OMB No 1545-0047 990 **Return of Organization Exempt From Income Tax** 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev January 2020) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning . 20 20 , 2019, and ending 07-01 06-30 Check if applicable C Name of organization Housing Options & Planning Enterprises Inc. Employer identification number Address change 20-2526058 Doing business as Number and street (or PO box if mail is not delivered to street address) E Telephone number Name change 700 Initial return 188 Oxon Hill Road (301) 567-3330 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 0xon Hill, MD 20745-0000 404,251 Amended return Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? X 501(c)(3) 501(c) (527 Tax-exempt status) **(**insert no) 4947(a)(1) or If "No," attach a list (see instructions) Websito > www.hopefinancial.org H(c) Group exemption number X Corporation Trust Association L Year of formation 2005 M State of legal domicile Form of organization [Partil] Summary Bnefly describe the organization's mission or most significant activities: To ensure access to housing & capital for all persons through counseling, education, advocacy, & community revitalization. H.O.P.E offers a SCANNFD MAR 1 6 2022 Governance Revenue wide range of services designed to foster self-suffiency, wealth building, & housing that meets the needs of the community we serve. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 3 Total number of volunteers (estimate if necessary) 7 Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 39 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 232,912 312,118 Program service revenue (Part VIII, line 2q) 56,195 54,436 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,324 37,697 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 363,431 404,251 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 198,314 199,774 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 151,924 174,960 374,7<u>34</u> Total expenses Add lines 13-17 (must equal Part IX, column (A 350,238 19 Revenue less expenses. Subtract line 18 from line 12 13,193 29,517 **Beginning of Current Year** End of Year ÖSC 20 Total assets (Part X, line 16) 188,683 270,754 21 Total liabilities (Part X, line 26) 69,591 122,145 22 Net assets or fund balances. Subtract line 21 from line 2 119,092 148,609 Partilli Signature Block Under penalties of perjury, Proclare that I have examined this return, including accompanying schedules and statements, and in the has true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign

Date

12-30-2020

self-employed

202) 322- 333

Firm's EIN > 8/-

May the IRS discuss this return with the preparer shown above? (see instructions)

Berry Newton CPA PLLC

1231 Good Hope Rd

Washington DC 20020

Form 990 (2019)

X No

Yes

Donna Hurley, CEO/Pr Type or print name and title Print/Type preparer's name

Here

Paid

Preparer

Use Only

Firm's name

Firm's address

	n 990 (2019) Housing Options & Planning Enterprises Inc.	20-2526058	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	•••
1	Bnefly describe the organization's mission:		
	To ensure access to housing & capital for all persons through counseling, ed		cacy, &
	community revitalization. H.O.P.E offers a wide range of services designed to		
	self-suffiency, wealth building, & housing that meets the needs of the commu	inity 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 · 🛭] No
	if "Yes," describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · · 🗌 Yes 🛛	No
	if "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$333,706 including grants of \$) (Revenue	\$	
74	See SERVICES page for a description of this program service.	Ψ	— '
	See SERVICES page 101 a descripcion of this program service.		
			
			· · · · · · · · · · · · · · · · ·
4.			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
,			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)_	
4e	Total program service expenses ► 333,706		
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Form 990 (2019) Housing Options & Planning Enterprises Inc.

