957-9999

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
**THE MISSION OF THE HOUSING TRUST SILICON VALLEY IS TO MAKE SILICON VALLEY A MORE AFFORDABLE PLACE TO LIVE. THE HOUSING TRUST MAKES LOANS AND GRANTS TO INCREASE THE SUPPLY OF AFFORDABLE HOUSING, ASSIST FIRST-TIME HOMEBUYERS, PREVENT HOMELESSNESS AND STABILIZE**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
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 \$ **1,010,004.** including grants of \$ **111,759.**) (Revenue \$ **99,125.**)  
**AFFORDABLE MULTI-FAMILY RENTAL PROGRAM - THE PROGRAM IS DESIGNED TO HELP CREATE AFFORDABLE MULTI-FAMILY RENTAL HOUSING UNITS IN COMMUNITIES THROUGHOUT SILICON VALLEY THROUGH GRANTS AND LOANS TO QUALIFIED DEVELOPERS OF AFFORDABLE MULTI-FAMILY**

4b (Code: ) (Expenses \$ **1,062,484.** including grants of \$ **762,135.**) (Revenue \$ )  
**HOMELESS AND SPECIAL NEEDS PROGRAM - THE PROGRAM IS DESIGNED TO HELP PREVENT HOMELESSNESS IN CITIES ACROSS SILICON VALLEY THROUGH GRANTS AND LOANS TO QUALIFIED DEVELOPERS OF HOUSING FOR THE HOMELESS AND/OR THOSE WITH SPECIAL NEEDS.**

4c (Code: ) (Expenses \$ **1,444,444.** including grants of \$ **1,167,613.**) (Revenue \$ )  
**NEIGHBORHOOD STABILIZATION AND FORECLOSURE MITIGATION PROGRAMS: HOUSING TRUST WAS AWARDED \$25,000,000 IN NSP 2 GRANT FUNDS FROM HUD IN 2010. LEADING THE SAN JOSE CONSORTIUM, HOUSING TRUST GRANTED FUNDS TO SUB-RECIPIENT, CITY OF SAN JOSE, FOR THE ACQUISITION AND REHABILITATION OF FORECLOSED AND ABANDONED HOMES FOR RESALE TO LOW AND MODERATE INCOME HOUSEHOLDS. IN ADDITION HOUSING TRUST PROVIDED INFORMATION AND REFERRAL SERVICES TO ASSIST FAMILIES IMPACTED BY FORECLOSURE NAVIGATE THROUGH THE FORECLOSURE PROCESS. SERVICES PROVIDED INCLUDE PREVENTION, INTERVENTION AND FAMILY RE-STABILIZATION.**

4d Other program services (Describe in Schedule O.)  
(Expenses \$ **510,065.** including grants of \$ **9,115.**) (Revenue \$ **85,692.**)

4e Total program service expenses **4,026,997.**

**HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)**

**Part IV Checklist of Required Schedules**

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

**HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)**

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
29			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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			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
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
33		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
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> 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
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	
38		X	

**HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)**

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	174		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>			
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b>	17		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>		X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....				
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O .....	<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4a</b>			X
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> .....				
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>			X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	<b>6a</b>			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7a</b>			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the organization make any taxable distributions under section 4966? .....	<b>9a</b>			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....	<b>14b</b>			

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

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

**Section A. Governing Body and Management**

				<b>Yes</b>	<b>No</b>
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	14			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	14			
<b>2</b> 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?	<b>2</b>				<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>				<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>				<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>				<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>				<b>X</b>
<b>7a</b> 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?	<b>7a</b>				<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>				<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>				<b>X</b>

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

				<b>Yes</b>	<b>No</b>
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>				<b>X</b>
<b>b</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?	<b>10b</b>				
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>		
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>		
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>		
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>		
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>		
<b>15</b> 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?					
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>		
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>				<b>X</b>
<b>b</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?	<b>16b</b>				

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - (408) 436-3450**  
**95 S. MARKET STREET, STE. 610, SAN JOSE, CA 95113**

HOUSING TRUST SILICON VALLEY

(FORMERLY HOUSING TRUST OF SANTA CLARA)

77-0545135

Form 990 (2013)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA MANDOLINI DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(2) JOHN BARTON CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) SPARKY HARLAN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) ROBERT SHERRARD TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) PHILIP BOYCE DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) HON. MARGARET ABE-KOGA DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) JOHN PAUL BRUNO DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) JONATHAN EMAMI DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) HON. DANIEL FURTADO DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) JOHN MCLEMORE DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) HON. STEVE TATE DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) HON. ASH KALRA DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) HON. DIANE MCNUTT DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) KATHLEEN KING SECOND VICE-CHAIR	1.00 0.00	X						0.	0.	0.
(15) LESLEE GUARDINO DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) QUINCY VIRGILIO DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) RON HAHR DIRECTOR	1.00 0.00	X						0.	0.	0.



**HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)**

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CANDICE GONZALEZ FIRST VICE-CHAIR	1.00 0.00	X						0.	0.	0.
(19) ERIN BRENNOCK DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) SHILOH BALLARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) GEORGE BROWN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) KEVIN ZWICK CEO	40.00 0.00			X				175,962.	0.	24,637.
(23) MAUREEN SHILLING CFO	40.00 0.00			X				125,520.	0.	26,301.
<b>1b Sub-total</b>								301,482.	0.	50,938.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								301,482.	0.	50,938.

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**HOUSING TRUST SILICON VALLEY**  
**(FORMERLY HOUSING TRUST OF SANTA CLARA)**

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**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 4,170,516.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 670,469.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		4,840,985.			
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICE FEE	<b>Business Code</b> 531390	184,817.	184,817.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			184,817.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		688,560.		688,560.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	248,229.			
		<b>b</b> Less: cost or other basis and sales expenses		243,962.		
		<b>c</b> Gain or (loss)		4,267.		
	<b>d</b> Net gain or (loss)		4,267.		4,267.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 211,617.				
		<b>b</b> Less: direct expenses	<b>b</b> 62,267.			
<b>c</b> Net income or (loss) from fundraising events			149,350.		149,350.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>	<b>a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		5,867,979.	184,817.	0.	842,177.	

**HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)**

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**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 governments and organizations in the United States. See Part IV, line 21	1,355,948.	1,355,948.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	694,674.	694,674.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	363,981.	312,699.	26,076.	25,206.
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	778,276.	668,341.	55,816.	54,119.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,086.	41,103.	3,461.	2,522.
9 Other employee benefits	118,964.	102,462.	8,469.	8,033.
10 Payroll taxes	80,011.	69,205.	5,063.	5,743.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,329.	19,399.	1,358.	2,572.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	91,697.	79,526.	4,206.	7,965.
12 Advertising and promotion	60,490.	50,301.	3,521.	6,668.
13 Office expenses	22,824.	18,642.	1,024.	3,158.
14 Information technology				
15 Royalties				
16 Occupancy	82,192.	70,439.	4,061.	7,692.
17 Travel	16,590.	15,393.	245.	952.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,802.	9,120.	149.	533.
20 Interest	80,539.	80,539.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,852.	11,519.	806.	1,527.
23 Insurance	21,303.	18,633.	922.	1,748.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROVISION FOR LOAN LOSS</b>	237,557.	237,557.		
b <b>OUTSIDE COMPUTER SERVIC</b>	36,894.	31,466.	1,876.	3,552.
c <b>PROGRAM ADMINISTRATION</b>	32,050.	31,093.	285.	672.
d <b>AUTO MILAGE AND PARKING</b>	22,292.	19,252.	894.	2,146.
e All other expenses	105,853.	89,686.	3,770.	12,397.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,296,204.	4,026,997.	122,002.	147,205.
26 <b>Joint costs.</b> 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)

**HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		1		
	<b>2</b> Savings and temporary cash investments .....	8,080,141.	2	9,463,036.	
	<b>3</b> Pledges and grants receivable, net .....	1,179,710.	3	643,075.	
	<b>4</b> Accounts receivable, net .....	42,272.	4	33,065.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....				6
	<b>7</b> Notes and loans receivable, net .....	29,095,365.	7	30,233,541.	
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	21,580.	9	25,132.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	116,212.			
	<b>b</b> Less: accumulated depreciation .....	82,315.			
	<b>11</b> Investments - publicly traded securities .....		11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	4,116,936.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,318,152.	15	1,482,192.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	39,771,200.	16	46,030,874.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	280,145.	17	187,065.	
	<b>18</b> Grants payable .....	570,912.	18	138,007.	
	<b>19</b> Deferred revenue .....	258,896.	19	1,459,816.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,763,104.	23	5,600,000.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	1,667.	25	3,097,692.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,874,724.	26	10,482,580.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	26,024,856.	27	26,091,471.	
	<b>28</b> Temporarily restricted net assets .....	7,871,620.	28	9,456,823.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	33,896,476.	33	35,548,294.		
<b>34</b> Total liabilities and net assets/fund balances .....	39,771,200.	34	46,030,874.		

