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#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection JUL 1, 2020 and ending JUN 30, A For the 2020 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change EBSV COMMUNITY DEVELOPMENT, INC. Name change HABITAT COMMUNITY CAPITAL 81-2826561 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 510-803-3345 2619 BROADWAY, NO 200 termin-ated 93,334. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return OAKLAND, CA 94612 H(a) Is this a group return Applica-F Name and address of principal officer: JEAN BRIDGES Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.HABITATEBSV.ORG/HCC **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2016 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO ATTRACT LONG-TERM CAPITAL IN Activities & Governance ORDER TO FINANCE AFFORDABLE HOUSING PROJECTS FOR HABITAT FOR Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 3 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 0. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 93,334. 30,437. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30.437. 93,334. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 216,149. 386,907. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 216,149. 386,907. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -185,712.-293,573. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 3,973,639. 2,913,142. 20 Total assets (Part X, line 16) 3,591,723. 2,237,653. 21 Total liabilities (Part X, line 26) Net/ 675,489. 381,916. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign JEAN BRIDGES, COO/CFO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed TRACY TEALE TRACY TEALE 05/16/22 P01290862 Paid Firm's name RINA ACCOUNTANCY LLP Firm's EIN **84**-1980623 Preparer Firm's address 150 POST STREET, STE 200 Use Only

SAN FRANCISCO, CA 94108

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Phone no. (415)777-4488

Pai	Check if Schoolule O centains a response or note to any line in this Part III	
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
•	TO ATTRACT LONG-TERM CAPITAL IN ORDER TO FINANCE AFFORDABLE H	OUSTNG
	PROJECTS, INCLUDING A PORTION OF THE COMMUNITY DEVELOPMENT AC	
	OF HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY, AND PROVIDE	
	DEVELOPMENT SERVICES TO PARTICIPANTS IN THE PROGRAMS OF THAT	ENTITY.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	•
	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 \$ 324,058. including grants of \$ 0. ) (Revenue \$ ACQUISITION AND ORIGINATION OF LOW-INCOME MORTGAGES AND COUNS.	0.
	SERVICES IN SUPPORT OF LOW-INCOME FAMILIES SEEKING HOUSING SO	
	THE PRIOR YEAR. IN FY21, THE ORGANIZATION PURCHASED NINE MORT	
	TOTALING \$474,755, LENT AN ADDITIONAL \$425,000, AND PROVIDED	
	COUNSELING TO MORE THAN 290 INDIVIDUALS.	1 111111(011111
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 324,058.	
		Form <b>990</b> (2020)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		\ <sub>3,7</sub>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<b>.</b>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		22
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \nabla$

#### Part IV | Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		. v	
24.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Х	
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		Α.
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<sub>v</sub>	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