Part IV Checklist of Required Schedules Page 3

Га	IT IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١,		
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
E	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ ا		
•		5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		l i	
	• •	6]	
7	"Yes," complete Schedule D, Part I	-		<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 		<u> </u>
Ü	complete Schedule D, Part III	8		7.5
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	 		<u>x</u>
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۴	^-	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable	ŀ		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ı
_	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ŀ	x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ĺ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		- 1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		Ī	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u>
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Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), line 27 if "Yes," complete Schedule (Part s. and if and if a comparization answer "Fe" or Part VI, Section A, line 3, 4, or 5 shout compensation of the organization courser and former officers, circulors, trustees, key employees, and highest compensated employees." Virsa, "organization between the section of the comparization and the comparization of the set day of the year; that was issued after Discomber 31, 2002? If "Yes," amover lines 24th through 24d and complete Schedule K. If "No." go to line 25s Did the organization misst any proceeds of lar-eveript bonds beyond a temporary pende exception? Did the organization misst any proceeds of lar-eveript bonds beyond a temporary pende exception? Did the organization misst any and sorting the year? See Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations, but the during the year? Did the organization and a many and 501(c)(23) organizations, but the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the conjactions replaced person in a prior year, and that the transaction has not been reported on any of the conjactions report any service of the territory of the prior of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of contents, and any organization proprior any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founders, substantial contributor, or 35% controlled entity or family member or any of frees persons? If "Yes," complete Schedule L, Part III Did the organization provide a great or other assistance to any current or former officer, director, trustee, key employee, creator or founders, and submassistance	ait	Checkist of Required Schedules (Continued)			
Pert IX, column (A), line 27 if "Yes,"complete Schedule J. Perts 1 and 111 24a Dd the organization answer "Fee's 1 Pert YII, Section A, line 34, a r 5 a bout compensation of the organization's current and former officers, directors, invalees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Dd the organization have a text-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e Did the organization marks any proceeds of lax-exempt bonds beyond a temporary period exception? Did the organization marks an an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedula I., Part I Is the organization waver that it engaged in an excess benefit transaction with a disqualified person in a principle year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 If "Yes," complete Schedula L., Part II Is the organization expenses and the part of the part of the part of the part of the organization provides a grant or other assistance to any current or former officer, director, trustee, key employee, creatior or formed force, director, frustee, key employee, creation or former officer, director, trustee, key employee, creation or formed provide a grant or other assistance to any current or former officer, director, trustee, key employee thereof, a grant selection committee member, or to a 33% controlled entity functional a		Did the exception report may then \$5,000 of excepts or other exciptance to a few democial individuals on		Yes	No
23 Did the organization answer "Net" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, fluxieses, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization since a lase-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "Yo," go to line 25s on 10 the			22	Ì	
organization's current and former officers, directors, frustless, key employees, and highest compensated employees? If "Yes," complete Schedule J and the segment of the se			-22		<u>x</u>
employees? If "Yes," complete Schedule J. All the organization have at sur-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer fines 24b through 34d and complete Schedule K. If "No," go to fine 23a Did the organization mistation are scrow account other than a refunding escrow at any time during the year? Did the organization mistation are escrow account other than a refunding escrow at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage an an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part! Is the organization according to the organization organization provide any anount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusites, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other association to any current or former officer, director, fusites, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part IV No alternation former officer, director, fusites, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A School organization according to a business transaction with one of the following parties (see Schedule L, Part IV A 35% controlled entity of one or more individuals and or organization organization accor					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 3, 2002? If "Yes," answer lines 24b through 24d and complete Schedule It. If Yes," go to line 25a Did the organization mixed any proceeds of lax-exempt bonds beyond a temporary pend exception? Did the organization mixed any proceeds of lax-exempt bonds beyond a temporary pend exception? Did the organization mixed any an escover account other than a reforming escover at any time during the year? Did the organization account and an escover account other than a reforming escover at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Pes," complete Schedule It. Part! Is the organization awave that the gragader in an excess benefit transaction with a disqualified person during the year? If "Pes," complete Schedule It. Part! Did the organization awave that the gragader in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-52? If "Yes," complete Schedule It. Part! Did the organization provide a grant or other assestance to any current or former organization provide a grant or other assestance to any current or former officer, director, frustee, key employee, creator or founder, substantial contribution or employee thereof) or family member of any of these persons? If "Yes," complete Schedule It. Part IV Was the organization a party to a business transaction with one of the following parties (see Schedule It. Part IV Was such confidence that the part IV and the part IV and the part IV and IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, dreador, Insistee, key employee, creator or founder, or substantial contributi			23		x
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through 24d and complete Schedule K. If "No." go to line 25a b) Did the organization minest arry proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Section 501(c)(3) 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "res," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 930 or 980-E2? If "res," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or farmity member or any of three persons? If "res," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "res," complete Schedule L, Part II Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II V instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, rusitee, key employee, creator or founder, or substantial contribution? If "res," complete Schedule L, Part IV N has family member of any individual described in line 28a? If "res," complete Schedule L, Part IV N A family member of any individual d					ĺ
b Did the organization ministian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 Section 50(16(3), 601(6)(4), 405(16)(4) and 501(6)(29) organizations. Dut the organization engages an an excess benefit transaction with a disqualified person during the year? If "hes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II D Of the organization aware that a engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II D Of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a Acurrent or former officer, director, trustee, key employee, oreator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule II, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lin			24a		x
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EEA				990 (2	2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) x Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? X If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes," indicate the number of Forms 8282 filed during the year 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g Х h 7h Х 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. а Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? а Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c 14a Did the organization receive any payments for indoor tanning services during the tax year? Х 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720. Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Yos 1a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 ۵ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following х Each committee with authority to act on behalf of the governing body? х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 14 Did the organization have a written document retention and destruction policy? Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? x b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 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. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Another's website Describe on 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

Form 990 (201	Housing Options & Planning Enterprises Inc.	20-2526058	Page
PartiVIII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Condependent Contractors	ompensated Employees	, and
	Check if Schedule O contains a response or note to any line in this Part VII		[
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

