1	7	/			
بني . او ا	r	٠		29493	5212606
	Forr	n 990	Return of Organization Exempt From Inc	ome Tax	омв № 1645-0047 2017
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	pt private foundations)	
		rimoni of the Treasury	 Do not enter social security numbers on this form as it may be n Go to www.irs.gov/Form990 for instructions and the latest inf 		
		el Revenus Service For the 2017 calend	ar year, or tax year beginning 07-01, 2017, and		6-30 ,2018
	В	Check if applicable:	C Name of organization Housing Options & Planning Enterprises I	nd.	D Employer Identification no.
	=	Address change Name change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	20-2526058 E Telephone number
	8	nular neum	6188 Oxon Hill Road	700	(301) 567-3330
	i i i i i i i i i i i i i i i i i i i	Final raturn/lerminaled	City or town, state or province, country, and ZIP or forsign postal code		G Gross receipts
		Amended return Application panding	Oxon Hill, MD 20745~0000 F Name and address of principal officer.	H(a) is this a group return	\$ 371,967 for subordiantes? Yas X No
			<u></u>	H(b) Are all subordinat	
			$601(0)(3) \qquad 601(0)() \blacktriangleleft (insert no.) \qquad 0 4947(0)(1) or \qquad 527 O$	If "No," attach H(c) Group examption	a ilsi. (see instructions)
			Corporation Trust Association Cother L Year of formation:		
	Ra				
		1 .	e the organization's mission or most significant activities: <u>To ensure acce</u> :hrough counseling, education, advocacy, & community r		capital for all
	Activities & Governance		inge of services designed to foster self-suffiency, we		
	ema	meets the	needs of the community we serve.		
	g	1	$x \blacktriangleright \Box$ if the organization discontinued its operations or disposed of more than 25% of ing members of the governing body (Part VI, line 1a)	of its net assets.	6
	<u>م</u>		ependent voting members of the governing body (Part VI, line 1b)		5
	<u>āvīt</u> ie	1	of Individuals employed in calendar year 2017 (Part V, line 2a)		4
	Act		of volunteers (estimate if necessary)	••••••••••••••••••••••••••••••••••••••	4
			business taxable income from Form 990-T, line 34	7ь	
				Prior Year	Current Year
	9	1	and grants (Part VIII, line 1h)	337,66 80,08	
	Revenue	1 V	ome (Part VIII, column (A), lines 3, 4, and 7d)		0
	Re	1	(Part VIII, column (A), lines 5, 6d, 8o, 9o, 10c, and 11c)	2,28	
	•		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	420,03	
		14 Benefits paid t	o or for members (Part IX, column (A), line 4)		0
	ទ		compensation, employee benefits (Part IX, column (A), lines 5-10) · · · · · · · · · · · · · · · · · · ·	246,85	<u>163,767</u>
	Expenses	1	ag expenses (Part IX, column (D), line 25)		
	ä	17 Other expense	s (Part IX, column (A), lines 11a-11d, 11(-24e)	161,75	
		18 Total expenses 19 Revenue less	Add lines 13-17 (must equal Part IX, dourn (AF tihe 26)	828,640	
		18 Revenue iess		Boginning of Current Year	End of Year
	sets o talanc	20 Total assets (P		168,57	
	Net Assets or Fund Balances	21 Total liabilities 22 Net assets or f	Part X, line 26)	<u>68,53</u> 100,042	
5	Rar			100,047	105,033
20	Linder	nerelites of nation I dering	e litat I have exaninged this return, including accompanying achadules and statements, and to the best of my k allon of properer (pither than officer) is based on of information of which properer has any knowledge.	nowledge and bellef, it is	
3 0 2019		h X (MAA KIL		
	Sign	September of	father Durchard (Scalara (à)	Date	
JUL	Here		MNA B. HARLEY (EO/EXecutul)	rector	4/12/19
6		Print/Type prepa	Prenames signature Deta	Check d	- Chille
Y	Paid		Brown Valuer Orown 04-11-2019	self-employed	PO1218803
Z			Berry Newton, CPA PLLC	Fim's EIN > 31-1	087031
SCANNED	use	Only Firm's address	Good Hope Rond, SE, WAShingtons DC 20005	Phone no 202-322-	3331
S		e IRS discuss this ret	urn with the preparer shown above? (see instructions)		Yes X No
		aperwork Reduction	Act Notice, see the separate instructions.		Form 990 (2017)
	EEA				0.0

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I. I

	990 (2017) Housing Options & Planning Enterprises Inc. 20-2526058 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	To ensure access to housing & capital for all persons through counseling, education,
	advocacy, & community revitalization. H.O.P.E offers a wide range of services designed to
	foster self-suffiency, wealth building, & housing that meets the needs of the community we
	serve.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	
	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
4	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
	the total expenses, and revenue, it any, for each program service reponed
_	
4a	(Code) (Expenses \$317,010 including grants of \$) (Revenue \$371,967)
	See Schedule 0, Item 05, General explanation attachment
ŀЬ	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
<u>×</u>	(Code) (Expenses \$ including grants of \$) (Revenue \$)
k	(Code) (Expenses \$ including grants of \$) (Revenue \$)
Ċ	(Code) (Expenses \$ including grants of \$) (Revenue \$)
c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
¢	(Code) (Expenses \$ including grants of \$) (Revenue \$)
2	(Code) (Expenses \$ including grants of \$) (Revenue \$)
-2-	(Code) (Expenses \$ including grants of \$) (Revenue \$)
<u>v</u>	(Code) (Expenses \$ including grants of \$) (Revenue \$)
k	(Code) (Expenses \$ including grants of \$) (Revenue \$)
łc	(Code) (Expenses \$ including grants of \$) (Revenue \$)
ý	(Code) (Expenses \$ including grants of \$) (Revenue \$)
<u>5</u>	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O)
łc	

	ABOL	P	Ô	
	990 (2017) Housing Options & Planning Enterprises Inc. 20-25260	58	F	Page
Par	t IV Checklist of Required Schedules		<u> </u>	<u> </u>
	1 + 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
2	complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		-	_
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	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		v	
_	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	l l	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
a	complete Schedule D, Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
Ň	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
l4a	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	446		v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		1
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I (see instructions)	17		х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G. Part III	19		Х

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20a	t IV Checklist of Required Schedules (continued)			
20a			Yes	N-
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Tes	No X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>		<u> </u>
64	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		_	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
14-		25		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		x
	through 24d and complete Schedule K If "No," go to line 25a	24a 24b		<u> </u>
D		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior]
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
7	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? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		х
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
,	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	00		
+	or IV, and Part V, line 1	34	Х	
-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
5a		358		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule R			
	Part VI	37		Х
8	Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			_[
			Yes	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2		
C	Did the organization comply with backup withholding rules for reportable payments to vondors and			_
	reportable gaming (gambling) winnings to prize winners?	1c		
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 2a	4		_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	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?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			Ι
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			
	account)?	4a		
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?	5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		t
č	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		t
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			┢
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			┢
b	gifts were not tax deductible?	6b		
7	-			┝
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		-
				┝
Ե	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		┝
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
y	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7y		ŀ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	L
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Γ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		T
-	Note. See the instructions for additional information the organization must report on Schedule O			F
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			l
~				l
С 14а		14a		-
14a -	Did the organization receive any payments for indoor tanning services during the tax year?	14481		Ĺ