2a International control of the composition of the		<del></del>			Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Notes if the sum of lines 1a and 2a is greater than 260, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, 1 has it filed a Form 980-T for this year? If 10c 1 for 80, provide an explanation on Schedule 0  3b If Yes, 2 for the 1 file of provides and year of the organization have an interest in, or a significant or other authority over, a financial account in a foreign country flew that is a bank account, securities account, or other financial account()?  4a X X  b If Yes, 2 financial account in a foreign country flew that is a bank account, securities account, or other financial account()?  5b If Yes, 2 financial accounts (FBAR).  5c Was the organization aparty to a prohibitot as shelter transaction at any time during the tax year?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or exhibitotions?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or exhibitotions?  5c Was the organization shall be a contributed or the calculation of the value of the goods or services provided to the payor?  5c Was the organization shall exhibit the contributions under section 170c).  5c Was the organization receive a payment in secess of \$75 made party as a contribution and party for goods and services provided to the payor?  5c Was the organization receive a payment in secess of \$75 made party as a contribution or payor payor provided to the payor?  5c Was the organization shall receive a payment in secess of \$75 made party as a contribution or payor payor payor payor payor payor payor payor payo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 9907 for this year of "Wo" to file als, your powide an explanation on Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so running and account). The power of the summarian of the power of the summarian of the power of the summarian of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	<b>2</b> b		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? a foreign country [such as a bank account, securities account, or other financial account?   5 b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR).  5 a Was the organization a party to a prohibibled tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibibled tax shelter transaction at any time during the tax year?  5 b If "Yes" to line 5a or 5b, did the organization file Form 8896 17?  6 a Does the organization have amoust gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a scharitable contributions?  5 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations than may receive deductible contributions under section 170(c).  a bid the organization several against in excess of \$5 made party is a contribution and party for goods and services provided?  7 to Ves," did the organization notify the cloner of the value of the goods or services provided?  7 to Ves," includate the number of Forms 8282 filed during the year  1 bid the organization neceived a portherwise dispose of tangible personal property for which it was required to the Form 8282?  1 bid the organization received a contribution of cause, boats, airplanes, or other vehicles, did the organization file of the party		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
4a A any time during the calendary year, dot 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 accounts (FBAR).  b If "Yes," enter the name of the foreign country ▶  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization in the organization the fire Fine B8867 (and any taxable party notify the organization the fire masses).  c If "Yes to line Sa or 5b, did the organization the fire Fine B8867 (and any taxable party notify the organization the fire masses).  c If "Yes to line Sa or 5b, did the organization the organization the fire masses (and the organization should will any contributions that were not tax deductibles caleralization contributions?  b If "Yes," idld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles caleralization contributions?  c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles caleralization contributions under section 170(c).  a Did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a X  Yes, "Indicate the number of Forms 8822 filed during the year  b Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7b Line organization neceived a contribution of qualified intellectual property, did the organization file Form 1989 as required?  1 The organization and payment of the payment of the forms 8998 as required?  1 Th	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
transcial account in a foreign country   Such as a bank account, securities account, or other financial account?  b if 'Yes,' enter the name of the foreign country   Soa instructions for filing requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c I' Yes' to line Sa or 5b, did the organization file Form 8886-17?  6c I' Yes' to line Sa or 5b, did the organization file Form 8886-17?  6d Does the organization shat awer not tax deductible as charitable contributions?  6d If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a Z Y  7b I' Yes,' did the organization notify the donor of the value of the goods or services provided?  7b I' Yes,' indicate the number of Forms 88282 field during the year  9b Did the organization received a contribution of cars, boats, airplanes, or other vehicles, the organization file Form 8898 as required?, If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8890 as required?  10 If the organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4986?  9 Sponsoring organization have excess business holdings at any time during the year?  11a Did  11 Section 501(K12) organizations. Enter:  a initiation fees and capital contr	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
b If "Yes," enter the name of the foreign country    Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  Sae instructions that was provided the organization file form 88867.  Sae If "Yes", did 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?  Say If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible?  To organizations that may receive deductible contributions under section 170(c).  Bit If "Yes," did the organization norfly the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  Bit If "Yes," included no multiply the organization file and party for goods and services provided to the payor?  If Did the organization received any funds, directly or indirectly, on a personal benefit contract?  To I A Y Y I I was a proposition of the service of the value of the organization file form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 c?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund file form 8999 as required?  By Did the sponsoring organization make a distribution to a donor, donor advised rung the year?  Section 501(c)(72) organization make a d	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Sb. X  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Sc. X  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Sc. X  5 Did have gradination shall are 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?  6 Did have gradination receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of usual from the payor organization for cevited and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  7 Sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring organization make any taxable distributions under section 49667  Did the sponsoring orga		financial account in a foreign country (such as a bank account, securities account, or other financial account,	account)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b	b	If "Yes," enter the name of the foreign country				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5 C			· ·			
If "Yes" to line 5a or 5b, did the organization file Form 8886 17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bild the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organization shat may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 received a contribution of the value of the goods or services provided?  6 Did the organization receive any funds, directly or indiricetly, no pay premiums on a personal benefit contract?  7 Organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  7 The sponsoring organization maximal maintaining donor advised fund. S. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667  9 Sponsoring organization make any taxable distributions under section 49667  9 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from						
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a 15c	a	· · · · · · · · · · · · · · · · · · ·	11h			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122			122		
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.				IZa		
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.		· · · · · · · · · · · · · · · · · · ·	120			
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.				13a		
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c Enter the amount of reserves on hand 13c			13b			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.16XIf "Yes," complete Form 4720, Schedule O.16X	С		13c			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.				14a		X
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b			14b		
If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.				
	16		t income?	16		X
		If "Yes," complete Form 4720, Schedule O.		_	000	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 510-251-6304			
	2619 BROADWAY, NO. 200, OAKLAND, CA 94612			

032006 12-23-20

# 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.

See instructions for the order in which to list the persons above.