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

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

EEA

Check this box if neither the organization nor any relate	d organizatio	n com	pens	ated	lany	curre	nt of	ficer, director, or tru	stee	
(A) Name and title -	(B) Average hours per week (list any hours for related organizations below dotted line)	(do not check more than one box, unless person is both a officer and a director/furustee) Key employee Institutional trustee or director			Position ck more than one s person is both an a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Doris Canty-Brown	0.50									
Member (2) Delna Gray	0.50	Х					-	0	0	0_
Member		х						0	0	0_
(3) Clarence Carter	0.50									
Member		X						0	0	0
(4) Geron_Levi	0.50									
Member		X						0	0	0
(5) Starr Jefferson	0 .50							_	_	_
Member		Х			-			0	0	0
(6) Tamara Davis-Brown Membet	0 .50	х						0	0	0
(7) Zeno St. Cyr	0.50									
Acting Treasurer				х				0	0	0
(8) Antoine M Thompson Chair	0.50			х				0	0	0
(9) Katherine Carter	0.50		\dashv					<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Secretary				x				0	o	0
(10)Donna Hurley	50.00									
CEO/President					x			87,080		0
(11)										
(12)				\exists						
(13)						-				
(14)										
	L								<u> </u>	

Form 990 (2019)

Page 8

	(A) Name and title		box	unles	Po eck m ss per	son is	han one s both ar /trustee)	n ļ	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated air of other compensal from the		r
		(list any hours for related organizations below dotted line)	Indwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC		orga	nization d organi	
(16)					i									
(17)														
(18)													•	
(19)														
(20)														
(21)														
(22)														
(23)											_			
(24)														
(25)						1								
1b Subtot								•						
	rom continuation sheets to Part VII, Secti add lines 1b and 1c)			· · ·					87,080		0			0
	umber of individuals (including but not limite ble compensation from the organization	d to those list	ed abo	ve) v	vho	rece	ived m	nore	than \$100,000 of					
Теропа	ble compensation from the organization									 			Yes	0 No
	organization list any former officer, director,	•		e, or	_		•		ted 					
	ee on line 1a? <i>If "Yes," complete Schedule J</i> rindividual listed on line 1a, is the sum of re			ion a							`	3		x
_	ation and related organizations greater than \$													
	pal										• •	4		X
for serv	ices rendered to the organization? If "Yes," c	•		-			-					5		<u></u>
	ndependent Contractors					111						_		
	ete this table for your five highest compensansation from the organization. Report compe													
	(A)								(B)			(C)		
	Name and business addres	s							Description of service	35	<u> </u>	ompensa	itton	
														-
	umber of independent contractors (including d more than \$100,000 of compensation fror			ose li	isted	abo	ove) w	no						

Statement of Revenue

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a 1b Contributions, Gifts, Grands and Other Similar Amounts Fundraising events 1c Related organizations 1d Government grants (contributions) . . 1e 215,070 All other contributions, gifts, grants, and similar amounts not included above 1f 97,048 q Noncash contributions included in 1g Total, Add lines 1a-1f 312,118 **Business Code** 2a Homebuyer Class Sponsor 531390 21,150 21,150 Program Service Revenue b <u>Homebuyer Participant</u> 531390 26,081 26,081 f All other program service revenue 531390 7,205 7,205 Total. Add lines 2a-2f 54,436 Investment income (including dividends, interest, and income from investment of tax-exempt bond proceeds (i) Real (a) Personal 6a Gross rents 6a b Less rental expenses - -6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less' cost or other basis 7a Other Revenue 7b and sales expenses . . c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8b b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 106 b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellanous Revenue 11a Bank Loan Forgiveness 531390 25,514 25,514 b Rent Forgiveness 531390 12,183 12,183 C e Total. Add lines 11a-11d 37,697 Total revenue. See instructions 404,251 92,133

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 **(B)** (C) (D) Do not include amounts reported on lines 6b, 7b, Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Compensation of current officers, directors, <u>7,7</u>88 77,884 70,096 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 92,687 83,418 9,269 R Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 1,465 14,654 13,189 10 13,094 1,455 14,549 11 Fees for services (nonemployees) 18,900 17,010 1,890 C ď Professional fundraising services See Part IV, line 17 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 4,066 3,658 408 13 Office expenses ,398 13,989 12,591 14 Information technology 8,354 7,519 835 15 32,760 29,484 3,276 16 9,810 17 8,829 981 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5,573 5,573 20 9,747 9,747 21 22 Depreciation, depletion, and amortization 23 1,694 1,525 169 24 Other expenses litemize expenses not covered above (List miscellaneous expenses on line 24e. If him 24e amount exceeds 10% of this 25, column ť (A) amount, list line 24e expenses on Schedule O.) 2,516 2,516 Credit Reports 854 7,689 Equipment Rental/Maintenance 8,543 661 Telecommunications 6,606 5,945 44,086 Outside Contract Services 44,086 All other expenses 832 8,316 7,484 25 Total functional expenses. Add lines 1 through 24e . . . 333,706 41,028 0 374,734 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 | | | | | | | | following SOP 98-2 (ASC 958-720)

