

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury Internal Revenue Service

Form 990 header section including: A For the 2018 calendar year, or tax year beginning 07-01, 2018, and ending 06-30, 2019; B Check if applicable; C Name of organization Housing Options & Planning Enterprises Inc.; D Employer identification no. 20-2526058; E Telephone number (301) 567-3330; F Name and address of principal officer; H(a) Is this a group return for subordinates?; H(b) Are all subordinates included?; J Website: www.hopefinancial.org; K Form of organization: Corporation; L Year of formation: 2005; M State of legal domicile: MD

Part I Summary

Table with 22 rows and 4 columns. Rows include: 1 Briefly describe the organization's mission...; 2-7 Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances. Includes a 'RECEIVED' stamp from the IRS dated JUN 22 2020.

Part II Signature Block

Signature block section with declaration: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Donna Hurler, CEO/President, dated 5/13/20.

Paid Preparer Use Only section: Print/Type preparer's name Samuel Gaillard; Preparer's signature Samuel Gaillard; Date 05-13-2020; Firm's name Berry Newton, CPA PLLC; Firm's address 1231 Good Hope Road, SE Washington DC 20029; Firm's EIN 81-1089037; Phone no. 202-322-3331

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

Part III Statement of Program Service Accomplishments

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

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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-sufficiency, 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? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 309,361 including grants of \$ ) (Revenue \$ ) See SERVICES page for a description of this program service.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 309,361

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, contributions, and other IRS filings.

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (relationships, control, changes, assets, members, governance decisions, documentation, and reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b covering local chapters, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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

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

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

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

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

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

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) <u>Jacqueline Goodall</u><br>Member (Current)   | 0.50   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) <u>Robert Vricella</u><br>Member (Current)      | 0.50   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) <u>Melanie Murray Mfume</u><br>Member (Former)  | 0.50   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) <u>L'Tanya Brown</u><br>Member (Current)        | 0.50   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) <u>Doris Canty-Brown</u><br>Member (Current)    | 0.50   | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) <u>Tonya McCray</u><br>Secretary (Former)       | 0.50   |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (7) <u>Zeno St. Cyr</u><br>Treasurer (Current)      | 0.50   |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (8) <u>Antoine M Thompson</u><br>Chair (Current)    | 0.50   |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (9) <u>Katherine Carter</u><br>Secretary (Current)  | 0.50   |  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (10) <u>Donna Hurley</u><br>CEO/President (Current) | 50.00  |  |                       |         | X            |                              | 77,884 | 0  | 0   |   |
| (11) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (12) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (13) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (14) -----  |  |  |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (16) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (17) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (18) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (19) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (20) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (21) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (22) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (23) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (24) -----  |  |  |                       |         |              |                              |        |  |   |   |
| (25) -----  |  |  |                       |         |              |                              |        |  |   |   |
| 1b Sub-total .....  |  |  |                       |         |              |                              | 77,884 | 0  | 0   |   |
| c Total from continuation sheets to Part VII, Section A ..... |  |  |                       |         |              |                              |        |  |   |   |
| d Total (add lines 1b and 1c) .....                           |  |  |                       |         |              |                              |        |  |   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII** Statement of Revenue