Form	990 (2017) Housing Options & Planning Enterprises Inc. 20-252	5058	F	- age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "No"		¥
L	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🛛
Sec	tion A. Governing Body and Management	•		
			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		.	
	committee, explain in Schedule O			
b	·	5		
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?			X
5	Did the organization bocomo awaro during the year of a significant divorsion of the organization's assets?	. 5	1	X
6	Did the organization have members or stockholders?	. 6	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			† <u></u>
74	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) mcmbcrs,			<u> </u>
U	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
U	• • •			
-	the year by the following The governing body?	. 8a	X	╎───┛
а ь	Each committee with authority to act on behalf of the governing body?		X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		x
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u>. 3</u>		
000	CON D. POICIES (This Section D requests information about policies not required by the internal revenue code y		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	. 104		<u> ^ </u>
Ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a		x
11a				
b 420	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	. 12a	X	J
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
C	describe in Schedule O how this was done	. 12c	x	
40			X	
13			X	
14		· 14		
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?	. 15a	x	لمحمد
a	The organization's CEO, Executive Director, or top management official			x
b		. 150		
40	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	40-	·	x
	with a taxable entity during the year?	. <u>16a</u>		
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			4
	organization's exempt status with respect to such arrangements?	. 16b		1
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Maryland			
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 Definition 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.			
	Donna Hurley (301)567-3330, 6188 Oxon Hill Road, Oxon Hill, MD 20745			
EEA		Form	1 990 (2017)

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Form 990 (20	17) Housing Options & Planning Enterprises Inc.	20-2526058	Page 7
Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	<u></u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization	this table for all persons required to be listed Report compensation for the calendar year ending with or w s tax year	within the	
 List all 	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless	of amount of	

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					han one		Reportable	Reportable	Estimated
Name and The	hours per	· ·		•		s both a r/trustee)		compensation	compensation from	amount of
	week (list any						'	from	related	other
	hours for	0 =			<u> </u>	0 7		the	organizations	compensation
	related organizations	d d	nstit	Unicer	ey	mpt		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ecto	utior	1	mp	oyee	, e	(44-2/1055-10130)		and related
	line)	or director	ha t		Key employee	E T				organizations
		stee	institutional trustee		°	bens				
			ě			Highest compensated employee				
(1) Jacqueline Godall	0.50									
President		х			.			c	0	0
	0.50	- 23	_						`	v
(2) Christopher Gross	<u>0</u> - <u>5</u> 0-	v							o	•
Treasurer		X		<u> </u>	-			U		0
(3) Joseph Harrell	0.50									
Secretary		X						0	0	0
(4) Rico Konohia	0.50									
Member		Х						0	0	0
(5) Zeno St. Cyr	0.50									
Member		X						o	0	0
(6) Donna Hurley										
Executive Director						x		75,000	0	0
<u>(7)</u>										
YL										
(0)					\vdash					· · · · ··
(8)										
					 					
(9)										
(10)	L									
(11)										
12										
(12)										
(12)	-									
(40)				-						
(13)										
					\vdash					
(14)										
									<u>, </u>	

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	90 (2017) Housing Options &									20-25260	58	F	Page 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and			t Con	nper	Isated Employees	s (continued)	Γ		
	(A)	(B)			Pos	C) Ition			(D)	(E)		(F)	
	Name and title	Average	1 .				ian one		Reportable	Reportable	F	stimated	•
		hours per					both an trustee)		compensation	compensation from	_	mount o	
		week (list any		Г J	-	_	<u> </u>	1	from the	related organizations		other Ipensati	inn
		hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	nploy	ormer	organization	(W-2/1099-MISC)		from the	
		organizations	tor	onal		l l l	ee on		(W-2/1099-MISC)			janizatio id relate	
		below dotted line)	uslee	Inst		ee	Ipen					anizatio	
				8			Hignest compensated employee						
(4.5)								_					
(15)													
(16)													
(17)													
<u></u>													
<u>(18)</u>													
(19)													
(20)													
(21)	·						-						
(22)													
(23)													
(24)													
										*			
(25)													
1b	Sub-total			•••	• •	•••	•••	•					
С	Total from continuation sheets to Part VII, Sectio		• • •					►					
d	Total (add lines 1b and 1c)								75,000				0
2	Total number of individuals (including but not limited	to those list	ed abo	ve) v	who	rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization									00		Yes	No
3	Did the organization list any former officer, directo	r or trustee	kov or	nnlo		or	highes	et co	mensated			res	
3	employee on line 1a? If "Yes," complete Schedule						-				3		x
4	For any individual listed on line 1a, is the sum of rep										<u> </u>		
•	organization and related organizations greater than												
	Individual										4		X
5	Did any person listed on line 1a receive or accrue co												
	for services rendered to the organization? If "Yes,"	complete So	chedule	e J fo	or s	uch	persol	n .			5		X
Secti	on B. Independent Contractors						_						
1	Complete this table for your five highest compensate	d independer	nt contr	racto	ors ti	hat r	eceive	ed mo	ore than \$100,000	of			
	compensation from the organization Report compenyear	nsation for the	e calen	idar :	yea	reno	ding w	ith oi	r within the organiz	ation's tax			
	(A)								(B)			(C)	
	Name and business address								Description of s	services	Comp	ensatio	n
	· · · · · · · · · · · · · · · · · · ·		· · ·						-				
		· · · · · · · · · · · · · · · · · · ·					_						
											• •	•	
						_							