Form 990 (2019) 20-2526058 Page 11 Housing Options & Planning Enterprises Inc. **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 185,947 135,587 Cash - non-interest-bearing 2 2 3 3 Pledges and grants receivable, net 132,431 4 4 500 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a Less, accumulated depreciation 10b 10c b Investments - publicly traded securities 11 11 12 12 Investments - other secunties. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Other assets. See Part IV, line 11 15 15 2,736 2,236 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 188,683 270,754 17 17 20,460 1,408 18 18 19 19 50,000 Deferred revenue 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 27,237 24 24 Unsecured notes and loans payable to unrelated third parties 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

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Net assets with donor restrictions

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building, or equipment fund

Net Assets or Fund Balances

26

27

29

30

31

32

33

Form 990 (2019)

43,500

122,145

148,609

148,609

270,754

25

26

27

29

30

31

32

33

69,591

119,092

119,092

188,683

_		U-25.	26058	<u> </u>		age 12
Pa	rt 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			404,	251
2	Total expenses (must equal Part IX, column (A), line 25)	2			374,	734
3	Revenue less expenses. Subtract line 2 from line 1	3			29,	517
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			119,	092
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	[
	32, column (B))	10			148,	609
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• • •				<u>. 🔲</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		\cdots	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					ļ
	reviewed on a separate basis, consolidated basis, or both		1			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		\cdots	2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		i			İ
	separate basis, consolidated basis, or both.					
	X Separate basis Consolidated basis Both consolidated and separate basis		- [,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1			•
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		\cdots	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		1		-	7
	Schedule O.].			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		ĺ			
	Single Audit Act and OMB Circular A-133?		\cdots	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	· · ·	<u> </u>	3b		
EEA				Form	990 (2	2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

(Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public
Inspection

OMB No 1545-0047

Employer identification number Housing Options & Planning Enterprises Inc. 20-2526058 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 П A school described in section 170(b)(1)(A)(ii). (Atlach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 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 U 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 Provide the following information about the supported organization(s) (I) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2019 Housing Options & Planning Enterprises Inc. Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 296,925 388,830 404,251 388,830 363,431 1,842,267 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 296,925 388,830 388,830 363,431 404,251 1,842,267 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 115,784 6 Public support. Subtract line 5 from line 4 1,726,483 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 296,925 388,830 388,830 363,431 404,251 1,842,267 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from 9 Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 . . . 1,842,267 12 Gross receipts from related activities, etc. (see instructions) 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 93.72 % 94.78 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \mathbf{x}

b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	>	П
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in		
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported		
organization · · · · · · · · · · · · · · · · · · ·	>	
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line		
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.		
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly		

instructions

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

_	dulo A (Form 990 or 990-EZ) 2019 Housing O	ptions & P	lanning Ent	erprises In	nc.	20-25260)58 / Page 3	
[P	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							
		1 1 10045		1 1 10017	1 10 0010	T	 	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	/ (f) Total	
1	Gifts, grants, contributions, and membership fees		}		}	1	X	
^	received (Do not include any "unusual grants ")					 /		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				1	/		
	furnished in any activity that is related to the						1	
•	organization's tax-exempt purpose · · · · ·			· · · · · · · · · · · · · · · · · · ·		 /		
3	Gross receipts from activities that are not an	1	ļ			/		
A	unrelated trade or business under section 513 ·					 		
4	Tax revenues levied for the					/		
	organization's benefit and either paid to					/		
-	or expended on its behalf				ļ	{		
5	The value of services or facilities		[/	l		
	furnished by a governmental unit to the				/			
_	organization without charge				/			
6	Total. Add lines 1 through 5				//			
/a	Amounts included on lines 1, 2, and 3		İ					
L	received from disqualified persons				-/		<u> </u>	
a	Amounts included on lines 2 and 3				/			
	received from other than disqualified				/			
	persons that exceed the greater of \$5,000			j				
_	or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from		<u>'</u>					
55	line 6.)		L <u> </u>	·	<u>-</u>	l		
	ction B. Total Support	1 1 0045	(L) 0040	1.1/0047	(1) 0040	4 2 2 2 4 2	(0.7.1.1	
	endar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total	
				-/				
1 U a	Gross income from interest, dividends,			/				
	payments received on securities loans, rents,		,	,	•			
h	royalties, and income from similar sources Unrelated business taxable income (less		/					
U	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business							
• •	activities not included in line 10b, whether		/				•	
	or not the business is regularly carried on							
12	Other income Do not include gain or		/					
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
. •	and 12)	/ /						
14	First five years. If the Form 990 is for the org	anizatiển's first	second third	fourth or fifth t	ax vear as a se	ection 501(c)(3)		
• •	organization, check this box and stop here	,						
Sec	tion C. Computation of Public Suppor							
	Public support percentage for 2019 (line 8, co		 	column (f))		15	%	
	Public support percentage from 2018 Schedy					16	%	
	tion D. Computation of Investment Inc							
	Investment income percentage for 2019 (line			13, column (f))	17	%	
	Investment income percentage from 2018 Sch					18	%	
	33 1/3% support tests - 2019. If the organiza							
- - -	17 is not more than 33 1/3%, check this box as							
b	33 1/3% support tests - 2018. If the organiza							
	line 18 is not more than 33 1/3%, check this bo							
20	Private foundation. If the organization did no						▶ 🗂	
								