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

|   |   | (A)<br>Total revenue                                   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|---|--|--|---|--|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts             | 1a Federated campaigns .....  | 1a   |  |   |  |  |
|   | b Membership dues .....   | 1b   |  |   |  |  |
|   | c Fundraising events .....  | 1c   |  |   |  |  |
|   | d Related organizations .....   | 1d   |  |   |  |  |
|   | e Government grants (contributions) ..  | 1e   | 212,455  |   |  |  |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included above   | 1f   | 20,457   |   |  |  |
|   | g Noncash contributions included in lines 1a-1f. \$   |  |  |   |  |  |
|   | h Total Add lines 1a-1f .....   |  | 232,912  |   |  |  |
| Program Service Revenue   | Business Code   |  |  |   |  |  |
|   | 2a Homebuyer Class Sponsor  | 531390   | 12,226   | 12,226                                  |  |  |
|   | b Homebuyer Participant   | 531390   | 42,266   | 42,266                                  |  |  |
|   | c Credit Report Fees  | 531390   | 554  | 554                                     |  |  |
|   | d   |  |  |   |  |  |
|   | e   |  |  |   |  |  |
|   | f All other program service revenue .....   | 531390   | 1,149  | 1,149                                   |  |  |
| g Total Add lines 2a-2f .....   |   | 56,195   |  |   |  |  |
| Other Revenue   | 3 Investment income (including dividends, interest,<br>and other similar amounts) .....   |  |  |   |  |  |
|   | 4 Income from investment of tax-exempt bond proceeds ...  |  |  |   |  |  |
|   | 5 Royalties .....   |  |  |   |  |  |
|   | 6a Gross rents .....  | (i) Real   |  |   |  |  |
|   |   | (ii) Personal  |  |   |  |  |
|   |   | b Less: rental expenses .....                          |  |   |  |  |
|   |   | c Rental income or (loss) ...                          |  |   |  |  |
|   | d Net rental income or (loss) .....   |  |  |   |  |  |
|   | 7a Gross amount from sales of<br>assets other than inventory  | (i) Securities   |  |   |  |  |
|   |   | (ii) Other   |  |   |  |  |
|   |   | b Less cost or other basis<br>and sales expenses ..... |  |   |  |  |
|   |   | c Gain or (loss) .....                                 |  |   |  |  |
|   | d Net gain or (loss) .....  |  |  |   |  |  |
|   | 8a Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c) .<br>See Part IV, line 18 ..... | a  |  |   |  |  |
|   | b Less: direct expenses .....   | b  |  |   |  |  |
| c Net income or (loss) from fundraising events .....                  |   |  |  |   |  |  |
| 9a Gross income from gaming activities.<br>See Part IV, line 19 ..... | a   |  |  |   |  |  |
| b Less: direct expenses .....   | b   |  |  |   |  |  |
| c Net income or (loss) from gaming activities .....                   |   |  |  |   |  |  |
| 10a Gross sales of inventory, less<br>returns and allowances .....    | a   |  |  |   |  |  |
| b Less: cost of goods sold .....                                      | b   |  |  |   |  |  |
| c Net income or (loss) from sales of inventory .....                  |   |  |  |   |  |  |
| Miscellaneous Revenue   |   | Business Code  |  |   |  |  |
| 11a Consultant Fee  | 531390  | 57,534   | 57,534   |   |  |  |
| b Gain - Sale Real Estate   | 531390  | 16,790   | 16,790   |   |  |  |
| c   |   |  |  |   |  |  |
| d All other revenue .....   |   |  |  |   |  |  |
| e Total Add lines 11a-11d .....                                       |   | 74,324   |  |   |  |  |
| 12 Total revenue See instructions .....                               |   | 363,431  | 130,519  | 0                                       | 0  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 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 .....  | 77,884                | 70,096                          | 7,788                                  |                             |
| 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 .....  | 90,343                | 81,308                          | 9,035                                  |                             |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ..   |                       |                                 |  |                             |
| 9   | Other employee benefits .....   | 14,944                | 13,449                          | 1,494                                  |                             |
| 10  | Payroll taxes .....   | 15,143                | 13,629                          | 1,514                                  |                             |
| 11  | Fees for services (non-employees):  |                       |                                 |  |                             |
| a   | Management .....  |                       |                                 |  |                             |
| b   | Legal .....   |                       |                                 |  |                             |
| c   | Accounting .....  | 21,755                | 19,579                          | 2,175                                  |                             |
| d   | Lobbying .....  |                       |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 .   |                       |                                 |  |                             |
| f   | Investment management fees .....  |                       |                                 |  |                             |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ..   |                       |                                 |  |                             |
| 12  | Advertising and promotion .....   | 6,617                 | 5,955                           | 662                                    |                             |
| 13  | Office expenses .....   | 6,875                 | 6,187                           | 687                                    |                             |
| 14  | Information technology .....  | 1,352                 | 1,217                           | 135                                    |                             |
| 15  | Royalties .....   |                       |                                 |  |                             |
| 16  | Occupancy .....   | 37,090                | 33,381                          | 3,709                                  |                             |
| 17  | Travel .....  | 9,785                 | 8,807                           | 979                                    |                             |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials .....  |                       |                                 |  |                             |
