

Extended to August 15, 2016

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**2015**
Open to Public
Inspection

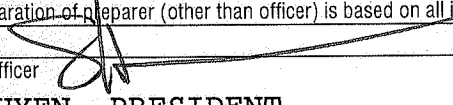
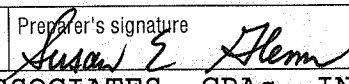
A For the 2015 calendar year, or tax year beginning and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization USA HOMEOWNERSHIP FOUNDATION, INC. Doing business as VETERANS ASSOCIATION OF REAL EST Number and street (or P.O. box if mail is not delivered to street address) Room/suite 462 CORONA MALL 102 City or town, state or province, country, and ZIP or foreign postal code CORONA, CA 92879 F Name and address of principal officer: SON NGUYEN same as C above
D Employer identification number 45-2458485	
E Telephone number 951-870-0369	
G Gross receipts \$ 7,379,855.	
H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ www.varep.net	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	
L Year of formation: 2011 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To increase sustainable homeownership, financial literacy education, and economic		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	50
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,113,516.	Current Year 4,868,378.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-36,205.	-105,151.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25.	271,518.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,077,336.	5,034,745.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,100.	575,529.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,040.	183,176.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,593.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,232,238.	1,935,370.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,324,378.	2,694,075.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	3,752,958.	2,340,670.
	20	Total assets (Part X, line 16)	Beginning of Current Year 4,094,910.	End of Year 6,882,584.
	21	Total liabilities (Part X, line 26)	281,403.	728,407.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,813,507.	6,154,177.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date	7/1/16
	▶	SON NGUYEN, PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	SUSAN E GLENN, CPA		06/27/16	P00164480
	Firm's name ▶ SUSAN GLENN & ASSOCIATES, CPAs, INC.	Firm's EIN ▶ 20-5905838		
	Firm's address ▶ 1897 CALIFORNIA AVE STE 101 CORONA, CA 92881	Phone no. 951-737-1731		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:To increase sustainable homeownership and economic opportunity for the active-military and veteran communities.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,215,251. including grants of \$) (Revenue \$)The organization rehabilitated 55 homes and sold at a discounted purchase price to active duty military and veterans. In addition, the organization paid the escrow fees and other expenses during the rehabilitation period.**4b** (Code:) (Expenses \$ 561,756. including grants of \$ 561,756.) (Revenue \$)The organization rehabilitated seven residences and donated them mortgage free to a veteran.**4c** (Code:) (Expenses \$ 106,880. including grants of \$) (Revenue \$)Planned and sponsored a policy conference in Washington, D.C. and thereby provided information for active military and veterans about resources available to them to facilitate home ownership. The conference also provided awareness and training to real estate professionals about the VA home loan program.**4d** Other program services (Describe in Schedule O.)(Expenses \$ 547,197. including grants of \$ 13,773.) (Revenue \$)**4e** Total program service expenses 2,431,084.

Form 990 (2015)

Part IV Checklist of Required Schedules

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

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, 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?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in 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, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	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	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?		X
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?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing 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?		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2015)

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

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

☒**Section A. Governing Body and Management**

	1a	1b	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 in Schedule O.	8			
b Enter the number of voting members included in line 1a, above, who are independent		8		
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **The Organization - 951-870-0369**
462 CORONA MALL, No. 102, CORONA, CA 92879

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

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

532007 12-18-15

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	87,678.				
	c Fundraising events	1c	21,948.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,758,752.				
	g Noncash contributions included in lines 1a-1f: \$		4,450,701.				
	h Total. Add lines 1a-1f		4,868,378.				
	Program Service Revenue	2 a		Business Code			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)					
		4 Income from investment of tax-exempt bond proceeds					
	5 Royalties						
	6 a Gross rents	(i) Real (ii) Personal					
	b Less: rental expenses		6,143.				
	c Rental income or (loss)		4,088.				
	d Net rental income or (loss)		2,055.				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses		2,143,409.				
	c Gain or (loss)		2,248,560.				
	d Net gain or (loss)		-105,151.				
	8 a Gross income from fundraising events (not including \$ 21,948. of contributions reported on line 1c). See Part IV, line 18	a	361,925.				
	b Less: direct expenses	b	92,462.				
	c Net income or (loss) from fundraising events		269,463.			269,463.	
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			5,034,745.	-103,096.	0.	269,463.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,150.	5,150.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	570,379.	570,379.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	75,000.	37,500.	18,750.	18,750.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	93,637.	43,240.	30,151.	20,246.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,539.	6,961.	3,362.	4,216.
11 Fees for services (non-employees):				
a Management				
b Legal	200.		200.	
c Accounting	12,199.		12,199.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,289.	5,850.	439.	
12 Advertising and promotion	53,771.	450.		53,321.
13 Office expenses	15,773.		15,773.	
14 Information technology	36,455.	19,609.	1,599.	15,247.
15 Royalties				
16 Occupancy	23,582.	17,365.	6,217.	
17 Travel	92,347.	92,347.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	351,896.	347,481.	4,415.	
20 Interest	7,500.		7,500.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,350.	11,126.	4,224.	
23 Insurance	4,766.	1,619.	2,365.	782.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOME RECONSTRUCTION COS	927,896.	910,932.	16,964.	
b ESCROW COSTS-HOMES SOLD	327,181.	327,181.		
c PRINTING	27,069.	19,139.	4,502.	3,428.
d CONTRACT LABOR	11,321.	8,835.	1,086.	1,400.
e All other expenses	21,775.	5,920.	12,652.	3,203.
25 Total functional expenses. Add lines 1 through 24e	2,694,075.	2,431,084.	142,398.	120,593.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	145,873.	1	511,947.
	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 current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 193,968.		
	b Less: accumulated depreciation	10b 12,091.	10c 84,095.	181,877.
	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	14,498.	14	4,240.
	15 Other assets. See Part IV, line 11	3,850,444.	15	6,184,520.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,094,910.	16	6,882,584.	
Liabilities	17 Accounts payable and accrued expenses	2,569.	17	18,699.
	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	29,000.	22	30,000.
	23 Secured mortgages and notes payable to unrelated third parties	125,752.	23	642,958.
	24 Unsecured notes and loans payable to unrelated third parties	124,082.	24	36,750.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	281,403.	26	728,407.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	92,257.	27	-30,342.
	28 Temporarily restricted net assets	3,721,250.	28	6,184,519.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,813,507.	33	6,154,177.
34 Total liabilities and net assets/fund balances	4,094,910.	34	6,882,584.	

Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,034,745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,694,075.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,340,670.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,813,507.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,154,177.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2015)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			220,856.	5113516.	4868378.	10202750.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513			97,000.	25.	383,873.	480,898.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			317,856.	5113541.	5252251.	10683648.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						10683648.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6			317,856.	5113541.	5252251.	10683648.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2.				2.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2.				2.
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.)		2.	317,856.	5113541.	5252251.	10683650.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.00	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a ☐ 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.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

- 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

USA HOMEOWNERSHIP FOUNDATION, INC.

45-2458485

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization	Employer identification number
USA HOMEOWNERSHIP FOUNDATION, INC.	45-2458485

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANK OF AMERICA 2505 CHANDLER BLVD CHANDLER, AZ 85224	\$ 3,937,029.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2	JP MORGAN CHASE BANK 7301 BAYMEADOWS WAY JACKSONVILLE, FL 32256	\$ 100,650.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3	DEUTSCHE BANK NATIONAL TRUST 8480 STAGECOACH CIRCLE FREDERICK, MD 21701	\$ 90,965.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4	FREDDIE MAC P O BOX 4180 RESTON, VA 20190	\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	WELLS FARGO BANK 3877 BEDFORD CANYON RD CORONA, CA 92881	\$ 113,396.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	BANK OF AMERICA 400 NATIONAL WAY SIMI VALLEY, CA 93065	\$ 45,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
USA HOMEOWNERSHIP FOUNDATION, INC.	45-2458485

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BANK OF NEW YORK MELLON 8480 STAGECOACH CIRCLE FREDERICK, MD 21701	\$ 134,500.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8	NEVADA HOUSING DIVISION 1535 OLD HOT SPRINGS RD CARSON CITY, NV 89706	\$ 14,823.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9	CHASE BANK 7301 BAYMEADOWS WAY FREDERICK, MD 21701	\$ 85,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	US BANK 4500 BEVERLY BLVD LOS ANGELES, CA 90004	\$ 17,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	CITIBANK 408 N MAIN ST CORONA, CA 92880	\$ 40,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	WELLS FARGO BANK 3877 BEDFORD CANYON RD CORONA, CA 92881	\$ 172,734.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

USA HOMEOWNERSHIP FOUNDATION, INC.

45-2458485

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	UNION BANK 1431 RIMPAU CORONA, CA 92881	\$ 35,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	PRIME LENDING 500 N BRAND AVE GLENDALE, CA 91203	\$ 14,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15	COMPASS PEST CONTROL 5925 RICKENBACKER RIVERSIDE, CA 92504	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16	ASIAN REAL ESTATE ASSN 5963 LA PLACE CT CARLSBAD, CA 92008	\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
USA HOMEOWNERSHIP FOUNDATION, INC.	45-2458485

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	VARIOUS RESIDENTIAL REAL PROPERTIES	\$ 3,937,029.	12/31/15
2	VARIOUS RESIDENTIAL REAL PROPERTIES	\$ 100,650.	06/30/15
3	RESIDENCE LOCATED AT 513 Norfolk St., Dunedin, Fl	\$ 90,965.	05/01/15
7	VARIOUS RESIDENTIAL REAL PROPERTIES	\$ 134,500.	06/30/15
8	RESIDENCE LOCATED AT 485 MARGRAVE, RENO NV	\$ 14,823.	09/21/15
12	VARIOUS RESIDENTIAL PROPERTIES	\$ 172,734.	06/30/15

Name of organization

Employer identification number

USA HOMEOWNERSHIP FOUNDATION, INC.**45-2458485**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

USA HOMEOWNERSHIP FOUNDATION, INC.

Employer identification number

45-2458485

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$
(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$
b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	32,850.			32,850.
b Buildings	139,922.		3,822.	136,100.
c Leasehold improvements				
d Equipment		2,479.	868.	1,611.
e Other		18,717.	7,401.	11,316.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				181,877.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DONATED HOMES	6,184,520.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

6,184,520.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

USA HOMEOWNERSHIP FOUNDATION, INC.

Employer identification number	
--------------------------------	--

45-2458485

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CHAPTER FUNDRAISERS (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	383,873.		383,873.
	2	Less: Contributions	21,948.		21,948.
	3	Gross income (line 1 minus line 2)	361,925.		361,925.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	82,552.		82,552.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	9,910.		9,910.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			92,462.
	11	Net income summary. Subtract line 10 from line 3, column (d)			269,463.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

USA HOMEOWNERSHIP FOUNDATION, INC.