(A)	(B)			( <b>(</b>	C)			(D)	(E)	(F)		
Name and title	Average		o not check r		Position eck more than one s person is both an			Reportable	Reportable	Estimated		
	hours per week	offi	, unle cer an	ss pe d a d	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation		
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the		
	related	stee (	truste		ao	beusa		(W-2/1099-MISC)		organization		
	organizations below	ual tri	ional		ploye	t com	_			and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) JANICE E. JENSEN	1.00	_	_	)	_							
PRESIDENT & CEO	40.00			Х				0.	302,640.	32,672		
(2) JEAN BRIDGES	1.00											
COO & CFO	40.00			Х				0.	221,484.	28,654		
(3) LARRY BRIGGS	1.00								_			
CHAIR	2.00	Х		Х				0.	0.	0		
(4) DAVID BARRON	1.00	۱								_		
TREASURER	2.00	Х		Х				0.	0.	0		
(5) CAROLYN CARPENTER	1.00	Į.,		37						0		
SECRETARY	2.00	Х		Х				0.	0.	0		
		1										
		1										
		1										
		1										
		1										
		1										
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		1										
		1			l	I	l					

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director box,	not c	Pos heck ess pe	more rson	Highest compensated true is bot or/true employee	th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensati from relate organizatior (W-2/1099-MI	on d ns	com fr orga	timate nount of other pensation the anization direlate anization	of tion e ion ed
	line)	Individ	Institu	Officer	Keyem	Highes	Forme				Orge	i iizati	
		-											
		- - -											
		-											
		-											
1b Subtotal c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A							0.	524,1 524,1	0.		1,3	0.
Total number of individuals (including but compensation from the organization								eceived more than \$100	0,000 of reportab	ole		Yes	0 <b>N</b> o
<ul> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for</li> <li>4 For any individual listed on line 1a, is the sand related organizations greater than \$15</li> </ul>	such individual um of reportab	le cc	 omp	ensa	atior	 n and	d ot	her compensation from			3	х	Х
Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor Section B. Independent Contractors	accrue compe	nsati	ion f	from	any	/ uni	elat		idual for services	 S	5	21	Х
Complete this table for your five highest c the organization. Report compensation for										mpens	ation f	rom	
(A) Name and busines	s address	NC	INC	E				( <b>B)</b> Description of s	services	С	(Comper	;) nsatior	า
2 Total number of independent contractors		not lir	mite	ed to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	nzation >											000 (	

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f .... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 93,334. 93,334. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... 10b **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d ..... 93,334. 93,334 Total revenue. See instructions 12

032009 12-23-20

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 (D) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 273,458 273,458. Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)

58,926.

3,898.

50,600.

386,907.

25

Form **990** (2020)

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12

13

14

15 16

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21

22 23

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С d

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25

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings

Payments to affiliates \_\_\_\_\_

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

HOMEOWNER RELATIONS

**MISCELLANEOUS** 

All other expenses

Check here

above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

50,600.

324,058.

58,926.

3,898.

25.

62,849

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	685,385.	1	1,519,083.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	1,762,454.	7	1,943,151
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	23,200.	9	23,200
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	442,103.	15	488,205
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,973,639.
	17	Accounts payable and accrued expenses	1,000.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	4 054 540
_	23	Secured mortgages and notes payable to unrelated third parties		23	1,354,712.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0 006 653		0 005 011
		of Schedule D		25	2,237,011.
	26	Total liabilities. Add lines 17 through 25	2,237,653.	26	3,591,723.
S		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	675 400		201 016
ala	27	Net assets without donor restrictions		27	381,916.
В	28	Net assets with donor restrictions		28	
Ë		Organizations that do not follow FASB ASC 958, check here			
<u>2</u>		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
1886	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
et A	31	Retained earnings, endowment, accumulated income, or other funds		31	381,916.
ž	32	Total net assets or fund balances		32	
	33	Total liabilities and net assets/fund balances	4,913,144.	33	3,973,639.

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

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#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization EBSV COMMUNITY DEVELOPMENT, INC. 81-2826561 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 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) HABITAT FOR HUMANITY EAST BAY/S 94-3053687 7 324,058. X

Total

324,058.