Form 990 (2013)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,867,979.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,296,204.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,571,775.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	33,896,476.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	80,043.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	35,548,294.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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>2b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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>3b</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 in Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **HOUSING TRUST SILICON VALLEY**  
**(FORMERLY HOUSING TRUST OF SANTA CLARA)** Employer identification number **77-0545135**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

HOUSING TRUST SILICON VALLEY

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2691709.	12910657.	16216841.	9471873.	4840985.	46132065.
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 <b>Total.</b> Add lines 1 through 3 .....	2691709.	12910657.	16216841.	9471873.	4840985.	46132065.
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 <b>Public support.</b> Subtract line 5 from line 4.						46132065.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	2691709.	12910657.	16216841.	9471873.	4840985.	46132065.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	191,945.	249,414.	360,788.	453,977.	688,560.	1944684.
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 IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						48076749.
12 Gross receipts from related activities, etc. (see instructions) .....					12	591,171.
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	95.96	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	96.36	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**HOUSING TRUST SILICON VALLEY**

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2013**

Name of the organization

HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)

Employer identification number

77-0545135

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization HOUSING TRUST SILICON VALLEY (FORMERLY HOUSING TRUST OF SANTA CLARA)	Employer identification number 77-0545135
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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	CITY OF MOUNTAIN VIEW P.O. BOX 7540 MOUNTAIN VIEW, CA 94039	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF PALO ALTO 250 HAMILTON AVE PALO ALTO, CA 94301	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF SUNNYVALE P.O. BOX 3707 SUNNYVALE, CA 94088	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COUNTY OF SANTA CLARA 70 W. HEDDING STREET, EAST WING, 7TH FLOOR SAN JOSE, CA 95110	\$ 299,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT 1800 THIRD STREET, SUITE 390-2, P.O. BOX 952054 SACRAMENTO, CA 94252	\$ 371,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT - NSP2 600 HARRISON STREET SAN FRANCISCO, CA 94107	\$ 1,163,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> HOUSING TRUST SILICON VALLEY (FORMERLY HOUSING TRUST OF SANTA CLARA)	<b>Employer identification number</b> 77-0545135
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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
7	HOUSING AUTHORITY OF SANTA CLARA COUNTY <hr/> 505 W JULIAN STREET <hr/> SAN JOSE, CA 95110	\$ 336,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SILICON VALLEY LEADERSHIP GROUP FOUNDATION <hr/> 2001 GATEWAY PLACE, SUITE 101E <hr/> SAN JOSE, CA 95110	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	US DEPT. OF THE TREASURY <hr/> 1500 PENNSYLVANIA AVE, N.W. <hr/> WASHINGTON D.C, DC 20220	\$ 1,347,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> HOUSING TRUST SILICON VALLEY (FORMERLY HOUSING TRUST OF SANTA CLARA)	<b>Employer identification number</b> 77-0545135
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

<b>Name of organization</b> HOUSING TRUST SILICON VALLEY (FORMERLY HOUSING TRUST OF SANTA CLARA)	<b>Employer identification number</b> 77-0545135
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from 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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

**Name of the organization** HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)

**Employer identification number**  
77-0545135

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
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" to 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 (e.g., recreation or education)       Preservation of an 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 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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)? .....

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

HOUSING TRUST SILICON VALLEY

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to 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				
c Leasehold improvements				
d Equipment		51,554.	32,522.	19,032.
e Other		64,658.	49,793.	14,865.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>33,897.</b>



**HOUSING TRUST SILICON VALLEY**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>INVESTABLE RESIDUAL</b>	554,023.	COST
(B) <b>PROGRAM SPENDING RESERVE</b>	3,039,789.	COST
(C) <b>LONG TERM OPERATING</b>		
(D) <b>RESERVE</b>	523,124.	COST
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>4,116,936.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) <b>INTEREST PAYABLE</b>	1,667.
(3) <b>LOAN SERVICING LIABILITY</b>	22,219.
(4) <b>NON-RECOURSE BANK LOAN CAPITAL</b>	3,073,806.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>3,097,692.</b>

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

HOUSING TRUST SILICON VALLEY

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,948,022.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	80,043.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	80,043.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,867,979.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,867,979.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,296,204.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,296,204.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,296,204.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

HOUSING TRUST BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. HOUSING TRUST'S FEDERAL AND STATE INFORMATION RETURNS FOR THE YEARS 2010 THROUGH 2013 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.



**HOUSING TRUST SILICON VALLEY**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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))
		LUNCHEON FUNDRAISER		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	211,617.			211,617.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	211,617.			211,617.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	62,267.			62,267.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				62,267.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				149,350.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate 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: \_\_\_\_\_

HOUSING TRUST SILICON VALLEY

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated 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 complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)** Employer identification number **77-0545135**