| 19  | Conferences, conventions, and meetings .....  | 12,826                | 12,826                          |  |                             |
| 20  | Interest .....  | 10,053                |                                 | 10,053                                 |                             |
| 21  | Payments to affiliates .....  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization .....   | 443                   |                                 | 443                                    |                             |
| 23  | Insurance .....   | 3,165                 | 2,848                           | 316                                    |                             |
| 24  | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )  |                       |                                 |  |                             |
| a   | Credit Reports  | 2,081                 | 2,081                           |  |                             |
| b   | Equipment Rental/Maintenance  | 7,197                 | 6,476                           | 721                                    |                             |
| c   | Telecommunications  | 4,090                 | 3,681                           | 409                                    |                             |
| d   | Outside Contract Services   | 22,030                | 22,030                          |  |                             |
| e   | All other expenses  | 6,566                 | 5,810                           | 756                                    |                             |
| 25  | Total functional expenses Add lines 1 through 24e .   | 350,238               | 309,361                         | 40,877                                 | 0                           |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |   | (A)  |         | (B)         |         |
|-----------------------------|---|--|---------|-------------|---------|
|                             |   | Beginning of year  |         | End of year |         |
| Assets                      | 1   | Cash - non-interest-bearing .....  | 16,146  | 1           | 185,947 |
|                             | 2   | Savings and temporary cash investments .....   |         | 2           |         |
|                             | 3   | Pledges and grants receivable, net .....   | 43,897  | 3           |         |
|                             | 4   | Accounts receivable, net .....   |         | 4           |         |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....  |         | 5           |         |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L ..... |         | 6           |         |
|                             | 7   | Notes and loans receivable, net .....  |         | 7           |         |
|                             | 8   | Inventories for sale or use .....  |         | 8           |         |
|                             | 9   | Prepaid expenses and deferred charges .....  |         | 9           |         |
|                             | 10a   | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D ....  |         | 10a         |         |
|                             | b   | Less accumulated depreciation .....  |         | 10b         |         |
|                             |   |  | 121,620 | 10c         |         |
|                             | 11  | Investments - publicly traded securities .....   |         | 11          |         |
|                             | 12  | Investments - other securities See Part IV, line 11 .....  |         | 12          |         |
|                             | 13  | Investments - program-related See Part IV, line 11 .....   |         | 13          |         |
|                             | 14  | Intangible assets .....  |         | 14          |         |
| 15                          | Other assets. See Part IV, line 11 .....  | 2,236  | 15      | 2,736       |         |
| 16                          | <b>Total assets</b> Add lines 1 through 15 (must equal line 34) .....   | 183,899  | 16      | 188,683     |         |
| Liabilities                 | 17  | Accounts payable and accrued expenses .....  | 25,918  | 17          | 20,460  |
|                             | 18  | Grants payable .....   |         | 18          |         |
|                             | 19  | Deferred revenue .....   |         | 19          |         |
|                             | 20  | Tax-exempt bond liabilities .....  |         | 20          |         |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D .....   |         | 21          |         |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .....  |         | 22          |         |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties .....   |         | 23          |         |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties .....   | 52,082  | 24          | 49,131  |
|                             | 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  | <b>Total liabilities</b> Add lines 17 through 25 .....   | 78,000  | 26          | 69,591  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |  |         |             |         |
|                             | 27  | Unrestricted net assets .....  | 105,899 | 27          | 119,092 |
|                             | 28  | Temporarily restricted net assets .....  |         | 28          |         |
|                             | 29  | Permanently restricted net assets .....  |         | 29          |         |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |  |         |             |         |
|                             | 30  | Capital stock or trust principal, or current funds .....   |         | 30          |         |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund .....   |         | 31          |         |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds .....   |         | 32          |         |
| 33                          | <b>Total net assets or fund balances</b> .....  | 105,899  | 33      | 119,092     |         |
| 34                          | <b>Total liabilities and net assets/fund balances</b> .....   | 183,899  | 34      | 188,683     |         |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |         |
|----|--|----|---------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 363,431 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 350,238 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 13,193  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 105,899 |
| 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 | 119,092 |