Employer identification number
45-2458485

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNIGHTS OF COLUMBUS 2279 EAGLE GLEN PARKWAY, #112 CORONA, CA 92883			4,000.	0.			AMERICAN CANCER SOCIETY GOLF SPONSORSHIP
WOMENS MEMORIAL FOUNDATION DEPARTMENT 560 WASHINGTON, DC 20042			1,000.	0.			DONATION
PRINCE GEORGES COMMUNITY COLLEGE 301 LARGO RD LARGO, MD 20774			150.	0.			DONATION

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Mortgage free property donation.	7	0.	561,756.	Appraisal	Residences for veterans to own and occupy.
Clothing, rent and utilities.	12	6,473.	2,150.	Book value	Rental assistance, moving assistance and utility assistance for veterans.

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

The organization provides mortgage free or discounted residential properties to active military, veteran, or surviving spouse. Applicants are required to show proof of military service and proof of income. Applicants are awarded assistance on the basis of need and availability of properties.

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

USA HOMEOWNERSHIP FOUNDATION, INC.

Employer identification number

45-2458485

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
---------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ALVIN TONEY	DIRECTOR	TO FUND	X		30,000.	30,000.		X	X		X	
Total						\$ 30,000.						

Total	\$ 30,000.
--------------	-------------------

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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

[illegible]

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

(c) Purpose of Loan: TO FUND REAL PROPERTY REHABILITATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

USA HOMEOWNERSHIP FOUNDATION, INC.

Employer identification number

45-2458485

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	100	4,450,701	APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

19

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) (2015)

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

Schedule M, Line 32b:

The organization uses established escrow companies to transfer title to all real properties.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

USA HOMEOWNERSHIP FOUNDATION, INC.

Employer identification number

45-2458485

Form 990, Part I, Doing Business As:

VETERANS ASSOCIATION OF REAL ESTATE

PROFESSIONALS

Form 990, Part I, Line 1, Description of Organization Mission:

opportunity for the active-military and veteran communities.

Form 990, Part III, Line 4d, Other Program Services:

Provided information to veterans and active duty military about home ownership opportunities and the VA loan program. Provided financial and homeownership mentoring and counseling to veterans. Provided information and education to real estate professionals about VA loans and home ownership opportunities.

Expenses \$ 547,197. including grants of \$ 13,773. Revenue \$ 0.

Form 990, Part VI, Section B, line 11:

The Form 990 is presented to the Board of Directors for review prior to filing.

Form 990, Part VI, Section C, Line 19:

Information is available upon request.

2015 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL

RENT 1

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
101	Buildings MOBILE HOME-8601 N 103RD, PEORIA, AZ	11/11/14	SL	27.50	MM17		70,172.				70,172.	319.		2,552.	2,871.
110	RESIDENCE 7810 CHERVIL LN	08/01/15	SL	27.50	MM19H		69,750.				69,750.			951.	951.
	* 990 Rental Total Buildings						139,922.				139,922.	319.		3,503.	3,822.
102	Land LAND-8601 N 103RD, PEORIA, AZ	11/11/14	L				9,600.				9,600.			0.	
111	LAND-7810 CHERVIL LN	08/01/15	L				23,250.				23,250.			0.	
	* 990 Rental Total Land						32,850.				32,850.	0.		0.	0.
	* Grand Total 990 Rental Depr & Amort						172,772.				172,772.	319.		3,503.	3,822.
	Current Activity														
	Beginning balance						79,772.			0.	79,772.	319.			
	Acquisitions						93,000.			0.	93,000.	0.			
	Dispositions						0.			0.	0.	0.			
	Ending balance						172,772.			0.	172,772.	319.			

528111
04-01-15

(D) - Asset disposed

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

2015 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Furniture & Fixtures COMPUTER EQUIPMENT-TIGER DIRECT	07/26/13	SL	3.00		16	710.				710.	336.		237.	573.
2	APPLE COMPUTER	09/30/13	SL	3.00		16	2,573.				2,573.	1,072.		858.	1,930.
3	OFFICE FURNITURE	08/20/12	SL	5.00		16	1,306.				1,306.	783.		261.	1,044.
4	OFFICE FURNITURE	09/01/12	SL	5.00		16	851.				851.	510.		170.	680.
7	MAC COMPUTER	04/14/14	200DB	5.00	HY17	17	2,379.				2,379.	476.		761.	1,237.
103	LAPTOP	01/26/15	200DB	3.00	MQ19A	19A	499.				499.			291.	291.
104	COMPUTER EQUIPMENT	04/29/15	200DB	3.00	MQ19A	19A	826.				826.			344.	344.
105	COMPUTER-BEST BUY	06/25/15	200DB	3.00	MQ19A	19A	1,515.				1,515.			631.	631.
106	APPLE COMPUTER	11/02/15	200DB	3.00	MQ19A	19A	1,082.				1,082.			90.	90.
107	3 COMPUTERS	11/10/15	200DB	3.00	MQ19A	19A	2,140.				2,140.			178.	178.
108	2 COMPUTERS-MICROSOFT * 990 Page 10 Total Furniture & Fixtures Machinery & Equipment	11/23/15	200DB	3.00	MQ19A	19A	4,836.				4,836.			403.	403.
							18,717.				18,717.	3,177.		4,224.	7,401.
109	CAMERA HARDWARE * 990 Page 10 Total Machinery & Equipment Program Services	03/23/15	200DB	5.00	MQ19B	19B	2,479.				2,479.			868.	868.
							2,479.				2,479.	0.		868.	868.
5	WEBSITE DESIGN COSTS	08/15/12	167(F)	36M	HY43	43	12,773.				12,773.	9,935.		2,484.	12,419.