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SAN JOSE 200 EAST SANTA CLARA STREET SAN JOSE, CA 95113	94-6000419	CITY GOVERNMENT	1,112,402.	0.			NSP2 PASS THROUGH GRANT
LAW FOUNDATION OF SILICON VALLEY 152N. 3RD STREET, 3RD FL. SAN JOSE, CA 95112	52-1014754	NON PROFIT	109,834.	0.			FORECLOSUREHELP PASS THROUGH GRANT AND SEQUESTER EVICTION PREVENTION PROGRAM
NEIGHBORHOOD HOUSING SERVICES SV 31N. 2ND STREET, SUITE 300 SAN JOSE, CA 95113	77-0413992	NON PROFIT	13,712.	0.			NSP2 PASS THROUGH GRANT AND FORECLOSUREHELP PASS THROUGH GRANT
NON PROFIT HOUSING ASSOCIATION OF NORTHERN CALIFORNIA - 369 PINE STREET, SUIT 350 - SAN FRANCISCO, CA 94104	94-2741597	NON PROFIT	10,000.	0.			SUBGRANT FOR FEASIBILITY PROJECT
SILICON VALLEY LEADERSHIP GROUP 2001 GATEWAY PLACE, SUITE 101E SAN JOSE, CA 95110	94-2460352	NON PROFIT	10,000.	0.			SUBGRANT FOR FEASIBILITY PROJECT
SENIOR HOUSING SOLUTIONS C/O CHARITIES HOUSING - 1400 PARKMOOR AVE., STE. #190 - SAN JOSE, CA 95126	94-2619024		0.	100,000.	BOOK	DEBT FORGIVENESS	TO SUPPORT NON PROFIT ACTIVITIES OF THE ORGANIZATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2013)

**HOUSING TRUST SILICON VALLEY  
( FORMERLY HOUSING TRUST OF SANTA CLARA )**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINALLY HOME GRANT PROGRAM - THIS PROGRAM PROVIDES ASSISTANCE TO INDIVIDUALS AND FAMILIES MOVING FROM HOMELESSNESS OR UNSUITABLE HOUSING INTO PERMANENT SUSTAINABLE HOUSING IN THE FORM OF SECURITY	300	694,674.	0.		

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

**PART I, LINE 2:**

THE ORGANIZATION PUBLISHES INITIAL GRANT GUIDELINES AND  
ACCEPTS APPLICATIONS FROM QUALIFIED ORGANIZATIONS. THE PROGRAM COMMITTEE  
REVIEWS ALL GRANT APPLICANTS AND APPROVES THE AWARD OF ALL GRANTS. THE  
RECIPIENT ORGANIZATION MUST REPORT MONTHLY THE STATUS OF ALL GRANT FUNDS  
RECEIVED AND THE WAY IN WHICH THESE FUNDS HAVE BEEN DISBURSED IN ACCORDANCE  
WITH THE INITIAL PURPOSE.

**PART III, COLUMN (A):**

SEE PART IV FOR COLUMN (A) DESCRIPTIONS





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)**

Employer identification number  
**77-0545135**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?	<b>5a</b>	X
<b>b</b>	Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?	<b>6a</b>	X
<b>b</b>	Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b>	Were any amounts reported in 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	<b>8</b>	X
<b>9</b>	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**HOUSING TRUST SILICON VALLEY  
( FORMERLY HOUSING TRUST OF SANTA CLARA ) 77-0545135**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN ZWICK CEO	(i)	175,962.	0.	0.	8,457.	16,180.	200,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAUREEN SHILLING CFO	(i)	125,520.	0.	0.	6,459.	19,842.	151,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**HOUSING TRUST SILICON VALLEY**

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TREE HOUSE APARTMENTS L.P.	BOARD MEMBER IS EXE	350,000.	RELATED PAR		X
HILLVIEW GLEN APTS	BOARD MEMBER IS EXE	387,664.	RELATED PAR		X
PALO ALTO FAMILY L.P.	BOARD MEMBER IS EXE	500,000.	RELATED PAR		X
PEACOCK COMMONS/BILL WILSON	BOARD MEMBER IS EXE	500,000.	RELATED PAR		X
FORD ROAD FAMILY HOUSING L	BOARD MEMBER IS EXE	500,000.	RELATED PAR		X
BRENTWOOD SENIOR COMMONS L	BOARD MEMBER IS EXE	44,998.	RELATED PAR		X

**Part V Supplemental Information**

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

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: TREE HOUSE APARTMENTS L.P.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS EXEC. DIRECTOR OF ORG. SERVING AS GP IN LIMITED PARTNERSHIP

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY LOAN

(A) NAME OF PERSON: HILLVIEW GLEN APTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS EXEC. DIRECTOR OF ORG. SERVING AS GP IN LIMITED PARTNERSHIP

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY LOAN

(A) NAME OF PERSON: PALO ALTO FAMILY L.P.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS EXEC. DIRECTOR OF ORG. SERVING AS GP IN LIMITED PARTNERSHIP

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY LOAN

(A) NAME OF PERSON: PEACOCK COMMONS/BILL WILSON CENTER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS EXEC. DIRECTOR OF ORG. SERVING AS GP IN LIMITED PARTNERSHIP

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY LOAN

**Part V Supplemental Information**

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

(A) NAME OF PERSON: FORD ROAD FAMILY HOUSING L.P.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS EXEC. DIRECTOR OF ORG. SERVING AS GP IN LIMITED PARTNERSHIP

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY LOAN

(A) NAME OF PERSON: BRENTWOOD SENIOR COMMONS L.P.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS EXEC. DIRECTOR OF ORG. SERVING AS GP IN LIMITED PARTNERSHIP

(D) DESCRIPTION OF TRANSACTION: RELATED PARTY LOAN

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)

Employer identification number

77-0545135

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

HOUSING WITHIN SANTA CLARA COUNTY, ASSISTING FIRST TIME HOMEBUYERS,  
PREVENTING HOMELESSNESS AND STABILIZING NEIGHBORHOODS.