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)

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		l	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			<u> </u>
	class or purpose, describe the designation If historic and continuing relationship, explain.	1		L
2	Did the organization have any supported organization that does not have an IRS determination of status	- [ļ. '
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			لـــا
	(b) and (c) below.	3a		
þ	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.	3b		
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	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	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	4c		
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;			i
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	· []		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			. 1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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.	10a		
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.)	10b		

	rule A (Form 990 or 990-EZ) 2019 Housing Options & Planning Enterprises Inc. 20-2526058 rt IV Supporting Organizations (continued)		<u> </u>	age 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Į.		
а	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		
h	A family member of a person described in (a) above?	11b	 -	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations	1.10	L	<u>. </u>
360	Tion D. Type (Supporting Organizations		Voc	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	Yes	No
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		
Sec	tion 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	ĺ		1 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ľ		
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		
Sec	tion 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			. 1
	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)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		<u> </u>
·	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		
500	tion 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 instru	otion		
		CHOIL	o).	
a h	The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
b		inetr	otion	-1
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	เมริกษ		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		١ .]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}		. 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			<u>'</u> {
	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			. 1
	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.			. 1
а	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 the supported organizations? If "Voe." decembe in Part VII the role played by the organization in this regard	312		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical						
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 organiza	tions r	nust complete Sections	A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1		(optional)			
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see		•	1			
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 ın detail in Part VI)						
Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,						
see instructions)	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	•				
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·				
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see			
instructions).						

c Excess from 2017

d Excess from 2018 e Excess from 2019

Schedule A (Form	n 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
1.44.5.44	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	III, line 12, Falt IV, Section A, lines 1, 2, 30, 30, 40, 40, 30, 0, 30, 30, 30, 30, 30, 110, 110,
	B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	·

EEA

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

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

Open to Public Inspection

Name	of the organization		Employer Identification number
Hou	sing Options & Planning Enterprises Inc.		20-2526058
Pa		nds or Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (dunng year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised	
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor advi		ed
•	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
ــــــــــــــــــــــــــــــــــــــ	Complete if the organization answered "Yes" or	Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or education)		on of a historically important land area
	Protection of natural habitat	· — —	on of a certified historic structure
	高	Treservan	and a definited filatorio di dotare
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified of	concentration contribution in the form of a	consequation
2		conservation contribution in the form of a	
_	easement on the last day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic struct	, ,	26
d	Number of conservation easements included in (c) acquired after		
_	historic structure listed in the National Register		[2d]
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the o	rganization during the
	tax year •		
4	Number of states where property subject to conservation easen		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	idling of violations, and enforcing conserv	vation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense s	tatement, and
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections		or Other Similar Assets.
	Complete if the organization answered "Yes" or		· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under FASB ASC 958, r		
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public
	service, provide, in Part XIII the text of the footnote to its financial	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, t	•	
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance 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 treasu		
	following amounts required to be reported under FASB ASC 958		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> \$