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

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

<u> </u>	ection A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
	organization, check this box and stop						<b>_</b>			
	ction C. Computation of Publ									
	Public support percentage for 2020 (I					14	%			
	Public support percentage from 2019					15	%			
16a	<b>33 1/3% support test - 2020.</b> If the o	•		•		•				
	<b>stop here.</b> The organization qualifies									
b	33 1/3% support test - 2019. If the c	-								
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances test	ū					•			
	and if the organization meets the fact					vi now the organiz	ation			
	meets the facts-and-circumstances te	-	•	*	-					
b	10% -facts-and-circumstances tes	-					IU% Or			
	more, and if the organization meets the		•				<b>.</b> —			
40	organization meets the facts-and-circu		-	-						
ığ	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/1						
					SCHE	edule A (Form 990	UI 33U-EZ) 2U2U			

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

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

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 23 11	(0) 2010	(4) 2010	(0) 2020	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
	· · · · ·						
	Total. Add lines 1 through 5		+				
<i>1</i> a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received		+				
U	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
					( 0 0040	( ) 0000	(0 =
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
44	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_							<u></u>
	ction C. Computation of Public						
	Public support percentage for 2020 (lin			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 202					17	%
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 $1/3\%$ , check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 $1/3\%$ , chec	k this box and <b>st</b>	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1	Х	
	2		X
	3a		X
	3b		
	3с		
	4a		X
	4b		
	4c		
	10		
	5a		Х
	Sa		71
	Eh		
	5b		
	5c		
			37
	6		Х
			77
	7		Х
			77
	8		X
	9a		Х
	9b		X
	9с		X
	10a		X
	10b		
n 9	90 or 99	90-EZ	2020
		-,	

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explain in <b>F</b>	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
_4	Add lines 1 through 3.	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
_ 7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see							

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	rt V   Type III Non-Funct	ionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)					
Secti	tion D - Distributions			•		Current Year				
1	Amounts paid to supported orga	anizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity	y that directly furthers exemp	ot purposes of supported							
	organizations, in excess of incor	me from activity			2					
3	Administrative expenses paid to	accomplish exempt purpose	es of supported organization	ıs	3					
4	Amounts paid to acquire exemp	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prid	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)								
6	Other distributions (describe in	Part VI). See instructions.			6					
7	Total annual distributions. Add		7							
8	Distributions to attentive suppor	rted organizations to which the	ne organization is responsive	Э						
	(provide details in Part VI). See i	nstructions.			8					
9	Distributable amount for 2020 fr	om Section C, line 6			9					
10	Line 8 amount divided by line 9		10							
Secti	tion E - Distribution Allocations	(see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020				
_1_	Distributable amount for 2020 fr	om Section C, line 6								
2	Underdistributions, if any, for ye	ears prior to 2020 (reason-								
	able cause required - explain in I	Part VI). See instructions.								
3	Excess distributions carryover, i	f any, to 2020								
a	From 2015									
b	From 2016									
c	From 2017									
d	From 2018									
е	From 2019									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of	prior years								
h	Applied to 2020 distributable an	nount								
i	Carryover from 2015 not applied	d (see instructions)								
j	Remainder. Subtract lines 3g, 3	h, and 3i from line 3f.								
4	Distributions for 2020 from Sect	ion D,								
	line 7:	\$								
a	Applied to underdistributions of	prior years								
b	Applied to 2020 distributable an	nount								
c	Remainder. Subtract lines 4a an	d 4b from line 4.								
5	Remaining underdistributions fo	r years prior to 2020, if								
	any. Subtract lines 3g and 4a fro	om line 2. For result greater								
	than zero, explain in Part VI. See	e instructions.								
6	Remaining underdistributions fo	r 2020. Subtract lines 3h								
	and 4b from line 1. For result gre	eater than zero, explain in								
	Part VI. See instructions.									
7	Excess distributions carryover	r <b>to 2021.</b> Add lines 3j								
	and 4c.									
8	Breakdown of line 7:									
а	Excess from 2016									
b	Excess from 2017									
С	Excess from 2018									

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EBSV COMMUNITY DEVELOPMENT TNC. **Employer identification number** 81-2826561

Pai	t I Organizations Maintaining Donor Advise	•	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 2004
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	nts that describes the
	organization's accounting for conservation easements.		
Pa			ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	, ,	
	of art, historical treasures, or other similar assets held for put	·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gaın, provide
	the following amounts required to be reported under FASB A	_	<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