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

NEIGHBORHOODS.

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

HOMEBUYER PROGRAM - HOUSING TRUST OFFERS THE DOWNPAYMENT ASSISTANCE  
PROGRAM, MORTGAGE ASSISTANCE PROGRAM, AND CLOSING COST ASSISTANCE  
PROGRAM, AND EQUITY SHARE CO-INVESTMENT PROGRAM TO HELP QUALIFIED  
HOMEBUYERS IN SANTA CLARA COUNTY WITH SECOND MORTGAGE, DOWNPAYMENT AND  
CLOSING COSTS.

EXPENSES \$ 510,065. INCLUDING GRANTS OF \$ 9,115. REVENUE \$ 85,692.

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

THE 990 IS REVIEWED AND APPROVED FOR FILING BY THE FINANCE  
COMMITTEE. THE ENTIRE BOARD RECEIVES A COPY OF THE FORM 990 PRIOR TO  
FILING IN SUFFICIENT TIME TO POSE ANY QUESTIONS OR GIVE COMMENTS.

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

EACH BOARD MEMBER MUST COMPLETE AND SIGN A CONFLICT OF  
INTEREST POLICY ANNUALLY. NEW BOARD MEMBERS OR THOSE BEING CONSIDERED ARE  
EVALUATED TO SEE IF THERE EXIST ANY CONFLICT OF INTEREST. EMPLOYEES MUST  
ALSO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. IF THE BOARD IS  
EVALUATING A BUSINESS DEALING WITH AN ENTITY THAT A BOARD MEMBER HAS SOME

Name of the organization HOUSING TRUST SILICON VALLEY (FORMERLY HOUSING TRUST OF SANTA CLARA)	Employer identification number 77-0545135
---	--

INVOLVEMENT, THE BOARD MEMBER RECUSES THEMSELVES FROM ALL DISCUSSION AND FROM VOTING. IN ADDITION THE BOARD MEMBER ALSO EXCUSED THEMSELVES FROM THE MEETING TO ALLOW OTHER MEMBERS TO DISCUSS THE DEAL CANDIDLY.

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

THE PERSONNEL COMMITTEE RELIES UPON SALARY SURVEY DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION OF THE EXECUTIVE DIRECTOR. ADDITIONALLY THE PERSONNEL COMMITTEE PERIODICALLY ENGAGES A CONSULTANT TO PERFORM A COMPENSATION STUDY FOR THE CEO, CFO AND CLO.

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

THE GOVERNING DOCUMENTS ARE AVAILABLE AT THE ORGANIZATION OFFICES WHICH ARE AVAILABLE FOR INSPECTION MON TO FRI, 9AM TO 5PM.

FORM 990, PART XII, LINE 2C

THE COMMITTEE'S OVERSIGHT PROCESS OF THE AUDIT AND THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED.



**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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **HOUSING TRUST SILICON VALLEY  
(FORMERLY HOUSING TRUST OF SANTA CLARA)** Employer identification number **77-0545135**

**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
LTOA, LLC 95 S. MARKET STREET, SUITE 610 SAN JOSE, CA 95113	AFFORDABLE HOUSING	CALIFORNIA	0.	0.	HOUSING TRUST 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



**HOUSING TRUST SILICON VALLEY  
( FORMERLY HOUSING TRUST OF SANTA CLARA )**

**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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**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
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			





California Exempt Organization  
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 07/01/2013, and ending (mm/dd/yyyy) 06/30/2014

Corporation/Organization Name <b>HOUSING TRUST SILICON VALLEY (FORMERLY HOUSING TRUST OF SANTA CLARA)</b>		California corporation number <b>2235459</b>	
Address (suite, room, or PMB no.) <b>95 S. MARKET ST., NO. 610</b>		FEIN <b>77-0545135</b>	
City <b>SAN JOSE</b>	State <b>CA</b>	ZIP Code <b>95113</b>	

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
<b>B</b> Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)	
<b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
<b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?	
<b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____	
<b>L</b> If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/>	
<b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	1,333,223.00
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>	00
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	<b>3</b>	4,840,985.00
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B	<b>4</b>	6,174,208.00
	<b>5</b> Cost of goods sold	<b>5</b>	00
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	243,962.00
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	243,962.00
	<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	5,930,246.00
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	4,358,471.00
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	1,571,775.00
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F	<b>11</b>	N/A 00
	<b>12</b> Total payments	<b>12</b>	00
	<b>13</b> Penalties and Interest. See General Instruction J	<b>13</b>	00
	<b>14</b> Use tax. See General Instruction K	<b>14</b>	00
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	<b>15</b>	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.