	tule D (Folm 990) 2019 Housing Option	s & Planning	Enterprises I	nc.	20-2526		Page 2		
Pa	rt III Organizations Maintaining	Collections of	Art, Historical T	reasures, or C	ther Similar Ass	ets (continu	ued)		
3	Using the organization's acquisition, accession	, and other records,	check any of the follow	wing that make sign	ificant use of its				
	collection items (check all that apply).								
a	Public exhibition		d 🗍 Loan	or exchange progra	ms				
b	Scholarly research		e Other						
c	Preservation for future generations						_		
4									
7	XIII.								
-	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar								
Э						☐ Yes ☐	□ N-		
По	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Га	Complete if the organization		on Form 000 Pr	art IV line 9 or	reported an amou	unt on Forn	n		
		answered les	0111 01111 990, 1 1	artiv, iirie 9, or	reported air airio	3116 071 1 0711	"		
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian								
	•			• • • • • • • • •		·∐ Yes ⊉	X No		
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follow	ving table:	_	т				
				<u> </u>	Amo	unt			
C				<u> </u>	1c				
ď	·		• • • • • • • • •		1d				
е					1e				
f	Ending balance				1f				
2a	Did the organization include an amount on For	m 990, Part X, line 21	l, for escrow or custo	dial account liability		[Yes [No		
b	If "Yes," explain the arrangement in Part XIII C	heck here if the expla	anation has been prov	vided on Part XIII		[<u> </u>		
Pa	Part V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back		
1a	Beginning of year balance								
b	Contributions					1			
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships					1			
P	Other expenditures for facilities and		· · · · · · · · · · · · · · · · · · ·	<u> </u>		† · · · · · · · · · · · · · · · · · · ·			
Ť	programs	ļ]						
f	Administrative expenses				-	 			
	End of year balance			 		1			
g 2	Provide the estimated percentage of the currer	t year and balance (I	ino 10. column (a)) hi	ald as:		<u>i.</u>			
	• =	-	ine rg, column (a)) ne	ciu as					
a	Board designated or quasi-endowment	% %							
Ø	· onnanon ondomnon	/o							
С	Term endowment > %								
_	The percentages on lines 2a, 2b, and 2c should			d d . d					
3a	Are there endowment funds not in the possess	ion of the organizatio	n that are held and ac	aministered for the		[·			
	organization by.					Yes	No		
	(i) Unrelated organizations · · · · · ·	• • • • • • • • • •				3a(i)	 		
	(ii) Related organizations · · · · · · · ·					3a(ii)			
þ	If "Yes" on line 3a(ii), are the related organization	ons listed as required	on Schedule R?			3b			
4	Describe in Part XIII the intended uses of the o		nent funds						
Pai	rt VI Land, Buildings, and Equip						_		
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 11a.	See Form 990, Pa	art X, line 1	U.		
	Description of property	(a) Cost or oth	er basis (b) Cost o	or other basis (c) Accumulated	(d) Book value	9		
		(investme	ent) ((olher)	depreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
9	Other			1					
	. Add lines 1a through 1e (Column (d) must equi		column (B), line 10c)						

Part VII Investments - Other Securities.	d "Vor" on For		IV/ line 11h 9	Coo Form 000 Port V line 40
Complete if the organization answered	u tes on Fon			
(a) Description of security or category (including name of security)		(b) Book val	ue	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	· · · · · · · · · · · · · · · · · · ·			
(A)				
(B) (C)	····		·	
(D)				
(E)				
(F)		······································		
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		000 0 1	N	5 000 D ()/ 40
Complete if the organization answered	"Yes" on Forr	n 990, Part	IV, line 11c. S	ee Form 990, Part X, line 13
(a) Description of investment		(b) Book vale	18	(c) Method of valuation Cost or end-of-year market value
(1)				Cost of Gita-di-year Market Value
(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.	1 11Vaati aa Farr	- 000 D	N/ lma 44 d O	F 000 P-+V # 45
Complete if the organization answered		n 990, Part	iv, line 11a. S	
	scription			(b) Book value
(1)Becurity Deposits (2)				2,23
(3)				
(4)				
(5)				
(6)		······································		
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				▶ 2,23
Part X Other Liabilities.				
Complete if the organization answered	l "Yes" on Forn	n 990, Part	IV, line 11e or	11f. See Form 990, Part X,
line 25.				
1. (a) Description of liability	(b) Book va	lue		
(1) Federal income taxes				
(2)Payroll Protection Program Loan		43,500		
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) · ▶		43,500		
2. Liability for uncertain tax positions. In Part XIII, provide the text of			financial stateme	nts that reports the
organization's liability for uncertain tax positions under FASB ASC 74	40 Check here if th	ne text of the fo	otnote has been p	rovided in Part XIII

	ule D (Form 990) 2019 Housing Options & Planning Enterprises In	ic.			26058 Page 4
	Complete if the organization answered "Yes" on Form 990,		•	· itte	um.
1	Total revenue, gains, and other support per audited financial statements			1	454,687
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u> </u>	151,007
а	Net unrealized gains (losses) on investments	2a	[
b	Donated services and use of facilities	2b	50,436	1 '	
С	Recovenes of prior year grants	2c	30,430	1	,
d	Other (Describe in Part XIII)	2d	<u> </u>	1	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · ·	2e	50,436
3	Subtract line 2e from line 1			3	404,251
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	!	1		104,251
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		1	
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	404,251
	t XII Reconciliation of Expenses per Audited Financial State				
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	425,170
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				423,170
a	Donated services and use of facilities	2a	50,436		
b	Pnor year adjustments · · · · · · · · · · · · · · · · · · ·	2b	30,430	1	
c	Other losses	2c		1 1	
ď	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d		<u> </u>		50,436
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		1	<u> </u>	374,734
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII)	4b		i l	
	Add lines 4a and 4b		L	4c	
С 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	274 724
	t XIII Supplemental Information.	· · ·			374,734
?, Pa	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	idditioi	nal information		
· <u>-</u>				· · · ·	
					