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

art \	/III Statement of Revenue					
	Check if Schedule O contains a response or n	ote to any line in th	s Part VIII	<u></u>		· · · · · · · · · · · · · · · · · · ·
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under sections 512-514
s	1a Federated campaigns 1a					
and Other Similar Amounts	b Membership dues					
Amo	c Fundraising events 1c					
lar /	d Related organizations					
imi	e Government grants (contributions) 1e	181,200				
er S	f All other contributions, gifts, grants,					
oth	and similar amounts not included above 1f	129,340]			
pu	g Noncash contributions included in lines 1a-1f. \$					
10	h Total. Add lines 1a-1f		310,540			
		Business Code				
	2a Miscellaneous Revenue	624100	500	500		
	b Class Sponsorship	621400	6,150	6,150		
	C Participant Fees	621400	51,673	51,673		
	d Preservation Workshop	624100	1,500	1,500		
	e Credit Report Fees	624100	614	614		
	f All other program service revenue					
	g Total. Add lines 2a-2f		60,437			
	3 Investment income (including dividends, interest,					
	and other similar amounts)					
	4 Income from investment of tax-exempt bond proce	eeds►				
	5 Royalties <u></u>	<u></u>				
	(I) Real	(II) Personal				
	6a Gross rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	<u> </u>				
	7a Gross amount from sales of (1) Secunties	(II) Other				
	assets other than inventory					
	b Less cost or other basis					
	and sales expenses					
	c Gain or (loss)	<u> </u>		······		
	d Net gain or (loss)	<u> </u>				
	8a Gross income from fundraising					
	events (not including \$					
	of contributions reported on line 1c)					
	See Part IV, line 18 a					
	b Less direct expenses b			-		
	c Net income or (loss) from fundraising events .	<u> </u>				<u> </u>
	9a Gross income from gaming activities					
	See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from garning activities	<u> ►</u>	· · · · · · · · · · · · · · · · · · ·			
	10a Gross sales of inventory, less					
	returns and allowances a	ļ				
	b Less cost of goods sold b	L				
	c Net income or (loss) from sales of inventory	<u> •</u>	ļļ.			
	Miscellaneous Revenue	Business Code		-		
	11a Miscellaneous Revenue	624110	990	990		
	b					L
	c		ļ			
	d All other revenue	l				ļ
	e Total. Add lines 11a-11d	•	990			ļ
	12 Total revenue. See instructions	•	371.967	61.427	(4

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Form 990 (2017)Housing Options & Planning Enterprises Inc.Part IXStatement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all d	columns All other orga	nizations must comple	te column (A)	
	Check if Schedule O contains a response or note to	any line in this Part IX		<u>.</u>	
Do r	ot include amounts reported on lines 6b, 7b,	(A)	(8)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				_
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign			1	
	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	67,500	7,500	
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	56,620	45,389	11,231	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9		14,806	13,325	1,481	
10	Payroll taxes	17,341	15,607	1,734	
11	Fees for services (non-employees)				
a					
b	Legal				
C L		22,983	20,685	2,298	
a	Lobbying				
e f	Professional fundraising services See Part IV, line 17 . Investment management fees			-	
g	Other (If line 11g amount exceeds 10% of line 25, column				· · · · ·
y	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,269	2,042	227	
13	Office expenses	5,721	5,149	572	
14		4,754	4,279	475	
15	Royalties				
16		33,661	30,295	3,366	
17	Travel	7,792	7,013	779	
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,489	7,489		
20	Interest	9,447		9,447	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,856		7,856	
23	Insurance	1,571	1,413	158	
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)				
а	Credit Reports	2,040	2,040		
b	Equipment Rental/Maintenance	4,933	4,440	493	
С	Telecommunications	4,660	4,194	466	
d	Outside Contract Services	82,740	82,740		-
е	All other expenses	4,427	3,410	1,017	
25	Total functional expenses. Add lines 1 through 24e .	366,110	317,010	49,100	C
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)				

Form 990 (2017)

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
		·	Beginning of year		End of year
	1	Cash - non-interest-bearing	21,901	1	16,146
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	43,897
	4	Accounts receivable, net	21,307	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 disgualified 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 instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 10a 147, 973			
	ь	Less accumulated depreciation	123,129	10c	121,620
	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			14	
	15	Other assets See Part IV, line 11		15	2,236
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	183,899
	17	Accounts payable and accrued expenses	1	17	25,918
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors,			1
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	52,082
	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		26	78,000
		Organizations that follow SFAS 117 (ASC 958), check here			
ú		complete lines 27 through 29, and lines 33 and 34.			
jce	27		100,042	27	105,899
alar	28	Temporarily restricted net assets		28	
а В	29	Permanently restricted net assets		29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here > and			
orF		complete lines 30 through 34.			
sta	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances		33	105,899
	34	Total liabilities and net assets/fund balances	168,573	34	183,899
EEA					Form 990 (2017)

Form 990 (2017) Housing Options & Planning Enterprises Inc.	20-252	6058	Р	age 12
Part XI Reconciliation of Net Assets				
Check If Schedule O contains a response or note to any line in this Part XI				. 🗌
1 Total revenue (must equal Part VIII, column (A), line 12)			371,	
2 Total expenses (must equal Part IX, column (A), line 25)	2		366,	110
3 Revenue less expenses Subtract line 2 from line 1	3	-	5,	857
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		100,	042
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		105,	899
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
			Yes	No
1 Accounting method used to prepare the Form 990 🗌 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?		2a		X
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				
b Were the organization's financial statements audited by an independent accountant?		2b	Х	
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				
X Separate basis Consolidated basis Both consolidated and separate basis				
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?		2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in				
Schedule O.				
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?		3a		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		3b	1	
EEA		Forr	n 990 (2017)

	;	•	, · ,	Jublia Char	ity Status and E	Jublia	Sunna	-+	OMB No 15	545-0047	
SC	HEC	ULE A	1		Charity Status and Public Support ection 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.)17	
•		0 or 990-EZ)	Complete if the organiz		 Attach to Form 990 or Form 990-EZ. 					Public	
-		of the Treasury enue Service			ov/Form990 for instruct		the latest	information.	Inspe		
		e organization	· · · ·	<u></u>				Employer identific	- · · ·		
Hou	sin	q Options	& Planning Ent	erprises Inc	· ·			20-25260	58		
	rt I				rganizations must c	omplete	this part	.) See instruction	IS.		
The	orga				s 1 through 12, check on						
1	Ď				urches described in sect				cd		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 d	or 990-EZ))		\cap		
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
		hospital's nam	ie, city, and state					_			
5		An organizatio	on operated for the bene	efit of a college or	university owned or operation	ated by a g	government	al unit described in			
	_	section 170(b)(1)(A)(iv). (Complete	Part II)							
6	Ц		-	-	unit described in section						
7	П	-			t of its support from a gov	vernmental	unit or fror	n the general public			
			ection 170(b)(1)(A)(vi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•						
8	Ц		trust described in secti								
9	П	-	-		tion 170(b)(1)(A)(ix) ope		-	-	ege		
			r a non-land-grant colle	ge of agriculture (see instructions). Enter th	e name, ci	ty, and stat	e of the college of			
40	X	university		a. (1) mana than 3'	3 1/3% of its support from		one momb	archin food, and grad	 C		
10	لاتما	-			subject to certain excepti				5		
		•		•	isiness taxable income (le	•	•				
					section 509(a)(2). (Com		-	on businesses			
11	П		•		test for public safety Se	-					
12	Н	•	•	•	the benefit of, to perform			carry out the purpose	es		
		•	•	-	bed in section 509(a)(1)						
					ne type of supporting org						
	а	-	•		vised, or controlled by its						
				•	y appoint or elect a major		-		-		
			•		IV, Sections A and B.	•					
	b	Type II. A	supporting organization	on supervised or co	ontrolled in connection w	ith its supp	orted orga	nization(s), by having	g		
		control or	management of the sup	porting organizati	on vested in the same pe	rsons that (control or n	nanage the supported	đ		
		organizati	on(s) You must comp	olete Part IV, Sect	tions A and C.						
	с	Type III fu	inctionally integrated	. A supporting org	anization operated in coi	nnection w	uth, and fur	nctionally integrated	with,		
		its suppor	ted organization(s) (se	e instructions) Yo	u must complete Part l	V, Sectior	ns A, D, an	d E.			
	d	Type III n	on-functionally integ	rated. A supporting	g organization operated i	n connect	ion with its	supported organizati	ion(s)		
		that is not	functionally integrated	The organization (generally must satisfy a d	istribution i	requiremen	t and an attentiveness	5		
		_ ·	· · ·	•	te Part IV, Sections A a						
	е		-		determination from the IF		a Type I, 1	Гуре II, Туре III			
				-	ntegrated supporting orga				Г		
	f					••••	••••		•••• L		
	g		lowing information abo						6 D A		
	()) Name of supported	organization	(II) EIN	(III) Type of organization (described on lines 1-10	listed in you	rganization ir governing	(v) Amount of monetary support (see	(vi) Amoun other suppor		
					above (see instructions))	docum	ient?	instructions)	instruction	ns)	
						Yes	No				
			·····								
(A)											
					· · · · · · · · · · · · · · · · · · ·						
(B)											