<b>Sign Here</b>	Signature of officer <b>CEO</b>	Title	Date	Telephone
	Preparer's signature		Date	PTIN <b>P00604756</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>LINDQUIST, VON HUSEN &amp; JOYCE LLP 90 NEW MONTGOMERY STREET, 11TH FLOOR SAN FRANCISCO, CA 94105</b>	FEIN <b>94-1250261</b>	Telephone <b>(415) 957-9999</b>	
	May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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	211,617.00		
	2	Interest	•	2	664,529.00		
	3	Dividends	•	3	24,031.00		
	4	Gross rents	•	4	00		
	5	Gross royalties	•	5	00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	248,229.00	
	7	Other income	SEE STATEMENT 4	•	7	184,817.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	1,333,223.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 11	•	9	2,050,622.00	
	10	Disbursements to or for members		•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	11	363,981.00	
	12	Other salaries and wages		•	12	778,276.00	
	Expenses and Disbursements	13	Interest	•	13	80,539.00	
		14	Taxes	•	14	80,011.00	
		15	Rents	•	15	82,192.00	
		16	Depreciation and depletion (See instructions)	•	16	13,852.00	
		17	Other Expenses and Disbursements	SEE STATEMENT 6	•	17	908,998.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	4,358,471.00

**Schedule L Balance Sheets**

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		8,080,141.		• 9,463,036.
2 Net accounts receivable		42,272.		• 33,065.
3 Net notes receivable STMT 7		29,095,365.		• 30,233,541.
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 8				• 4,116,936.
10 a Depreciable assets	102,492.		116,212.	
b Less accumulated depreciation	( 68,512. )	33,980.	( 82,315. )	33,897.
11 Land				•
12 Other assets STMT 9		2,519,442.		• 2,150,399.
13 Total assets		39,771,200.		46,030,874.
<b>Liabilities and net worth</b>				
14 Accounts payable		280,145.		• 187,065.
15 Contributions, gifts, or grants payable		570,912.		• 138,007.
16 Bonds and notes payable				•
17 Mortgages payable		4,763,104.		• 5,600,000.
18 Other liabilities STMT 10		260,563.		• 4,557,508.
19 Capital stock or principle fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		33,896,476.		• 35,548,294.
22 Total liabilities and net worth		39,771,200.		46,030,874.

**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	• 1,571,775.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	1,571,775.
6 Total. Add line 1 through line 5	1,571,775.		

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
APPLIED MATERIALS	3050 BOWERS AVE. SANTA CLARA, CA 95054	06/30/14	25,000.
BANK OF AMERICA	125 S. MARKET STREET, SUITE 1050 SAN JOSE, CA 95113	06/30/14	36,000.
CISCO SYSTEMS FOUNDATION	170 WEST TASMAN DRIVE SAN JOSE, CA 95134	06/30/14	40,000.
CITI FOUNDATION	ONE COURT SQUARE, 43RD FLOOR NEW YORK, NY 11120	06/30/14	65,000.
CITY OF MOUNTAIN VIEW	P.O. BOX 7540 MOUNTAIN VIEW, CA 94039	06/30/14	150,000.
CITY OF PALO ALTO	250 HAMILTON AVE PALO ALTO, CA 94301	06/30/14	200,000.
CITY OF SAN JOSE HOUSING DEPARTMENT CDBG	200 EAST SANTA CLARA STREET, 12TH FLOOR SAN JOSE, CA 95113	06/30/14	90,410.
CITY OF SANTA CLARA	1500 WARBURTON AVE SANTA CLARA, CA 95050	06/30/14	11,589.
CITY OF SUNNYVALE	P.O. BOX 3707 SUNNYVALE, CA 94088	06/30/14	200,000.
COMERICA BANK-CALIFORNIA	333 W SANTA CLARA ST, 5TH FLOOR SAN JOSE, CA 95113	06/30/14	5,000.
COUNTY OF SANTA CLARA	70 W. HEDDING STREET, EAST WING, 7TH FLOOR SAN JOSE, CA 95110	06/30/14	299,133.
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT	1800 THIRD STREET, SUITE 390-2, P.O.BOX 952054 SACRAMENTO, CA 94252	06/30/14	371,880.
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT - NSP2	600 HARRISON STREET SAN FRANCISCO, CA 94107	06/30/14	1,163,833.
ENTERPRISE FOUNDATION	101 MONTGOMERY STREET, SUITE 1350 SAN FRANCISCO, CA 94104	06/30/14	25,000.
HOUSING AUTHORITY OF SANTA CLARA COUNTY	505 W JULIAN STREET SAN JOSE, CA 95110	06/30/14	336,671.