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

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

2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Name of the organization Employer Identification number Housing Options & Planning Enterprises Inc. 20-2526058 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (f) Balance due (g) In default? (I) Written (e) Orginal (h) Approved from the with organization principal amount by board or agreement? toan organization? committee? Yes No Yes No Yes Νo (1) (2) (3) (4) (5) Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4)

Schedule L (Form 990 or 990-EZ) 2019 Housing Option	ons & Planning Ente	rprises Inc.	20-2526058	F	age 2
Part IV Business Transactions Invol					
Complete if the organization ar	nswered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.	_	
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	ring of
	interested person and the	transaction		organiz	
	organization	1		reven	
				Yes	No
	Son of Executive				
(1) Jermaine Badgett	Director	1,400	Architectural Fees		x
(2)				ļ	
(3)				 	
(4)		ļ		-	<u> </u>
(5) Part V Supplemental Information.			<u> </u>	J	L
		an Oakanbula I. (a.a.)			
Provide additional information for	or responses to questions	on Schedule L (see	instructions).		
•					
					
		•			
					
		1			
	···				
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	- · · · · · · - · · · · · · · · · · · ·				

Schedule L (Form 990 or 990-EZ) 2019

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Housing Options & Planning Enterprises Inc.	20-2526058						
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 emp	oloyees 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 year	y. The						
compensation is comapred to the other non profits salaries posted in the area.							
04. Governing documents, etc, available to public (Part VI, line 19)							
The Organization makes its governing documents available to the public upon i	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							

Schedule O (Form 990 or 990-EZ) (2019)	Pa	age 2
Name of the organization	Employer identification number	
Housing Options & Planning Enterprises Inc.	20-2526058	
I.Foreclosure Intervention		
H.O.P.E. provides one-on-one personalized counseling to help people who have	fallen behind	
on their mortgages and assist them in taking the steps they need to save the	ir home from	
foreclosure. Case management is offered in English and Spanish and is perfor	med to	
determine if retention of the home is realistic or if disposition is the sol	ution. 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 b	orrower 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 e	ıqht hour	
class designed to educate the clients on the various aspects of the real est	ate	
transactions and financial quidelines in budgeting, credit monitoring, and s	aving. Classes	
are held on second and fourth Saturdays every month from 9:00 to 5:00 in des	ıqnated	
locations around the Prince George's County. Around 20 to 40 people attend e	ach of these	
sessions. The course content is taken from the NeighborWorks "Realizing the		
Dream" which provides the National Industry Standard for Homeownership Educa	tion and	
Counseling developed through a collaboration of housing industry partners.		

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer Identification number
Housing Options & Planning Enterprises Inc.	20-2526058
H.O.P.E. assists clients with eHome America which is an online eight-hour cl	ass, 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 Span.	ish. The class
modules include; full media games, budgeting techniques etc. H.O.P.E. conduc	cts an
one-hour long one-on-one counseling prior to certificates issued to the clien	nts.
H.O.P.E. is a partner to Fannie Mae in promoting the Framework which is an or	nline
homebuyer education course. Again, an hour of one-on-one counseling session of	occurs prior
to certificate being issued.	
III. Financial Capability	·····
H.O.P.E.'s Financial Capability Program provides one-on-one personalized cour	nseling and
group sessions. The program teaches the knowledge skills for saving, reducing	debt,
budgeting and maintaining or rebuilding good credit. This program is designed	l 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 opportuni	ties for
targeted populations in its target markets. The overarching objective is to	ıncrease
wages; from low-income to median-income or non-wage earners to become wage ea	rners,
through employment or entrepreneurship with the goal of future financial stab	oility.
Upon completion of the course, clients will understand the essentials of fina	ncial

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Housing Options & Planning Enterprises Inc.	20-2526058
management and tools for their businesses. They will also understand the purp	oose of cash
flow management in a small business. Clients will be able to identify expense	es for
recordkeeping, and they will have better practices for implementing, monitors	ing, and
evaluating a risk management plan for their business. Finally, clients will h	oe 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 Finance	aal Institute
(CDFI) with the US Department of Treasury's CDFI Fund to bolster its capacity	y to serve the
needs of its target market and populations. In 2016, H.O.P.E. was certified a	as a CDFI
based on its offering of small dollar personal loans as an alternative to his	nh priced
payday lenders. Declining demand rendered the product noncompetitive against	others with
stronger resource bases, which resulted in the loss of CDFI certification. As	s a means of
strengthening its resource and base and apparatus in 2018, H.O.P.E. began of	fering home
improvement and façade repair loans (capped at max at \$10,000) initially available	allable 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 eliqible borrower base eventually	/ lendinq
countywide to borrowers underserved by traditional market driven lending sour	cces,
including banks and credit unions.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047 2019

Open to Public

Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

(f) Direct controlling entity Employer identification number (e) End-of-year assets 20-2526058 (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicie (state or foreign country) (b) Pnmary scturity Housing Options & Planning Enterprises Inc. (a) Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