(C)

(D)

(E) Total

Schedule A (Form 990 or 990-EZ) 2017

	rt II ' Support Schedule for Org (Complete only if you check	anizations De ed the box on	line 5, 7, or 8	ctions 170(b) of Part I or if th	(1)(A)(iv) and e organization	170(b)(1)(A)(v failed to qualif	i)
	Part III. If the organization fa	ails to qualify u	under the tests	listed below, p	lease complet	e Part III.)	
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2	Tax revenues leved 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		/				
Sec	tion B. Total Support						·
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4						
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 (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first	, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	.
Sec	tion C. Computation of Public Su					<u> </u>	
14	Public support percentage for 2017 (line 6, c						%
15	Public support percentage from 2016 Schedu						%
16a	33 1/3% support test 2017. If the organize	ation did not chec	k the box on line 1	3, and line 14 is 3	3 1/3% or more, c	heck this	_
	box and stop here. The organization qualifi		· · –				▶□
b	33 1/3% support test - 2016. If the organize				5 is 33 1/3% or mo	ore, check	_
	this box and stop here. The organization qu	alifies as a public	cly supported orga	nization			··· ▶ ∐
17a	10%-facts-and-circumstances test - 2017	. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meets	the "facts-and-cir	cumstances" test,	check this box and	d stop here . Expla	an n	
	Part VI how the organization meets the "fact	s-and-circumstand	ces" test. The orga	nization qualifies a	s a publicly suppor	ted	_
b	organization	. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and		▶∐
	15 Is 10% or more, and if the organization n						
	Explain in Part VI how the organization meet			-			
	supported organization						•••• ⊔
18	Private foundation. If the organization did						
\rightarrow		<u></u>	<u></u>	<u></u> <u></u>	<u></u>		
EĘA						Schedule A (Fe	orm 990 or 990-EZ) 2017

<u> </u>	rt III Support Schedule for Org			nterprises In tion 509(a)(2)	nc	20-2526058	Pag
	(Complete only if you check				ization failed to	o qualify under	Part II.
	If the organization fails to qu						
	ction A. Public Support				·······		
Cale	endar year (or fiscal year beginning in) 🕨 🛓	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		415 460	206 025	388,830	388,830	1,999,8
2	received (Do not include any "unusual grants ") 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	509,768	415,469	296,925			1,333,0
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	509,768	415,469	296,925	388,830	388,830	1,999,8
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						1,999,8
	ction B. Total Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9		(a) 2013	(0) 2014				
3	Amounts from line 6	509,768	415,469	296,925	388,830	388,830	1,999,8
-	Amounts from line 6	509,768	415,469	296,925	388,830	388,830	1,999,8
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	509,768	415,469	296,925	388,830	388,830	1,999,8
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	509,768	415,469	296,925	388,830	388,830	1,999,8
10a b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	509,768	415,469	296,925	388,830	388,830	1,999,8
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	509,768	415,469	296,925	388,830	388,830	1,999,8
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	509,768	415,469	296,925	388,830	388,830	1,999,8
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	509,768 ganızation's first, s	415, 469 second, third, fourth	296, 925 n, or fifth tax year a	388,830 s a section 501(c)	388,830	1,999,8
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	509,768 ganızation's first, s	415,469 econd, third, fourth	296, 925 n, or fifth tax year a	388,830 s a section 501(c)	388,830	1,999,8
10a b c 11 12 13 14 <u>Sec</u>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	509,768 ganızation's first, s	415,469 econd, third, fourth	296,925 n, or fifth tax year a	388,830 s a section 501(c)	388,830 (3)	1,999,8
10a b c 11 12 13 14 <u>Sec</u> 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	509,768 ganization's first, s oport Percent lumn (f) divided by	415,469 second, third, fourth 	296,925 n, or fifth tax year a	388,830 s a section 501(c)	388,830 (3)	1,999,8 ►
10a b c 11 12 13 14 <u>Sec</u> 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support . (Add lines 9, 10c, 11, and 12)	509,768 ganization's first, s oport Percenta lumn (f) divided by e A, Part III, line 15	415,469 second, third, fourth 	296,925 n, or fifth tax year a	388,830 s a section 501(c)	388,830 (3)	1,999,8 ▶[100.00
10a b c 11 12 13 14 <u>Sec</u> 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support . (Add lines 9, 10c, 11, and 12)	509,768 ganization's first, s port Percenta lumn (f) divided by e A, Part III, line 15 it Income Percenta 10c, column (f) divided by	415,469 econd, third, fourth 	296,925 n, or fifth tax year a	388,830 s a section 501(c)	388,830 (3) 15 16 17	1,999,8 ►[100.00 100.00 0.00
10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support . (Add lines 9, 10c, 11, and 12)	509,768 ganization's first, s port Percent lumn (f) divided by e A, Part III, line 15 it Income Perc 10c, column (f) div thedule A, Part III,	415, 469 econd, third, fourth 	296,925 n, or fifth tax year a	388,830 s a section 501(c)	388,830 (3) 15 16 17 18	1,999,8 ►[100.00

_	He A (Form 990 or 990-EZ) 2017 Housing Options & Planning Enterprises Inc. 20-25260	58	F	'age
Parl	t IV Supporting Organizations	.	•	
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co		•	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	<u>art V.)</u>		
ect	ion A. All Supporting Organizations			_
	·		Yes	N
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.	1		
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).	2		
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.			
L		<u> </u>		-
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		<u> </u>	
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<u> </u>		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<u>3c</u>		L_
а	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
Č	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)(R)			
		4c		
	<i>purposes</i> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>			
a	•			
	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
;	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.	6		
,	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).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
		8		
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
a	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 .	9a		
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	9b		
С	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.	9c		
)a	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	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1.00		
U		10b		
	determine whether the organization had excess business holdings.)			