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

Schedule D (Form 990) 2020

Pai	rt III   Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, o	r Othe	r Simila	ar Asse	<b>ts</b> (conti	nuea	)
3	Using the organization's acquisition, accession	n, and other record	ds, checl	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı <u>                                    </u>	Loan or exc	hange progra	m					
b	Scholarly research	е	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	lections and explai	n how th	ney further t	he organizatio	on's exen	npt purpo	se in Par	XIII.		
5										_	
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	e organizatio	on answered "`	Yes" on I	Form 990	, Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	ns or other ass	sets not i	ncluded				
	on Form 990, Part X?							$\square$	Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII a										
									Amour	nt	
С	Beginning balance						. 1c				
d	Additions during the year						1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		,		
	Did the organization include an amount on Fo						ty?	L	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization an									
	_	(a) Current year	(b) P	rior year	(c) Two years	s back (	<b>d)</b> Three y	ears back	<b>(e)</b> Fou	r yeaı	s back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u></u>						
2	Provide the estimated percentage of the curre	•	•	g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	<u></u> %									
С	Term endowment	='									
20	The percentages on lines 2a, 2b, and 2c should have there endowment funds not in the possessions.	•	ation the	at ara bald a	and administa	rad far th	o organi=	ation			
Sa	by:	ision of the organiza	alion line	at are rielu a	and administer	red for th	e organiz	ation		Yes	No
									3a(i)	163	NO
	(ii) Unrelated organizations										
h	If "Yes" on line 3a(ii), are the related organizations	ione lieted as requi	red on S	Schedule R2	· · · · · · · · · · · · · · · · · · ·				3b		+
4	Describe in Part XIII the intended uses of the								OD		
<u> </u>	t VI Land, Buildings, and Equipme		WITICITE	iuiius.							
	Complete if the organization answered		0. Part I\	/. line 11a. 9	See Form 990.	Part X. I	ine 10.				
	Description of property	(a) Cost or o		i .	t or other		cumulate	d	(d) Boo	k val	LIE
	Description of property	basis (investr			(other)		reciation	~	(4) 500	,,, , , , , , , , , , , , , , , , , ,	uo
	Land	,		-	` '						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) must eq	_	X, colur	nn (B), line 1	10c.)			▶			0.

	ITY DEVELOPM	ENT, INC. 81-	-2826561 <sub>Page</sub> :
Part VII Investments - Other Securities.	5 000 B 1 W 1	441 O E 000 B 1 V II 40	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(b) Book value	(c) Mothod of Valuation. Cool of ond	or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(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) Tatal (Col. (b) must equal Form 000 Part V and (P) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d See Form 990 Part Y line 15	
	Description	FITO. See FORM 990, FAIT A, IIIIe 13.	(b) Book value
(1) DEFERRED COSTS, NET OF AM	•		63,205
(2) RELATED PARTY RECEIVABLE	01(1121111011		425,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		488,205
Part X Other Liabilities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	,:,		(b) Book value
(1) Federal income taxes			
(2) OTHER SUBORDINATE DEBT			2,225,153
(3) RELATED-PARTY PAYABLE			11,858
(4)			<u> </u>
(5)			

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

Schedule D (Form 990) 2020

2,237,011.

(6) (7) (8)

Schedule D (Form 990) 2020

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

EBSV COMMUNITY DEVELOPMENT, INC. **Employer identification number** 81-2826561

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	negulations section 30.4300.0(c)?	ן פ		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	reported as deferred on prior Form 990
(1) JANICE E. JENSEN	(i)	0.	0.	0.	0.	0.	0.	
PRESIDENT & CEO	(ii)	302,640.	0.	0.	32,672.	0.	335,312.	0.
(2) JEAN BRIDGES	(i)	0.	0.	0.	0.	0.	0.	0.
COO & CFO	(ii)	221,484.	0.	0.	28,654.	0.	250,138.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	- 1, 1							
	(i) (ii)							
	[(11)]						I .	l

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

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EBSV COMMUNITY DEVELOPMENT, INC. **Employer identification number** 81-2826561

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

HUMANITY EAST BAY/SILICON VALLEY.

FORM 990, PART VI, SECTION A, LINE 6:

HABITAT EAST BAY SILICON VALLEY IS THE SOLE MEMBER OR THIS ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF HABITAT EAST BAY SILICON VALLEY APPOINTS THE DIRECTORS FOR THIS ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

HABITAT EAST BAY SILICON VALLEY'S BOARD APPOINTS/REMOVES HCC DIRECTORS, UPDATES HCC BYLAWS, APPROVES HCC'S BUDGET, AND DETERMINES WHETHER OR NOT HCC WILL CONTINUE TO DO BUSINESS.