HSBC NORTH AMERICA	26525 NORTH RIVERWOODS BLVD. METTAWA, IL 60045	06/30/14	7,500.
MISSION CITY COMMUNITY FUND	P.O. BOX 587 SANTA CLARA, CA 95052	06/30/14	5,000.
SANTA CLARA COUNTY ASSOCIATION OF REALTOR	1651 NORTH FIRST STREET SAN JOSE, CA 95112	06/30/14	50,000.
SCHWAB FUND FOR CHARITABLE GIVING	101 MONTGOMERY STREET, SUITE 1350 SAN FRANCISCO, CA 94104	06/30/14	10,000.
SILICON VALLEY COMMUNITY FOUNDATION	2440 W. EL CAMINO REAL, STE 300 MOUNTAIN VIEW, CA 94040	06/30/14	60,000.
SILICON VALLEY LEADERSHIP GROUP FOUNDATION	2001 GATEWAY PLACE, SUITE 101E SAN JOSE, CA 95110	06/30/14	250,000.
US BANK	980 NINTH STREET, SUITE 1100 SACRAMENTO, CA 95814	06/30/14	12,500.
US DEPT. OF THE TREASURY	1500 PENNSYLVANIA AVE, N.W. WASHINGTON D.C, DC 20220	06/30/14	1,347,000.
WFB FOUNDATION	90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479	06/30/14	60,000.
TOTAL INCLUDED ON LINE 3			<u>4,821,516.</u>

## FOOTNOTES

STATEMENT 2

HOUSING TRUST SILICON VALLEY  
DEPRECIATION SUPPORTING STATEMENT  
6/30/2014

OFFICE EQUIPMENT	25,325.
SOFTWARE	26,229.
FURNITURE AND FIXTURES	64,658.
	<u>116,212.</u>
LESS:	
ACCUMULATED DEPRECIATION	-82,315.
TOTAL PROPERTY AND EQUIPMENT	<u>33,897.</u>



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FORM 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT                      5

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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
LINDA MANDOLINI 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
JOHN BARTON 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	CHAIR 1.00	0.
SPARKY HARLAN 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	SECRETARY 1.00	0.
ROBERT SHERRARD 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	TREASURER 1.00	0.
PHILIP BOYCE 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
HON. MARGARET ABE-KOGA 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
JOHN PAUL BRUNO 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
JONATHAN EMAMI 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
HON. DANIEL FURTADO 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
JOHN MCLEMORE 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
HON. STEVE TATE 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.

HON. ASH KALRA 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
HON. DIANE MCNUTT 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
KATHLEEN KING 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	SECOND VICE-CHAIR 1.00	0.
LESLEE GUARDINO 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
QUINCY VIRGILIO 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
RON HAHR 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
CANDICE GONZALEZ 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	FIRST VICE-CHAIR 1.00	0.
ERIN BRENNOCK 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
SHILOH BALLARD 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
GEORGE BROWN 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	DIRECTOR 1.00	0.
KEVIN ZWICK 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	CEO 40.00	206,072.
MAUREEN SHILLING 95 S. MARKET ST., NO. 610 SAN JOSE, CA 95113	CFO 40.00	157,909.
TOTAL TO FORM 199, PART II, LINE 11		<u>363,981.</u>

FORM 199	OTHER EXPENSES	STATEMENT	6
DESCRIPTION		AMOUNT	
PROVISION FOR LOAN LOSS		237,557.	
OUTSIDE COMPUTER SERVIC		36,894.	
PROGRAM ADMINISTRATION		32,050.	
AUTO MILAGE AND PARKING		22,292.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		62,267.	
PENSION PLAN CONTRIBUTIONS		47,086.	
OTHER EMPLOYEE BENEFITS		118,964.	
INVESTMENT MANAGEMENT FEES		23,329.	
OTHER PROFESSIONAL FEES		91,697.	
ADVERTISING AND PROMOTION		60,490.	
OFFICE EXPENSES		22,824.	
TRAVEL		16,590.	
CONFERENCES AND CONVENTIONS		9,802.	
INSURANCE		21,303.	
ALL OTHER EXPENSES		105,853.	
TOTAL TO FORM 199, PART II, LINE 17		908,998.	

FORM 199	NET NOTES RECEIVABLE	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NOTES AND LOANS RECEIVABLE, NET	29,095,365.	30,233,541.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	29,095,365.	30,233,541.	

FORM 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTABLE RESIDUAL	0.	554,023.	
PROGRAM SPENDING RESERVE	0.	3,039,789.	
LONG TERM OPERATING RESERVE	0.	523,124.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	0.	4,116,936.	

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,179,710.	643,075.	
PREPAID EXPENSES AND DEFERRED CHARGES	21,580.	25,132.	
DEFERRED INTEREST RECEIVABLE	103,152.	267,192.	
LENDING CAPITAL PROVIDED FOR PROGRAMS	1,215,000.	1,215,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,519,442.	2,150,399.	