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_	Kule A (Form 990 or 990 EZ) 2017 Housing Options & Planning Enterprises Inc. 20-2526058		F	Page 5
Ра	rt IV Supporting Organizations (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		165	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		<u> </u>
	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	11c		
	tion B. Type I Supporting Organizations	110		
Set			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
1	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 of 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.	1		
	organizations and what conditions of restrictions, if any, applied to such provers during the tax year.			
2	But the example the period of any supported examination other than the supported			
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,			
	· · ·	2		
<u> </u>	supervised, or controlled the supporting organization.	4		L
<u>Sec</u>	tion C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
1	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			
		1		
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		i
	organization's governing documents in enect 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).	2		
~	By reason of the relationship described in (2), did the organizations sympathed organizations have a			
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			

supported organizations played in this regard

- 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

gard _____3b _____ Schedule A (Form 990 or 990-EZ) 2017

2a

2b

3a

3

Yes No

Schedule A (Form 990 or 990-EZ) 2017 Housing Options & Planning Enterprises			26058 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zation	s must complete Section	
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		1
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		ated Type III supporting	g organization (see
instructions)			

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Schedule A (Form 990 or 990-EZ) 2017

	de A (Form 990 or 990 EZ) 2017 Housing Options & Planning			26058 Page 7
· · · · · · · · · · · · · · · · · · ·	rt V · Type III Non-Functionally Integrated 509(a)(3 ction D - Distributions) Supporting Organi		Current Year
	Amounts paid to supported organizations to accomplish exen			Current real
	Amounts paid to perform activity that directly furthers exempt			
2	organizations, in excess of income from activity	purposes of supported		
- 2	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	10DS	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	 Sive	· · ·
-	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
b	From 2013			
<u> </u>	From 2014			
d	From 2015			
	From 2016	-		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u> i</u>	Carryover from 2012 not applied (see instructions)			
Ļ	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7. \$			·
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result	•		
_	greater than zero, explain in Part VI . See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			,
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
_	Breakdown of line 7:		-	
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			<u>.</u>
	Excess from 2016			1
e	Excess from 2017			

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Schedule A (Form 990 or 990-EZ) 2017

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. Schedule A (Form 990 or 990-EZ) 2017 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.) . ۲.

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SCI	EDULE D	Suppler	nental Finan	cial Stateme	ents			OMB No 1545-0047	
(Fo	riin 990)	 Complete if t 	he organization ans	wered "Yes" on F	orm 990,			2017	
		Part IV, line 6, 7,	.8, 9, 10, 11a, 11b, 11 ► Attach to Form		a, of 120.			Open to Public	
	Iment of the Treasury al Revenue Service	► Go to www.irs.gov/l			st informatio	л.		Inspection	1
-	of the organization	~~					loyer identifi	cation number	
HOU	using Opti	ons & Planning Ent	erprises I	nc		2	0-252	6058	
		tions Maintaining Donor Advis			or Accoun	ts.			
	Complete	if the organization answered "Ye	s" on Form 990, P	art IV, line 6					
			(a) Donor	advised funds	· .	(b) Funds and (other accounts	
1		nd of year							
2		f contributions to (during year)							
3		f grants from (during year)				-			
4			n in writing that the ar	sots hold in donor	advised				
5		in inform all donors and donor advisor nization's property, subject to the orga						🗌 Yes 🗌	No
6		in inform all grantees, donors, and dor				•••			
Ŭ		purposes and not for the benefit of the							
		ssible private benefit?						🗌 Yes 🗌	No
Pa		vation Easements.							
	Complete	e if the organization answered "Y	es" on Form 990, F	Part IV, line 7					
1	Purpose(s) of cons	ervation easements held by the organ	nization (check all tha	t apply)					
	Preservation o	f land for public use (e g , recreation o	or education)	Preservation of	•			rea	
	Protection of n	atural habitat	Ĺ	Preservation of	a certified his	storic s	structure		
	Preservation o	• •							
2		through 2d if the organization held a q	ualified conservation	contribution in the f	ับทา บโล เบาเร	ervati			
		ist day of the tax year				-	Held at ti	he End of the Tax Ye	<u>ar</u>
a						2a ⊃⊾			
b	-	•				2b 2c			<u> </u>
c d		vation easements on a certified histori vation easements included in (c) acqu			• • • • • •	20			—
u						2d			
3		vation easements modified, transferred					durina the		
•	tax year ►		2, 10102000, 0111.gele		-,				
4		where property subject to conservation	n easement is located	►					
5		ion have a written policy regarding the							
	violations, and enfo	prcement of the conservation easement	nts it holds?					🗌 Yes 🗌	No
6	Staff and volunteer	hours devoted to monitoring, inspection	ng, handling of violati	ons, and enforcing	conservation	easen	ents dunn	g the year	
	▶	_							
7	Amount of expense	es incurred in monitoring, inspecting, h	andling of violations,	and enforcing cons	ervation ease	ements	during the	e year	
_	▶\$								
8		vation easement reported on line 2(d)							м.
•	and section 170(h)	(4)(B)(II)?						🗌 Yes 🗌	NO
9		include, if applicable, the text of the fo							
		bunting for conservation easements				163CHL			
Pa		zations Maintaining Collect	ons of Art. Hist	orical Treasur	es. or Oth	er Si	milar As	sets.	
[. u.		e if the organization answered "							
1a		elected, as permitted under SFAS 116			statement and	d balar	nce sheet		
	-	cal treasures, or other similar assets							
	public service, prov	vide, in Part XIII, the text of the footno	te to its financial state	ments that describe	es these items	5			
b	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), to repor	t in its revenue stati	ement and ba	lance	sheet		
	works of art, histori	cal treasures, or other similar assets	held for public exhibit	on, education, or re	esearch in furt	heran	ce of		
		Ide the following amounts relating to							
		ded on Form 990, Part VIII, line 1							
		d ın Form 990, Part X							
2		received or held works of art, historica			ancial gain, p	rovide	the		
		required to be reported under SFAS							
а									
<u>b</u>	Assets included in	Form 990, Part X	<u> </u>		<u></u>		► \$	<u> </u>	