528111
04-01-15

(D) - Asset disposed

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

2015 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	WEBSITE DESIGN COSTS	07/01/13	167(F	36M	HY43		23,321.				23,321.	11,661.		7,774.	19,435.
	* 990 Page 10 Total Program Services						36,094.				36,094.	21,596.		10,258.	31,854.
	* Grand Total 990 Page 10 Depr & Amort						57,290.				57,290.	24,773.		15,350.	40,123.
	Current Activity														
	Beginning balance						43,913.			0.	43,913.	24,773.			
	Acquisitions						13,377.			0.	13,377.	0.			
	Dispositions						0.			0.	0.	0.			
	Ending balance						57,290.			0.	57,290.	24,773.			

528111
04-01-15

(D) - Asset disposed

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

USA HOMEOWNERSHIP FOUNDATION, INC.

Form 990 Page 10

45-2458485

Part I

Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II

Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,526.

Part III

MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	761.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		10,898.	3 Yrs.	MQ	200DB	1,937.
b 5-year property		2,479.	5 Yrs.	MQ	200DB	868.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5,092.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No		24b If "Yes," is the evidence written? ☐ Yes ☐ No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis
		(e) Basis for depreciation (business/investment use only)	(f) Recovery period
		(g) Method/ Convention	(h) Depreciation deduction
		(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use			25
26 Property used more than 50% in a qualified business use:			
		%	
		%	
		%	
27 Property used 50% or less in a qualified business use:			
		%	S/L -
		%	S/L -
		%	S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1			29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year:					
43 Amortization of costs that began before your 2015 tax year					43
					10,258.
44 Total. Add amounts in column (f). See the instructions for where to report					44
					10,258.

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property) **RENT** **1**

OMB No. 1545-0172

2015Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

USA HOMEOWNERSHIP FOUNDATION, INC.**RESIDENTIAL RENTAL****45-2458485****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	2,552.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	08 / 15	69,750.	27.5 yrs.	MM	S/L	951.
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,503.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2015 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2015 tax year**43****44** **Total.** Add amounts in column (f). See the instructions for where to report**44**

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Electronic filing (e-file)**. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	USA HOMEOWNERSHIP FOUNDATION, INC.	Employer identification number (EIN) or
		45-2458485
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	462 CORONA MALL, No. 102	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CORONA, CA 92879	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The Organization

- The books are in the care of ► **462 CORONA MALL, No. 102 - CORONA, CA 92879**
Telephone No. ► **951-870-0369** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ **X** calendar year **2015** or
- ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - USA HOMEOWNERSHIP FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Buildings											
101	MOBILE HOME-8601 N 103RD, PEORIA, AZ	1111114SL		27.50	17	70,172.			70,172.	319.		2,552.
	RESIDENCE 7810											
110	CHERVIL LN	080115SL		27.50	19H	69,750.			69,750.			951.
	* 990 Rental Total											
	Buildings					139,922.			139,922.	319.		3,503.
	Land											
	LAND-8601 N 103RD, PEORIA, AZ	1111114L				9,600.			9,600.			0.
102	LAND-7810 CHERVIL LN	080115L				23,250.			23,250.			0.
	* 990 Rental Total					32,850.			32,850.	0.		0.
	Land											
	* Grand Total 990 Rental Depr & Amort					172,772.			172,772.	319.		3,503.
	Furniture & Fixtures											
	COMPUTER											
1	EQUIPMENT-TIGER DIR	072613SL		3.00	16	710.			710.	336.		237.
2	APPLE COMPUTER	093013SL		3.00	16	2,573.			2,573.	1,072.		858.
3	OFFICE FURNITURE	082012SL		5.00	16	1,306.			1,306.	783.		261.
4	OFFICE FURNITURE	090112SL		5.00	16	851.			851.	510.		170.
7	MAC COMPUTER	041414200DB		5.00	17	2,379.			2,379.	476.		761.
103	LAPTOP	012615200DB		3.00	19A	499.			499.			291.
104	COMPUTER EQUIPMENT	042915200DB		3.00	19A	826.			826.			344.
105	COMPUTER-BEST BUY	062515200DB		3.00	19A	1,515.			1,515.			631.

(D) - Asset disposed

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

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - USA HOMEOWNERSHIP FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
106	APPLE COMPUTER	110215	200DB3	00	19A	1,082.			1,082.			90.
1073	COMPUTERS	111015	200DB3	00	19A	2,140.			2,140.			178.
108	COMPUTERS-MICROSOFT	112315	200DB3	00	19A	4,836.			4,836.			403.
	* 990 Page 10 Total Furniture & Fixtur Machinery & Equipment					18,717.			18,717.	3,177.		4,224.
109	CAMERA HARDWARE	032315	200DB5	00	19B	2,479.			2,479.			868.
	* 990 Page 10 Total Machinery & Equipm					2,479.			2,479.	0.		868.
	Program Services WEBSITE DESIGN											
5	COSTS	081512	167(F)	36M	43	12,773.			12,773.	9,935.		2,484.
6	COSTS	070113	167(F)	36M	43	23,321.			23,321.	11,661.		7,774.
	* 990 Page 10 Total Program Services					36,094.			36,094.	21,596.		10,258.
	* Grand Total 990 Page 10 Depr & Amor					57,290.			57,290.	24,773.		15,350.
	Current Year Activity											
	Beginning balance					123,685.		0.	123,685.	25,092.		
	Acquisitions					106,377.		0.	106,377.	0.		
	Dispositions					0.		0.	0.	0.		
	Ending balance					230,062.		0.	230,062.	25,092.		