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INTEREST PAYABLE	1,667.	1,667.	
LOAN SERVICING LIABILITY	0.	22,219.	
NON-RECOURSE BANK LOAN CAPITAL	0.	3,073,806.	
DEFERRED REVENUE	258,896.	1,459,816.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	260,563.	4,557,508.	

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 11

ACTIVITY CLASSIFICATION

FORECLOSURE HELP PASS THROUGH GRANT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAW FOUNDATION OF SILICON VALLEY	152 N. 2ND STREET, 3RD FL, SAN JOSE, CA 95112	NONE	109,834.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEIGHBORHOOD HOUSING SERVICES SV	31 N. 2ND STREET, SAN JOSE, CA 95113	NONE	13,712.

TOTAL FOR THIS ACTIVITY 123,546.

ACTIVITY CLASSIFICATION

NSP2 PASS THROUGH GRANT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CITY OF SAN JOSE	200 E SANTA CLARA STREET, SAN JOSE, CA	NONE	1,112,402.

TOTAL FOR THIS ACTIVITY 1,112,402.

ACTIVITY CLASSIFICATION

## SUBGRANT FOR FEASIBILITY PROJECT

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NON PROFIT HOUSING ASSOCIATION OF NORTHE	369 PINE STREET, SUITE 350, SAN FRANCISCO, CA 94104	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SILICON VALLEY LEADERSHIP GROUP	2001 GATEWAY PLACE, SUITE 101E, SAN JOSE, CA 95110	NONE	10,000.

TOTAL FOR THIS ACTIVITY			20,000.
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ACTIVITY CLASSIFICATION

## DEBT FORGIVENESS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SENIOR HOUSING SOLUTION C/O CHARITIES HO	1400 PARKMOOR AVE., STE #190, SAN JOSE, CA 95126	NONE	100,000.

TOTAL FOR THIS ACTIVITY			100,000.
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ACTIVITY CLASSIFICATION

## VARIOUS RENTAL ASSISTANCE GRANTS UNDER \$5,000 TO ESTIMATED 300+ RECIPIENTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS RECIPIENTS		NONE	694,674.



TOTAL FOR THIS ACTIVITY

694,674.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

2,050,622.

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

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 as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT</b> <u>114973</u>  <b>HOUSING TRUST SILICON VALLEY</b> <b>(FORMERLY HOUSING TRUST OF SANTA CLARA)</b> <small>Name of Organization</small>  <u>95 S. MARKET ST., NO. 610</u> <small>Address (Number and Street)</small>  <u>SAN JOSE, CA 95113</u> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2235459</u>  Federal Employer I.D. No. <u>77-0545135</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2013 ending 06/30/2014 ) list:  
 Gross annual revenue \$ 5,867,979 . Total assets \$ 46,030,874 .

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

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet 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, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float:right"><b>SEE STATEMENT 12</b></span>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (408) 436-3450

Organization's e-mail address INFO@HOUSINGTRUSTSV.ORG

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

**KEVIN ZWICK** **CEO**

Signature of authorized officer Date

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 12

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
1800 THIRD STREET, STE 390-2, P.O. BOX 952054  
SACRAMENTO, CA 94252-2054  
ANDREA KENNEDY 916-263-2673

CITY OF SAN JOSE HOUSING DEPARTMENT CDBG  
200 EAST SANTA CLARA ST., 12TH FLOOR  
SAN JOSE, CA 95113-1905  
DANIEL MURILLO 408-793-4195

CITY OF MOUNTAIN VIEW  
P.O. BOX 7540  
MOUNTAIN VIEW, CA 94039-7540  
LINDA LAUZZE 650-903-6462

CITY OF PALO ALTO  
250 HAMILTON AVE  
PALO ALTO, CA 94301  
TIM WONG 650-329-2561

COUNTY OF SANTA CLARA  
70 W. HEDDING STREET, EAST WING, 7TH FLOOR  
SAN JOSE, CA 95110  
REBECCA GARCIA 408-299-5750

CITY OF SUNNYVALE  
P.O. BOX 3707  
SUNNYVALE, CA 94088-3707  
ERNIE DEFRENCHI 408-730-2784

CITY OF SANTA CLARA  
1500 WARBURTON AVE  
SANTA CLARA, CA 95050  
ELOIZA MURRIO-GARCIA 408-615-2495

U.S. DEPARTMENT OF THE TREASURY  
1500 PENNSYLVANIA AVE, N.W.  
WASHINGTON D.C. 20220  
MARK KUDLOWITZ 202-653-0421

HOUSING AUTHORITY OF SANTA CLARA COUNTY  
505 W. JULIAN STREET  
SAN JOSE, CA 95110  
ALELI SANGALANG 408-275-8770

US DEPT OF HOUSING AND URBAN DEVELOPMENT - NSP2  
600 HARRISON ST  
SAN FRANCISCO, CA 94107  
REBECCA BLANCO 415-489-6569