(Pa	lule D (Form 990) 2017 Housing Options						20-252			Pa
1 0	rt'III Organizations Maintaining C							sets (co	ntinu	e
3	Using the organization's acquisition, accession,	and other records, cl	neck any of	the followir	ng that are a	significa	ant use of its			
	collection items (check all that apply)									
а	Public exhibition	d 🗌 Loa	n or exchar	ige prograr	ns					
b	Scholarly research	e 🗌 Oth		••••						
c	Preservation for future generations									
		tions and avalain ha	w thou furth	or the erec	nization's o	vomnt n	umose in Part			
4	Provide a description of the organization's collect		w mey iun	ier the orga		veuthr h	dipose in Fait			
_	XIII									
5	During the year, did the organization solicit or re									г
	assets to be sold to raise funds rather than to b		of the orga	nization's c	ollection?	• •	<u>.</u>	<u> </u>	Yes	L
Pa	rt IV Escrow and Custodial Arrang							_		
	Complete if the organization ar	iswered "Yes" or	n Form 9	90, Part	IV, line 9,	or rep	orted an amo	unt on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contribu	tions or oth	er assets no	ot				
								🛛	Yes	
ь	If "Yes," explain the arrangement in Part XIII and							—		
U							Δπ	nount		-
_						4-				
C	Beginning balance							_		_
d	······································									
е										
f	Ending balance					1f				_
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow	or custodia	al account lia	ibility?		· · · [] '	Yes	L
b	If "Yes," explain the arrangement in Part XIII Cl	neck here if the expla	nation has	been provid	ded on Part	XIII .				L
	rt V Endowment Funds.									
	Complete if the organization ar	wered "Yes" or	n Form 9	90 Part	IV line 10)				
					(c) Two years		(d) Three years back	(0) 50	ir years	
		(a) Current year	(b) Prio	ryear	(c) two years	Dack	(u) Three years back		ii years	-
1a	Beginning of year balance				·					
b	Contributions									_
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses	·								-
	•									
g	End of year balance		<u> </u>				•			-
2	Provide the estimated percentage of the current		ne 1g, colur	nn (a)) neid	las					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should	equal 100%								
	Are there endowment funds not in the possessi	•	n that are h	eld and adr	ninistered fo	r the				
3a									Yes	T
3a	•	_						. 3a(i)	1	$^{+}$
3a	organization by	-							+	+
3a	organization by (i) unrelated organizations								1	- 1
	organization by (i) unrelated organizations							. 3a(ii)		+
	organization by (i) unrelated organizations									1
	organization by (i) unrelated organizations	sted as required on s	Schedule R					. 3a(ii)	-	1
ь 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ιι), are the related organizations I	isted as required on s ganization's endown	Schedule R					. 3a(ii)		1
ь 4	organization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organizations I Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipm	isted as required on s ganization's endown i ent.	Schedule R nent funds	? ?			· · · · · · · · · · · · · · · · · · ·	. <u>3a(ii)</u> . <u>3</u> b		
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b 4 Pa	organization by (i) unrelated organizations	isted as required on s ganization's endown ent. iswered "Yes" Of (a) Cost or othe (investme	Schedule R nent funds n Form 9 er basis	2 90, Part (b) Cost or (IV, line 11	a. See	e Form 990, P	. <u>3a(ii)</u> . <u>3b</u> art X, lın	e 10.	
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(1) Security Deposits (2) (3) (4) (5) (6) (7) (8) (9)	Schedule D (Form	990) 2017 Housing Options	3 & Planning Enterpri	lses Inc.	20-252605	8 Page
(a) (b) Bask value (c) (c) (c) (d) Cell of and any or company (c) (c)	Part VII		d "Maa" on Farm 000. Da			t Vilino 10
Instance (arread space) Cost or emi-of year mathet value 12 Costs/p-Indd equal y interests		Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11	b. See Form 990, Pa	τ X, line 12.
2) Closely-held equity interests			(b) Book value			
(A)	(1) Financial o	lerivatives				
(A)	(2) Closely-he	eld equity interests				<u> </u>
(B) (C) (C) (C) (D) (C) (E) (C) (G) (C) (H) ((3) Other					
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(H) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line ' (a) Description of investment (b) Book value (c) Method of valuation convestment (c) Method of valuation convestment (a) Description of investment (c) Method of valuation convestment (a) Description of investment (c) Method of valuation convestment (b) Description of investment (c) Method of valuation convestment (d) Description of investment (c) Method of valuation convestment (d) Description of investment (c) Method of valuation convestment (d) Description of investment (c) Method of valuation convestment (e) Description of investment (c) Description convestment (f) Converting the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line ' (g) Description (e) Description (g) Description (e) Description (g) Description (f) Description (g) Description (b) must equal Form 990, Part X, coll (B) line 15) (f) Description (f) Description (g) Description of labelity (f) Book value (g) Description of labelity (f) Book value (g)						
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(3)		ity Deposits				2,23
(4)						
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(6)						
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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 (b) Book value (2) (a) Description of liability (3) (b) Book value (5) (c) (6) (c) (7) (c) (8) (c)		(h) much a much Farm 000, Port X, and (P) line di	E 1			2,23
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 (b) Book value (c) (3) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (8) (c) (c) (c) (c)			<u>)</u>	<u></u>	•••••	2,23
Line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (7) (c) (c) (8) (c) (c)	FallA		d "Ves" on Form 990 Pa	rt IV/ line 11	e or 11f. See Form 90	0 Part X
1. (a) Description of liability (b) Book value (1) Federal income taxes				itiv, inte i i		, i alt X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	1		(b) Pook voluo			
(2) (3) (4) (5) (6) (7) (8)				-		
(3) (4) (5) (6) (7) (8)				-		
(4) (5) (6) (7) (8)			<u> </u>	1		
(5) (6) (7) (8)			<u> </u>	1		
(6) (7) (8)				-		
(7) (8)		·	· · · · · · · · · · · · · · · · · · ·			
(8)			·	1		
		· · · · ·		1		
		· · · · · · · · · · · · · · · · · · ·		1		
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			t of the footnote to the organize	tion's financial	statements that reports the	

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Schedule D (Form 990) 2017

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Scheo	/ Nule D (Form 990) 2017 Housing Options & Planning Enterprises Inc.	20-2526058	Page 4
'Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	425,407
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	53,440
3	Subtract line 2e from line 1	3	371,967
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		•
ь	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	371,967
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	370,449
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	53,440
3	Subtract line 2e from line 1	3	317,009
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	317,009
Pa	rt XIII Supplemental Information.		

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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