**Part XII Financial Statements and Reporting**

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

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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public  
Inspection

Name of the organization

Employer identification number

Housing Options & Planning Enterprises Inc.

20-2526058

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4)
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: .....
  - g Provide the following information about the supported organization(s)

07

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018 (94.78%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (100.00%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI); 13 Total support (Add lines 9, 10c, 11, and 12); 14 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2018 If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2017 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV** Supporting Organizations

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |     |    |
| 2 Activities Test Answer (a) and (b) below.   | Yes | No |
| 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. |     |    |
| 2a  |     |    |
| 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.  |     |    |
| 2b  |     |    |
| 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.  |     |    |
| 3a  |     |    |
| 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  |     |    |
| 3b  |     |    |

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

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

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

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

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |   |  |   |
|--|---|--|---|
| Section D - Distributions  |   |  | Current Year                              |
| 1  | Amounts paid to supported organizations to accomplish exempt purposes   |  |   |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity                                   |  |   |
| 3  | Administrative expenses paid to accomplish exempt purposes of supported organizations   |  |   |
| 4  | Amounts paid to acquire exempt-use assets   |  |   |
| 5  | Qualified set-aside amounts (prior IRS approval required)   |  |   |
| 6  | Other distributions (describe in Part VI). See instructions.  |  |   |
| 7  | Total annual distributions. Add lines 1 through 6.  |  |   |
| 8  | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.                              |  |   |
| 9  | Distributable amount for 2018 from Section C, line 6  |  |   |
| 10   | Line 8 amount divided by Line 9 amount  |  |   |
| Section E - Distribution Allocations (see instructions)                                    |   |  |   |
|  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1  | Distributable amount for 2018 from Section C, line 6  |  |   |
| 2  | Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions  |  |   |
| 3  | Excess distributions carryover, if any, to 2018   |  |   |
| a  | From 2013   |  |   |
| b  | From 2014   |  |   |
| c  | From 2015   |  |   |
| d  | From 2016   |  |   |
| e  | From 2017   |  |   |
| f  | Total of lines 3a through e   |  |   |
| g  | Applied to underdistributions of prior years  |  |   |
| h  | Applied to 2018 distributable amount  |  |   |
| i  | Carryover from 2013 not applied (see instructions)  |  |   |
| j  | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |  |   |
| 4  | Distributions for 2018 from Section D, line 7: \$   |  |   |
| a  | Applied to underdistributions of prior years  |  |   |
| b  | Applied to 2018 distributable amount  |  |   |
| c  | Remainder. Subtract lines 4a and 4b from 4.   |  |   |
| 5  | Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7  | Excess distributions carryover to 2019. Add lines 3j and 4c.  |  |   |
| 8  | Breakdown of line 7:  |  |   |
| a  | Excess from 2014  |  |   |
| b  | Excess from 2015  |  |   |
| c  | Excess from 2016  |  |   |
| d  | Excess from 2017  |  |   |
| e  | Excess from 2018  |  |   |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

2018

Attach to Form 990

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Housing Options & Planning Enterprises Inc.

20-2526058

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (dunning year), 3 Aggregate value of grants from (dunning year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

**Part VII** Investments - Other Securities.

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

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

**Part VIII** Investments - Program Related.

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

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

**Part IX** Other Assets.

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1) Security Deposits  | 2,236          |
| (2) Loan Receivable  | 500            |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | 2,736          |

**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.

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

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

**Part XI** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |    |         |
|---|---|----|----|---------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  | 363,431 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |         |
| a | Net unrealized gains (losses) on investments                                    | 2a |    |         |
| b | Donated services and use of facilities  | 2b |    |         |
| c | Recoveries of prior year grants   | 2c |    |         |
| d | Other (Describe in Part XIII)   | 2d |    |         |
| e | Add lines 2a through 2d   |    | 2e |         |
| 3 | Subtract line 2e from line 1  |    | 3  | 363,431 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |    |         |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |    |         |
| b | Other (Describe in Part XIII)   | 4b |    |         |
| c | Add lines 4a and 4b   |    | 4c |         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  | 363,431 |

**Part XII** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |    |         |
|---|--|----|----|---------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1  | 350,238 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |    |         |
| a | Donated services and use of facilities   | 2a |    |         |
| b | Prior year adjustments   | 2b |    |         |
| c | Other losses   | 2c |    |         |
| d | Other (Describe in Part XIII)  | 2d |    |         |
| e | Add lines 2a through 2d  |    | 2e |         |
| 3 | Subtract line 2e from line 1   |    | 3  | 350,238 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |    |         |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |    |         |
| b | Other (Describe in Part XIII)  | 4b |    |         |
| c | Add lines 4a and 4b  |    | 4c |         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5  | 350,238 |

**Part XIII** Supplemental Information.

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

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Supplemental Information to Form 990 or 990-EZ

2018

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

Housing Options & Planning Enterprises Inc.

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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 sign a Conflict Disclosure document annually. New employees sign a  
Conflict Disclosure document when hired.

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 compared 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

Name of the organization

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### 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 performed 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 the borrower will have more flexible and options.