- NEXT YEAR FEDERAL - USA HOMEOWNERSHIP FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	Buildings								
101	MOBILE HOME-8601 N 103RD, PEORIA, AZ	111114SL		27.50	70,172.		70,172.	2,871.	2,552.
110	RESIDENCE 7810 CHERVIL LN	080115SL		27.50	69,750.		69,750.	951.	2,536.
	* 990 Rental Total Buildings				139,922.		139,922.	3,822.	5,088.
	Land								
102	LAND-8601 N 103RD, PEORIA, AZ	111114L			9,600.		9,600.		0.
111	LAND-7810 CHERVIL LN	080115L			23,250.		23,250.		0.
	* 990 Rental Total Land				32,850.		32,850.	0.	0.
	* Grand Total 990 Rental Depr & Amort				172,772.		172,772.	3,822.	5,088.
	Furniture & Fixtures								
1	COMPUTER EQUIPMENT-TIGER DIRECT	072613SL		3.00	710.		710.	573.	137.
2	APPLE COMPUTER	093013SL		3.00	2,573.		2,573.	1,930.	643.
3	OFFICE FURNITURE	082012SL		5.00	1,306.		1,306.	1,044.	261.
4	OFFICE FURNITURE	090112SL		5.00	851.		851.	680.	170.
7	MAC COMPUTER	041414200DB		5.00	2,379.		2,379.	1,237.	457.
103	LAPTOP	012615200DB		3.00	499.		499.	291.	139.
104	COMPUTER EQUIPMENT	042915200DB		3.00	826.		826.	344.	321.
105	COMPUTER-BEST BUY	062515200DB		3.00	1,515.		1,515.	631.	589.
106	APPLE COMPUTER	110215200DB		3.00	1,082.		1,082.	90.	661.
1073	COMPUTERS	111015200DB		3.00	2,140.		2,140.	178.	1,308.
1082	COMPUTERS-MICROSOFT	112315200DB		3.00	4,836.		4,836.	403.	2,955.
	* 990 Page 10 Total Furniture & Fixtures				18,717.		18,717.	7,401.	7,641.
	Machinery & Equipment								
109	CAMERA HARDWARE	032315200DB		5.00	2,479.		2,479.	868.	645.
	* 990 Page 10 Total Machinery & Equipment				2,479.		2,479.	868.	645.
	Program Services								
5	WEBSITE DESIGN COSTS	081512167(F36M			12,773.		12,773.	12,419.	354.
6	WEBSITE DESIGN COSTS	070113167(F36M			23,321.		23,321.	19,435.	3,886.
	* 990 Page 10 Total Program Services				36,094.		36,094.	31,854.	4,240.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

2015

California Exempt Organization Annual Information Return

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

California corporation number

USA HOMEOWNERSHIP FOUNDATION, INC.

3381033

Additional information. See instructions.

FEIN

45-2458485

Street address (suite or room)

462 CORONA MALL, NO. 102

PMB no.

City

CORONA

State

CA

ZIP code

92879

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First Return ☐ Yes ☒ No
- B** Amended Return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final Information Return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) ☐
- E** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other
- F** Federal return filed? (1) ☐ 990T (2) ☐ 990-PF (3) ☐ Sch H (990) (4) ☒ Other 990 series
- G** Is this a group filing? See instructions ☐ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name?
- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No

- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources \$
- L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. ☐
- M** Is the organization a Limited Liability Company? ☐ Yes ☒ No
- N** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- P** Is a federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,511,477.00
	2	Gross dues and assessments from members and affiliates	2	87,678.00
	3	Gross contributions, gifts, grants, and similar amounts received	3	4,780,700.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	7,379,855.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	2,248,560.00
	7	Total costs. Add line 5 and line 6	7	2,248,560.00
	8	Total gross income. Subtract line 7 from line 4	8	5,131,295.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,790,378.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,340,917.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	Title PRESIDENT	Date	Telephone
	Preparer's signature	Date 06/27/16	Check if self-employed ☐	PTIN P00164480
	Firm's name (or yours, if self-employed) and address	20-5905838		FEIN
		951-737-1731		Telephone
May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

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

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	361,925.00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	6,143.00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	2,143,409.00
	7	Other income	•	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,511,477.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	575,528.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	75,000.00
	12	Other salaries and wages	•	12	93,637.00
	13	Interest	•	13	7,500.00
	14	Taxes	•	14	14,539.00
	15	Rents	•	15	23,582.00
	16	Depreciation and depletion (See instructions)	•	16	18,607.00
	17	Other Expenses and Disbursements	•	17	1,981,985.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,790,378.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		145,873.		511,947.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	77,991.		161,118.	
b Less accumulated depreciation	(3,496.)	74,495.	(12,091.)	149,027.
11 Land		9,600.		32,850.
12 Other assets	STMT 7	3,864,942.		6,188,760.
13 Total assets		4,094,910.		6,882,584.
Liabilities and net worth				
14 Accounts payable		2,569.		18,699.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable	STMT 8	29,000.		30,000.
17 Mortgages payable		125,752.		642,958.
18 Other liabilities	STMT 9	124,082.		36,750.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,813,507.		6,154,177.
22 Total liabilities and net worth		4,094,910.		6,882,584.