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, SCHEDULE	· ·	-	ransactio	ns W	/ith Inf	ereste	ed Per	rsons			1	OMB N	o 1545-	0047
(Form 990 or 99		-		ered "Y	es" on F	orm 990,	Part IV,	line 25a, 25b, 26, 2	27, 28a	a ,		2	017	7
Department of the Tre	· · ·	. .	► At	tach to	Form 99	0 or Form	990-EZ				-		To Pu	ublic
Internal Revenue Serv Name of the organizat		► Go to	www.irs.gov/F	orm99	0 for inst	ructions	and the	latest informatio	n. yer iden	tificatio	n numb	Inspe er	ction	
Housing Opt		unning Ente	rorises Ind	• .				20-2	25260	58				
					section 5	01(c)(4),	and 50	1(c)(29) organiz).			
			• •					or 25b, or Form		• •		line 4	0b.	
1 (a) Name	of disqualified perso	00	(b) Relationship bet			on and		(c) Description	of transa	uction			· · · · · · ·	Tected?
	or disquarined perso		0	rganizatio	. <u> </u>			(0) 0000.1940.1					Yes	No
(1)	<u> </u>					· · ·								
(2)														
(3)														
	mount of tax inc	urred by the org	anization manag	ers or d	lisqualified	persons of	during the	e year			-			
										▶ \$	<u> </u>			
3 Enter the a	mount of tax, if a	any, on line 2, ab	ove, reimbursed	by the o	organizati	on	• • • •		• • •	► \$	<u> </u>			
Dent II														
		or From Interest organization at			rm 990-F	=Z. Part '	V. line 3	8a or Form 990	Part	IV. lin	e 26:	or if t	he	
		orted an amou							,	,				
(a) Name of inte	ested person	(b) Relationship with organization	(c) Purpose of Ioan	1	oan to or orn the	(e) Or principal	-	(f) Balance due	(g) in (default?		proved ard or	(i) W agree	ritten ment?
				orga	nization?						comm	uttee?		
				То	From				Yes	No	Yes	No	Yes	No
(1)								· .						
(2)														
_(3)														
(4)														
(4)														<u> </u>
(5)														
Total			<u></u>		<u> </u>		. 🕨 🖇	5						
		istance Benef	-											
C	omplete if the	organization a	inswered "Yes	<u>on Fo</u>	orm 990 <u>,</u>	Part IV,	line 27.		<u> </u>					
(a) Name of in	erested person		hip between interester nd the organization	d (0	c) Amount of	assistance	(0	 Type of assistance 		(e) Purpos	e of ass	istance	
(1)		percent												
(1)														
(2)														
(3)														
(4)														
(5) For Paperwork F	eduction Act I	Notice see the l	nstructions for		90 or 990	-F7				ichedule		n 990 o	- 000-57	7) 2017

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	Involving Interested Persons.		00h at 00 -		
	ion answered "Yes" on Form 990				
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	1	arıng of zatıon's
	organization	and determined		1	nues?
				Yes	No
	Son of Executive				
(1) Jermaine Badgett	Director	10,907	Architectural Fees		X
(2)					
(3)					
(4)					+
(5)					
Part V Supplemental Informatio	n		•		-
Provide additional information	tion for responses to questions c	on Schedule L (see	instructions).		_
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SCHEDULE O

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047
2017
Open to Public
Inspection
Employer Identification number

20-2526058

Housing Options & Planning Enterprises Inc.

01. Form 990 governing body review (Part VI, line 11)

The Form 990 will be discussed with the Board of Directors for review before submission to

the IRS.

02. Conflict of interest policy compliance (Part VI, line 12c)

The Board of Directors and employees sign a Conflict Disclosure document upon selection to

the Board or upon hiring, whichever is applicable.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Board of Directors review the CEO/Executive Director's compensation yearly. The

compensation is comapred to the other non profits salaries posted in the area.

04. Governing documents, etc, available to public (Part VI, line 19)

The Organization makes its governing documents available to the public upon request.

05. General explanation attachment

H.O.P.E. provides these distinct programs/services:

I. Foreclosure Intervention

II. Homebuyers Education

III. Financial Capability

IV. Workforce/Economic Development

V. CDFI - Community Development Financial Institution

	Page
Schedule O (Form 990 or 990-EZ) (2017)	Page 2 Employer identification number
Housing Options & Planning Enterprises Inc.	20-2526058
I. Foreclosure Intervention	
H.O.P.E. provides one-on-one personalized counseling to help people who	have fallen behind
on their mortgages and assist them in taking the steps they need to save	their home from
foreclosure. Case management is offered in English and Spanish and is pe	rformed to
determine if retention of the home is realistic or if disposition is the	solution. If
needed, H.O.P.E advocates with lenders on behalf of our clients to come	to an agreeable
outcome. Our objective is to become proactive early in the default so t	he borrower will
have more flexible and options.	
II. Home Buyers Education	
H.O.P.E. has several options for individuals desiring to complete the fi	rst time
homebuyer's education requirement, which are currently the highest in de	mand out of all of
the services we offer.	
? H.O.P.E. provides Fast Track - a First Time Homebuyer Class - an in-pe	erson eight hour
class designed to educate the clients on the various aspects of the real	
transactions and financial guidelines in budgeting, credit monitoring, a	
are held on second and fourth Saturdays every month from 9:00 to 5:00 in	
locations around the Prince George's County. Around 20 to 40 people atte	nd each of these
sessions. The course content is taken from the NeighborWorks "Realizing	the American
Dream" which provides the National Industry Standard for Homeownership E	ducation and
Counseling developed through a collaboration of housing industry partner	5

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Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page Employer identification number
Housing Options & Planning Enterprises Inc.	20-2526058
? H.O.P.E. assists clients with eHome America which is an online eight-	hour class,
designed in partnership with NeighborWorks America, using the "Realizing	the American
Dream" standards for education. The online class is designed for individ	uals wanting the
ease of starting and stopping at the own pace, and it is offered in Engl	ish and Spanish.
The class modules include; full media games, budgeting techniques etc.	H.O.P.E. conducts
an one-hour long one-on-one counseling prior to certificates issued to t	he clients.
? H.O.P.E. is a partner to Fannie Mae in promoting the Framework which	ıs an online
homebuyer education course. Again, an hour of one-on-one counseling sess	ion occurs prior
to certificate being issued.	
III. Financial Capability	
? H.O.P.E.'s Financial Capability Program provides one-on-one personaliz	ed counseling and
group sessions. The program teaches the knowledge skills for saving, red	ucing debt,
budgeting and maintaining or rebuilding good credit. This program is des	igned for
individuals that are mortgage ready and will purchase within three month	s
IV. Economic Development	
H.O.P.E.'s Economic/Workforce Development program provides training oppo	rtunities for
targeted populations in its target markets. The overarching objective i	s to increase
wages; from low-income to median-income or non-wage earners to become wa	ge_earners,
through employment or entrepreneurship with the goal of future financial	stability.
- ·	

ر Schedule O (Form 990 or 990-EZ) (2017)	Page
Name of the organization	Employer identification number
Housing Options & Planning Enterprises Inc.	20-2526058
Upon completion of the course, clients will understand the essentials of	
management and tools for their businesses. They will also understand the	purpose of cash
flow management in a small business. Clients will be able to identify exp	penses for
recordkeeping, and they will have better practices for implementing, mon	itoring, and
evaluating a risk management plan for their business Finally, client	s will be able to
prepare for tax obligations and establish proper accounts, obtain the pro-	oper licenses for
their business and meet reporting requirements.	
V. Community Development Financial Institution (CDFI)	
H.O.P.E. is currently seeking to recertify as a Community Development Fin	nancial Institute
(CDFI) with the US Department of Treasury's CDFI Fund to bolster its capa	acity to serve the
needs of its target market and populations. In 2016, H.O.P.E. was certif.	led as a CDFI
based on its offering of small dollar personal loans as an alternative to	o high priced
payday lenders. Declining demand rendered the product noncompetitive aga	inst others with
stronger resource bases, which resulted in the loss of CDFI certification	n. As a means of
strengthening its resource and base and apparatus in 2018, H.O.P.E. began	n offering home
improvement and façade repair loans (capped at max at \$10,000) initia	lly available
solely to owner occupied residents in the Glassmanor Oxon Hill TNI.	