### II. Home Buyers Education

H.O.P.E. has several options for individuals desiring to complete the first time homebuyer's education requirement, which are currently the highest in demand out of all of the services we offer

H.O.P.E. provides Fast Track – a First Time Homebuyer Class – an in-person eight hour class designed to educate the clients on the various aspects of the real estate transactions and financial guidelines in budgeting, credit monitoring, and saving. Classes are held on second and fourth Saturdays every month from 9:00 to 5:00 in designated locations around the Prince George's County. Around 20 to 40 people attend each of these sessions. The course content is taken from the NeighborWorks "Realizing the American Dream" which provides the National Industry Standard for Homeownership Education and Counseling developed through a collaboration of housing industry partners.

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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 individuals wanting the ease of starting and stopping at the own pace, and it is offered in English 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 the clients.

H.O.P.E. is a partner to Fannie Mae in promoting the Framework which is an online homebuyer education course. Again, an hour of one-on-one counseling session occurs prior to certificate being issued.

### III. Financial Capability

H.O.P.E.'s Financial Capability Program provides one-on-one personalized counseling and group sessions. The program teaches the knowledge skills for saving, reducing debt, budgeting and maintaining or rebuilding good credit. This program is designed for individuals that are mortgage ready and will purchase within three months.

### IV. Economic Development

H.O.P.E.'s Economic/Workforce Development program provides training opportunities for targeted populations in its target markets. The overarching objective is to increase wages; from low-income to median-income or non-wage earners to become wage earners, through employment or entrepreneurship with the goal of future financial stability.

Upon completion of the course, clients will understand the essentials of financial

Name of the organization

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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 expenses for

recordkeeping, and they will have better practices for implementing, monitoring, and

evaluating a risk management plan for their business. Finally, clients will be able to

prepare for tax obligations and establish proper accounts, obtain the proper 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 Financial Institute

(CDFI) with the US Department of Treasury's CDFI Fund to bolster its capacity to serve the

needs of its target market and populations. In 2016, H.O.P.E. was certified as a CDFI

based on its offering of small dollar personal loans as an alternative to high priced

payday lenders. Declining demand rendered the product noncompetitive against others with

stronger resource bases, which resulted in the loss of CDFI certification. As a means of

strengthening its resource and base and apparatus in 2018, H.O.P.E. began offering home

improvement and façade repair loans (capped at max at \$10,000) initially available solely

to owner occupied residents in the Glassmanor Oxon Hill TNI.

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)**

**Related Organizations and Unrelated Partnerships**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Housing Options & Planning Enterprises Inc.

Employer identification number

20-2526058

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal dom. (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |

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

| (1) | (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal dom. (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity       | (g)<br>Sec 512(b)(13) controlled entity? |    |
|-----|--|-------------------------|--|----------------------------|---|--|--|----|
|     |  |                         |  |                            |   |  | Yes                                      | No |
| (1) | H.O.P.E. Mudd Housing Inc., 75-3017155<br>6188 Oxon Hill Rd, Suite 700<br>Oxon Hill, MD 20745    | Housing                 | MD   | 501 (c)(3)                 | 7   | Housing Options & Planning Enterprises |  | X  |
| (2) | H.O.P.E. Werner Housing, Inc., 52-2214807<br>6188 Oxon Hill Rd, Suite 700<br>Oxon Hill, MD 20745 | Housing                 | MD   | 501(c) 3                   | 7   | Housing Options & Planning Enterprises |  | X  |
| (3) | H.O.P.E. Gagnon Housing Corp, 52-1535534<br>6188 Oxon Hill Rd, Suite 700<br>Oxon Hill, MD 20745  | Housing                 | MD   | 501 (c)(3)                 | 7   | Housing Options & Planning Enterprises |  | X  |
| (4) |  |                         |  |                            |   |  |  |    |
| (5) |  |                         |  |                            |   |  |  |    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>Gen. or managing partner? |    | (k)<br>% ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|----------------------------------|----|--------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                              | No |                    |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                  |    |                    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Sec 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes                                      | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

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

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

- 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)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s)

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.

Table with 5 columns: (a) Name of related organization, (b) Transaction type (e-s), (c) Amount involved, (d) Method of determining amount involved, and Yes/No columns. Rows 1-6 are empty.

**Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.**

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>Gen or managing partner? |    | (k)<br>% ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|---------------------------------|----|--------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                             | No |                    |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                 |    |                    |