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

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

1 Net income per books	• 2,340,671.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	•
4 Income not recorded on books this year	•	10 Net income per return.	•
5 Expenses recorded on books this year not deducted in this return	STMT 10 • 246.	Subtract line 9 from line 6	•
6 Total. Add line 1 through line 5	2,340,917.		2,340,917.

Form 199	Cash Contributions Included on Part I, Line 3	Statement	1
----------	--	-----------	---

<u>Contributor's Name</u>	<u>Contributor's Address</u>	<u>Date of Gift</u>	<u>Amount</u>
FREDDIE MAC	P O BOX 4180 RESTON, VA 20190	09/14/15	15,000.
WELLS FARGO BANK	3877 BEDFORD CANYON RD CORONA, CA 92881	09/21/15	113,396.
BANK OF AMERICA	400 NATIONAL WAY SIMI VALLEY, CA 93065	06/15/15	45,500.
CHASE BANK	7301 BAYMEADOWS WAY FREDERICK, MD 21701	06/02/15	85,500.
US BANK	4500 BEVERLY BLVD LOS ANGELES, CA 90004	08/31/15	17,500.
CITIBANK	408 N MAIN ST CORONA, CA 92880	01/22/15	40,000.
UNION BANK	1431 RIMPAU CORONA, CA 92881	05/29/15	35,000.
PRIME LENDING	500 N BRAND AVE GLENDALE, CA 91203	04/13/15	14,500.
COMPASS PEST CONTROL	5925 RICKENBACKER RIVERSIDE, CA 92504	05/29/15	5,000.
ASIAN REAL ESTATE ASSN	5963 LA PLACE CT CARLSBAD, CA 92008	12/23/15	15,000.
Total Included on Line 3			<u>386,396.</u>

Form 199	NonCash Contributions Included on Part I, Line 3	Statement	2
----------	---	-----------	---

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
BANK OF AMERICA	2505 CHANDLER BLVD CHANDLER, AZ 85224		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
VARIOUS RESIDENTIAL REAL PROPERTIES	12/31/15	3,937,029.	3,937,029.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
JP MORGAN CHASE BANK	7301 BAYMEADOWS WAY JACKSONVILLE, FL 32256		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
VARIOUS RESIDENTIAL REAL PROPERTIES	06/30/15	100,650.	100,650.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
DEUTSCHE BANK NATIONAL TRUST	8480 STAGECOACH CIRCLE FREDERICK, MD 21701		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
RESIDENCE LOCATED AT 513 Norfolk St., Dunedin, Fl	05/01/15	90,965.	90,965.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
BANK OF NEW YORK MELLON	8480 STAGECOACH CIRCLE FREDERICK, MD 21701		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
VARIOUS RESIDENTIAL REAL PROPERTIES	06/30/15	134,500.	134,500.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
NEVADA HOUSING DIVISION	1535 OLD HOT SPRINGS RD CARSON CITY, NV 89706		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
RESIDENCE LOCATED AT 485 MARGRAVE, RENO NV	09/21/15	14,823.	14,823.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
WELLS FARGO BANK	3877 BEDFORD CANYON RD CORONA, CA 92881		
<u>Property Description</u>	<u>Date of Gift</u>	<u>Total Amount</u>	<u>FMV of Gift</u>
VARIOUS RESIDENTIAL PROPERTIES	06/30/15	172,734.	172,734.
Total Included on Line 3			<u><u>4,450,701.</u></u>

Form 199	Gross Amount From Sale of Assets	Statement	3
----------	----------------------------------	-----------	---

Description	Date Acquired	Date Sold	Method Acquired	
			PURCHASED	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	2,248,560.	0.	0.	2,143,409.
Total to Form 199, Page 2, ln 6	2,248,560.	0.	0.	2,143,409.

Form 199 Noncash Contributions, Gifts, Grants and Similar Amounts Paid Statement 4

Activity Classification: MORTGAGE FREE RESIDENCE DONATION

Name of Donee	Address of Donee	Relationship	Amount
MAKEA BARTON	40 GARLAND ST - DANVILLE, VA 24541	NONE	42,942.

Date of Gift	Book Value of Gift	Property Description	Method Used to Determine Book Value
06/04/15	42,942.	RESIDENCE-40 GARLAND,DANVILLE, VA	APPRAISAL AND COST TO REHAB

Name of Donee	Address of Donee	Relationship	Amount
JUSTIN MCFAUL	208 FAIRDALE AVE - GREEN BAY, WI 54303	NONE	91,844.

Date of Gift	Book Value of Gift	Property Description	Method Used to Determine Book Value
09/21/15	91,844.	RESIDENCE-208 FAIRDALE AVE.GREEN BAY,WI	APPRAISAL AND COST TO REHAB

Name of Donee	Address of Donee	Relationship	Amount
KYLE DELP	725 MADISON AVE - WOOD RIVER, IL 62095	NONE	68,933.

Date of Gift	Book Value of Gift	Property Description	Method Used to Determine Book Value
11/13/15	68,933.	RESIDENCE-725 MADISON,WOOD RIVER,IL	APPRAISAL AND COST TO REHAB

<u>Name of Donee</u>	<u>Address of Donee</u>	<u>Relationship</u>	<u>Amount</u>
MICHAEL DUNLAP	1094 LOCH HAVEN DR - DUNEDIN, FL 34698	NONE	64,982.