In November 2018, H.O.P.E. will seek recertification as a CDFI. As a certified CDFI, H.O.P.E. expects to increase our lending capital and expand the eligible borrower base eventually lending countywide to borrowers underserved by traditional market driven lending sources, including banks and credit unions.

SCHEDULE R (Form 990)	Complete if the orga	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	Inrelated Pa orm 990, Part IV, II rm 990	rtnerships ne 33, 34, 35b, 36,	or 37.		OMB No 1545-0047 2017 = 2010 = 1	5-0047
Department of the Treasury Internal Revenue Service	► Go to ww		tions and the late	st information.			Inspection	
Name of the organization Housing Options &	ame of the organization Housing Options & Planning Enterprises Inc.					Employer Identification number 20-2526058	lon number	,
Part I Identificat	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990,	e if the organization ansv	vered "Yes" on		Part IV, line 33.			
Name, a	(a) Name, address, and EIN (if applicable) of disregarded enlity	(b)		(C) Legal dom (state or foreign country) To	(d) Total income En	(e) End-of-year assets	(f) Direct controlling entity	olting -
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identificat	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	itions. Complete if the or ring the tax year.	ganization ans	vered "Yes" on	Form 990, Par	t IV, line 34 be	ecause it ha	q
	(a)	(q)	(c)	(p)	(e)	9		(g)
Name, at	Name, address, and EIN of related organization	Primary activity	Legal dom (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct		Yes of 201(10) controlled entity?
 H.O.P.E. Mudd Housing Inc., 6188 Oxon Hill Rd, Suite 70 Oxon Hill, MD 20745 	ousing Inc., 75-3017155 Rd, Suite 700 0745	Housing	₽ 	501 (c) (3)	۲	Housing Opt & Planning Enterprises	ions	×
(2) H.O.P.E. Werner Housing, 6188 Oxon Hill Rd, Suite Oxon Hill, MD 20745	Housing, Inc., 52-2214807 Rd, Suite 700 0745	Housing	Ð	501(c) 3	~	Housing Options & Planning Enterprises	Dptions 1g ses	×
 (3) H.O.P.E. Gagnon Hou 6188 Oxon Hill Rd, 0xon Hill, MD 2074! 	Gagnon Housing Corp, 52-1535534 1 Hill Rd, Suite 700 1, MD 20745	fousing	Ø	501 (c) (3)		Housing Options & Planning Enterprises	Dptions 1g ses	×
(4)								
(5)								
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Schedule R (Form 990) 2017	n 990) 2017

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Schedule R (Form 990) 2017	30)2017 Housing Opt:	Housing Options & Planning	g Enterp:	Enterprises Inc.	с.				20-2	20-2526058			Page 2
Part III	Identification of Related Organizations Taxable as because it had one or more related organizations treat	ations Taxable a	ated as a	ership. Co partnersh	omplete ip during	a Partnership. Complete if the organiz ted as a partnership during the tax year	a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ted as a partnership during the tax vear	ered "Yes" c	on Form	990, Part	IV, line 3	¥,	a) • • •{•
	(a)	(q)	(C)	~	(q)	(e)		(6)	(L)	()		9	쏲
	Name, address, and EIN of related organization	Primary activity	Legal domicite	Direct		Predominant income (related,	Share of total income	Share of end-of- year assets	Disprop- ortionate	Code V-UBI			%
			(state or			unrelated,			alloca-			partner?	owilei- shin
			foreign country)	ign try)		excluded from tax under			tions?				, 1
					ž	sections 512-514)			Tes No		Ye	Yes No	
Ē													t.
(2)		,										 	
(3)													
(9)				-									
Ē													
(5)													
Part IV lo	Identification of Related Organizations Taxable as	ations Taxable a	s a Corpc	oration or	Trust. (Complete if 1	a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,	ion answere	∋d "Yes'	" on Form	990, Par	, ,	
			(h)			IN OF ITUSE OL	Iring the tax y	year.		6	4	9	I
	var) Name, address, and EIN of related organization	0	Domand activity	Legal	Direc	Direct controlling	Type of entity	Shar	otal	j	ge	(I) Sec 512(b)	(13)
			y activity	domicile (state or foreign country)		entity	(C corp. S corp. or trust)			sets	ownership	controlled entity?	eq
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(2)													
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chedule F	
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Schedule R (Form 990) 2017 Housing Options & Planning Enterprises Inc.	20-2526058	Pag	Eage_3
Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	art IV, line 34, 35b, or 36.		nî Pîm
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	Ŝ
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties, or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)	1		
c Gift arant or capital contribution from related organization(s)			
	a		Γ
			7
f Dividends from related organization(s)			1
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			ł
i lease of facilities equinment or other assets to related organization(s)			
			7
k Lease of facilities, equipment, or other assets from related organization(s)	· · · · · · · · · · · · · · · · · · ·		I
I Performance of services or membership or fundraising solicitations for related organization(s)			1
m Performance of services or membership or fundraising solicitations by related organization(s)	.1		
			1
o sharing of paid employees with related organization(s)	10		1
			7
p Reimbursement paid to related organization(s) for expenses		_	
g Reimbursement paid by related organization(s) for expenses			
	-		
r - Other transfer of each or monorthy to related examination(c)	+]
			I
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) (b)	(c) (d)		
Name of related organization Am	Amount involved Method of determining amount involved	it involved	
(s.p) addi			1
3			
			1
			I
			I
(5)			
(6)			1
EEA	Schedule R (Form 990) 2017	-orm 990) 20-	17

Complete If the organization a h the organization conducted more tha b the organization conducted more tha clusion for certain investment partnersh domuele (c) (c) (d) (c) (d) <	Relativity Description Description <thdescription< th=""> <thdescription< th=""> <thdescript< th=""><th>Complete if the organization answered "Yes" on Form 990, Part IV, line 37.</th><th>(e) (f) (g) (h) (i) (j) (k) Are all partners Share of section Share of section Disprop- tores Code V-UBI Gen or managing % 500 501(2)(3) 501(2)(3) total mcome end-of-year alloca- organi- toms? ortosito amount in box 20 alloca- toms? of Schedule K-1 partner? partner? ship 7 Ves No Yes No Yes No Yes No</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></thdescript<></thdescription<></thdescription<>	Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	(e) (f) (g) (h) (i) (j) (k) Are all partners Share of section Share of section Disprop- tores Code V-UBI Gen or managing % 500 501(2)(3) 501(2)(3) total mcome end-of-year alloca- organi- toms? ortosito amount in box 20 alloca- toms? of Schedule K-1 partner? partner? ship 7 Ves No Yes No Yes No Yes No							
	tions Taxable as a Partnership. entry taxed as a partnership through which repart through which is a partnership through w	Complete if the organization al the organization conducted more thar clusion for certain investment partnershi	(c) (d) Legal Predommant domcile moome (related, (state or unrelated, excluded (state or from tax under foreign from tax under country) section 512-514)		•		•			