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

THE BOARD REVIEWS THE FORM 990 IN DETAIL PRIOR TO FILING THE RETURN.

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

THE CONFLICT OF INTEREST POLICY STATEMENT AND CONFIRMATION OF COMPLIANCE IS SENT TO EACH DIRECTOR, OFFICER AND EMPLOYEE. EACH IS REQUIRED TO NOTE ANY POTENTIAL CONFLICT IN ACCORDANCE WITH POLICY GUIDELINES AND TO SIGN THE DOCUMENTS.

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

THE COMPENSATION COMMITTEE DETERMINES THE COMPENSATION BASED ON

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

EBSV COMMUNITY DEVELOPMENT, INC.	81-2826561
COMPENSATION SURVEYS AND STUDIES AND THE FORM 990 OF OTHE	R ORGANIZATIONS.
THE FULL BOARD APPROVES THE DETERMINATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON WRITTEN REQUEST THE ORGANIZATION WILL PROVIDE THIS I	NFORMATION.990s
AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE HCC WE	BSITE.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020 Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** 81-2826561 EBSV COMMUNITY DEVELOPMENT, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or Public charity Direct controlling Name, address, and EIN Primary activity **Exempt Code** controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No HABITAT FOR HUMANITY EAST BAY/SILICON VALLEY WE REVITALIZE HABITAT FOR 94-3053687 2619 BROADWAY SUITE 205 NEIGHBORHOODS BUILD HUMANITY EAST OAKLAND CA 94612 Х AFFORDABLE AND SUSTAINABLE CALIFORNIA 501(C)(3) LINE 7 BAY/SILICON

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		J. 1.25.4				Yes	No
-									<del></del>
									<u> </u>
									Щ

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							Yes	No
1	During the tax year, did the organization engage in any of the following transactions		•						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>				<u> </u>	1a		Х
	Gift, grant, or capital contribution to related organization(s)						1b		X
	Gift, grant, or capital contribution from related organization(s)						1c		X
	Loans or loan guarantees to or for related organization(s)						1d	X	
	Loans or loan guarantees by related organization(s)						1e		X
f Dividends from related organization(s)									
	Sale of assets to related organization(s)						1g		X
	Purchase of assets from related organization(s)						1h		X
i	Exchange of assets with related organization(s)						1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)						1i		Х
•	, , , , , , , , , , , , , , , , , , , ,								
k	Lease of facilities, equipment, or other assets from related organization(s)						1k		Х
ı	k Lease of facilities, equipment, or other assets from related organization(s)  I Performance of services or membership or fundraising solicitations for related organization(s)								Х
							m	Х	
	<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>								
o Sharing of paid employees with related organization(s)								Х	
	3 · · · · · · · · · · · · · · · · · · ·								
p Reimbursement paid to related organization(s) for expenses								х	
a	Reimbursement paid by related organization(s) for expenses					·····	1p 1q		Х
•	1 7 3 (7 1								
r	Other transfer of cash or property to related organization(s)						1r		Х
s	Other transfer of cash or property from related organization(s)					· · · · · · · · · · · · · · · · · · ·	1s		X
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a)	(b)	(c)		(d)				
	<b>(a)</b> Name of related organization	Transaction	Amount involved		Method of determining an	nount involv	ed		
		type (a-s)			v				
I	HABITAT FOR HUMANITY EAST BAY/SILICON								
(1) \	ALLEY	D	1,789,363.	FAIR	VALUE				
Ì	HABITAT FOR HUMANITY EAST BAY/SILICON								
	ALLEY	M	205,942.	FAIR	VALUE				
<u>, ,                                    </u>			-						
(3)									
<u>, ,                                    </u>									
(4)									
. ,									
(5)									
. ,									
(6)									
• /		2.2							

Page 4

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3)	(f) Share of total	(g) Share of end-of-year	Dispro tion allocati	por-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag	(k) Percentage
or criticy		country)	excluded from tax under sections 512-514)	orgs.? Yes No	income	assets	Yes	ons? No	of Schedule K-1 (Form 1065)	Yes	10 Wileisiib
							$  \cdot  $			$\Box$	
							$\vdash$			$\vdash$	
							$\vdash$			Н	
							$\vdash$			Н	
							$\vdash \vdash$			$\vdash \vdash$	
											000) 0000

032165 10-28-20