<u>Date of Gift</u>	<u>Book Value of Gift</u>	<u>Property Description</u>	<u>Method Used to Determine Book Value</u>
02/13/15	64,982.	RESIDENCE-1094 LOCH HAVE,DUNEDIN, FL	APPRAISAL AND COST TO REHAB

<u>Name of Donee</u>	<u>Address of Donee</u>	<u>Relationship</u>	<u>Amount</u>
IGNATIUS FLEMISTER	1129 KING ARTHUR DR - MACON, GA 31220	NONE	73,097.

<u>Date of Gift</u>	<u>Book Value of Gift</u>	<u>Property Description</u>	<u>Method Used to Determine Book Value</u>
08/20/15	73,097.	RESIDENCE-1129 KING ARTHUR, MACON GA	APPRAISAL AND COST TO REHAB

<u>Name of Donee</u>	<u>Address of Donee</u>	<u>Relationship</u>	<u>Amount</u>
BARBARA WILSON	1608 BECKER DR - KILEEN, TX 76543	NONE	114,319.

<u>Date of Gift</u>	<u>Book Value of Gift</u>	<u>Property Description</u>	<u>Method Used to Determine Book Value</u>
12/23/15	114,319.	RESIDENCE- 1608 BECKER DR,KILEEN TX	APPRAISAL AND COST TO REHAB

<u>Name of Donee</u>	<u>Address of Donee</u>	<u>Relationship</u>	<u>Amount</u>
DEREK HENDERSHOT	21113 76TH ST - CALIFORNIA CITY, CA 93505	NONE	102,986.

<u>Date of Gift</u>	<u>Book Value of Gift</u>	<u>Property Description</u>	<u>Method Used to Determine Book Value</u>
10/12/15	102,986.	RESIDENCE-21113 76 ST,CALIFORNIA CITY,CA	APPRAISAL AND COST TO REHAB

Total for this Activity	559,103.
-------------------------	----------

Activity Classification: CASH DONATIONS

<u>Name of Donee</u>	<u>Address of Donee</u>	<u>Relationship</u>	<u>Amount</u>
KNIGHTS OF COLUMBUS	2279 EAGLE GLEN PARKWAY - CORONA, CA 92883	NONE	4,000.

<u>Date of Gift</u>	<u>Book Value of Gift</u>	<u>Property Description</u>	<u>Method Used to Determine Book Value</u>
04/06/15	4,000.	CASH	

<u>Name of Donee</u>	<u>Address of Donee</u>	<u>Relationship</u>	<u>Amount</u>
WOMENS MEMORIAL FOUNDATION	DEPARTMENT 560 - WASHINGTON , DC 20042	NONE	1,000.

<u>Date of Gift</u>	<u>Book Value of Gift</u>	<u>Property Description</u>	<u>Method Used to Determine Book Value</u>
06/05/15	1,000.	CASH	

<u>Name of Donee</u>	<u>Address of Donee</u>	<u>Relationship</u>	<u>Amount</u>
PRINCE GEORGES COMMUNITY COLLEGE	301 LARGO RD - LARGO, MD 20774	NONE	150.

<u>Date of Gift</u>	<u>Book Value of Gift</u>	<u>Property Description</u>	<u>Method Used to Determine Book Value</u>
11/27/15	150.	CASH	

Total for this Activity 5,150.

Activity Classification: FURNITURE, HOUSING SUPPLIES, RENTAL ASSISTANCE

<u>Name of Donee</u>	<u>Address of Donee</u>	<u>Relationship</u>	<u>Amount</u>
VARIOUS INDIVIDUALS	462 CORONA MALL - CORONA, CA 92879	NONE	11,275.

<u>Date of Gift</u>	<u>Book Value of Gift</u>	<u>Property Description</u>	<u>Method Used to Determine Book Value</u>
12/31/15	11,275.	CLOTHING, FURNITURE, R NTAL ASSISTANCE	COST

Total for this Activity 11,275.

Total included on Form 199, Part II, line 9

575,528.

Form 199	Compensation of Officers, Directors and Trustees	Statement	5
----------	--	-----------	---

Name and Address	Title and Average Hrs Worked/Wk	Compensation
SON NGUYEN 462 CORONA MALL, No. 102 CORONA, CA 92879	PRESIDENT 40.00	75,000.
DUSTIN LUCE 462 CORONA MALL, No. 102 CORONA, CA 92879	SECRETARY 1.00	0.
JESSICA MOREL 462 CORONA MALL, No. 102 CORONA, CA 92879	DIRECTOR 1.00	0.
THOMAS GRIFFIN 462 CORONA MALL, No. 102 CORONA, CA 92879	DIRECTOR 1.00	0.
YEIMALIS ACEVEDO-RASMUSSEN 462 CORONA MALL, No. 102 CORONA, CA 92879	DIRECTOR 1.00	0.
JORDON VOSS 462 CORONA MALL, No. 102 CORONA, CA 92879	DIRECTOR 1.00	0.
ALVIN TONEY 462 CORONA MALL, No. 102 CORONA, CA 92879	DIRECTOR 1.00	0.
BRYAN AHN 462 CORONA MALL, No. 102 CORONA, CA 92879	DIRECTOR 1.00	0.

Total to Form 199, Part II, line 11

75,000.

Form 199	Other Expenses	Statement	6
----------	----------------	-----------	---

Description	Amount
HOME RECONSTRUCTION COS	927,896.
ESCROW COSTS-HOMES SOLD	327,181.
PRINTING	27,069.
CONTRACT LABOR	11,321.
HOMEOWNER ASSN DUES	1,005.