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. Part II

	and the same						
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) (c) regal domicile	(d) Exempt Code section	(e) Public chanty status	(f) Direct controlling	(g) Sec. 512(b)(13) controlled entity?	b)(13) entity
		or foreign country)		((c)(a)) ne unmae II)	eunty	Yes	ę
(1) H.O.P.E. Mudd Housing Inc., 75-3017155					Housing	_	
6188 Oxon Hill Rd, Surte 700					Options &		
Oxon Hill, MD 20745	Housing	Ð	501 (c) (3)	7	Planning		×
(2) H.O.P.E. Werner Housing, Inc., 52-2214807					Housing		-
6188 Oxon Hill Rd, Suite 700					Options &		
Oxon Hill, MD 20745	Housing	Ð	501(c) 3	7	Planning		×
(3) H.O.P.E. Gagnon Housing Corp, 52-1535534					Housing		
6188 Oxon Hill Rd, Suite 700					Options &		
Oxon Hill, MD 20745	Housing	Q	501 (c) (3)	7	Planning		×
(4)	1						
(5)							

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

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

Percentage ownership 3 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. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Yes No General or managing partner? 9 20-2526058 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Yes No (h)
Disproportionate
affoca-(g) Share of end-of-year assets because it had one or more related organizations treated as a partnership during the tax year Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d) Drect controlling entity (c)
Legal
domicile
(state or
foreign Pnmary activity <u>e</u> Name, address, and EIN of related organization Part IV Part III 9 E lΞ 3 100 3 13

) (E)	512(b)(13)	controlled entity		ž				ļ 	
		Section	<u>8</u> ¤		Yes					
	ε	a								
	(6)	Share of	end-of-year assets	-						
x year.	(t)	Share of total	ілсоте							
ust ouring the ta	(a)	Type of entity	(C corp. S corp. or trust)							
corporation or tr	(p)	Direct controlling	entity							
is irealed as a c	(၁)	Legal domicile	(state or foreign country)							
e related organization	(q)	Primary activity								
	(a)	Name, address, and EIN of related organization				£)	(2)	(3)))	
, 1					i	_	ت	ات	<u>4</u>	(2)

Schedule R (Form 990) 2019

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20-2526058

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					Yes	윈
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ganizations listed in Par	ts II-IV?				
a Receipt of (i) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b Gift, grant, or capital contribution to related organization(s)				16	_	
c Giff. grant. or capital contribution from related organization(s)				10	<u> </u>	ł
				7	$\frac{1}{1}$	ı
			•	2	\dagger	
e Loans or loan guarantees by related organization(s)				Je	+	-
						1
f Dividends from related organization(s)				16		
g Sale of assets to related organization(s)				19	-	l
				+	-	
			•	<u> </u>	+	ł
i Exchange of assets with related organization(s) · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •	Ę	1	-
j Lease of facilities, equipment, or other assets to related organization(s)				<u>-</u>		
						1
k I asse of facilities acumment or other assets from related organization(s)	•			7	-	Ì
				= =	\dagger	
reflormation of services of international fundinals ing solicities				=	\dagger	1
m Performance of services or membership or fundraising solicitations by related organization(s)				Ę	1	- 1
n Sharing of facilities, equipment, maılıng lısts, or other assets with related organization(s)			:	1n		
Observe of and amplitudes with related amparation(c)				Ş	-	ŀ
			· · · · ·	2	\dagger	
				1	1	-
p Reimbursement paid to related organization(s) for expenses				1р		
q Reimbursement paid by related organization(s) for expenses			:	19		
Other transfer of each or present to related organization(c)				+	$\frac{1}{1}$	ļ
r Other transfer of cash of property to reface organization(s)				=	1	
s Other transfer of cash or property from related organization(s)				18	\dashv	
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	cluding covered relation	iships and transaction thre	esholds	i		
(a)	(p)	(၁)	(p)			
Name of coloise Americalian	Topicson	Postor turbus	boutous to resemble to be the Market	ei tei teme	le confort	
	type (a-s)					
						i
						1
(2)						
						ı
(3)						
(7)						
(5)						
						1
(9)						
EEA			Schedu	Schedule R (Form 990) 2019	n 990) 20	2

Housing Options & Planning Enterprises Inc. Schedule R (Form 990) 2019

RartVII 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

Page 4

20-2526058

(a)	(q)	(c)	(p)	(e)	€	(B)	(£)	Θ	9	(K)
Name, address, and EIN of enuly	Pnmary activity	Legal domicale (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations	Share of total income	Share of end-of-year assets	Disproportionat allocations	amount in box 20 of Schedule K-1 (Form 1055)	General or managing partner?	Percentage ownership
			sections 312-314)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										,
(2)										
(8)										
(6)										
(10)										
(11)										
(12)										
EEA									Schedule R (F	Schedule R (Form 990) 2019