BACKGROUND CHECKS	75.
UTILITIES	58.
PROPERTY TAXES	-553.
Direct expenses of fundraising events	92,462.
Legal fees	200.
Accounting fees	12,199.
Other professional fees	6,289.
Advertising and promotion	53,771.
Office expenses	15,773.
Information technology	36,455.
Travel	92,347.
Conferences and conventions	351,896.
Insurance	4,766.
All other expenses	21,775.
Total to Form 199, Part II, line 17	1,981,985.

Form 199	Other Assets	Statement	7
----------	--------------	-----------	---

Description	Beg. of Year	End of Year
Intangible Assets	14,498.	4,240.
DONATED HOMES	3,850,444.	6,184,520.
Total to Form 199, Schedule L, line 12	3,864,942.	6,188,760.

Form 199	Bonds and Notes Payable	Statement	8
----------	-------------------------	-----------	---

Description	Beg. of Year	End of Year
Payables to Officers, Directors, Trustees and Key Employees, Etc.	29,000.	30,000.
Total to Form 199, Schedule L, line 16	29,000.	30,000.

Form 199	Other Liabilities	Statement	9
----------	-------------------	-----------	---

Description	Beg. of Year	End of Year
Unsecured Notes and Loans Payable	124,082.	36,750.
Total to Form 199, Schedule L, line 18	124,082.	36,750.

Form 199	Expenses Recorded on Books this Year Not Deducted in this Return	Statement 10
----------	---	--------------

Description	Amount
Depreciation	246.
Total to Form 199, Schedule M-1, line 5	246.

2015

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 45-2458485

Corporation name

California corporation number

USA HOMEOWNERSHIP FOUNDATION, INC.

3381033

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT 11		193,968.	3,840.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					8,349.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	8,349.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	8,595.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	-246.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19 5 WEBSITE DESIGN COSTS	08/15/12	12,773.	9,935.	167(F)	36M	2,484.
6 WEBSITE DESIGN COSTS	07/01/13	23,321.	11,661.	167(F)	36M	7,774.
TOTALS		36,094.	21,596.			
20	Total. Add the amounts in column (g)					10,258.
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					10,258.
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					0.

CA 3885		Depreciation				Statement 11	
Asset No./ Description	Date in Service	Cost or Basis	Prior Depr	Method	Life	Depre- ciation	Bonus
1 COMPUTER EQUIPMENT-TIGER DIRECT	07/26/13	710.	336.	SL	3.00	237.	
2 APPLE COMPUTER	09/30/13	2,573.	1,072.	SL	3.00	858.	
3 OFFICE FURNITURE	08/20/12	1,306.	783.	SL	5.00	261.	
4 OFFICE FURNITURE	09/01/12	851.	510.	SL	5.00	170.	
7 MAC COMPUTER	04/14/14	2,379.	714.	200DB	5.00	666.	
101 MOBILE HOME-8601 N 103RD, PEORIA, AZ	11/11/14	70,172.	425.	SL	27.50	2,552.	
102 LAND-8601 N 103RD, PEORIA, AZ	11/11/14	9,600.		L		0.	
103 LAPTOP	01/26/15	499.		200DB	3.00	305.	
104 COMPUTER EQUIPMENT	04/29/15	826.		200DB	3.00	367.	
105 COMPUTER-BEST BUY	06/25/15	1,515.		200DB	3.00	505.	
106 APPLE COMPUTER	11/02/15	1,082.		200DB	3.00	120.	
107 3 COMPUTERS	11/10/15	2,140.		200DB	3.00	238.	
108 2 COMPUTERS-MICROSOFT	11/23/15	4,836.		200DB	3.00	269.	
109 CAMERA HARDWARE	03/23/15	2,479.		200DB	5.00	744.	
110 RESIDENCE 7810 CHERVIL LN	08/01/15	69,750.		SL	27.50	1,057.	
111 LAND-7810 CHERVIL LN	08/01/15	23,250.		L		0.	
Total Depr to Form 3885		193,968.	3,840.			8,349.	

TAXABLE YEAR

2015

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

Identifying number

USA HOMEOWNERSHIP FOUNDATION, INC.

45-2458485

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	7,379,855.00
2	Total gross income (Form 199, line 8)	2	5,131,295.00
3	Total expenses and disbursements (Form 199, line 9)	3	2,790,378.00

Part II Settle Your Account Electronically for Taxable Year 2015

4 ☐ Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

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

5 Routing number _____
 6 Account number _____ 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign
Here

Signature of officer

Date

PRESIDENT
Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's PTIN
	Firm's name (or yours if self-employed) and address	SUSAN GLENN & ASSOCIATES, CPAS, INC. 1897 CALIFORNIA AVE STE 101 CORONA, CA			FEIN 20-5905838
					ZIP code 92881

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

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed ☐	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	SUSAN GLENN & ASSOCIATES, CPAS, INC. 1897 CALIFORNIA AVE STE 101 CORONA, CA		
		FEIN 20-5905838 ZIP code 92881		

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

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

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

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

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

State Charity Registration Number: CT 0184996

USA HOMEOWNERSHIP FOUNDATION, INC.

Name of Organization

462 CORONA MALL, NO. 102

Address (Number and Street)

CORONA, CA 92879

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 3381033

Federal Employer I.D. No. 45-2458485

COPY

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015) list:
Gross annual revenue \$ 5,034,745. Total assets \$ 6,882,584.

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 951-870-0369

Organization's e-mail address _____

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

SON NGUYEN

Signature of authorized officer

Printed Name

PRESIDENT

Title

Date