

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **HOMESIGHT**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **5117 RAINIER AVENUE S**
 City or town, state or province, country, and ZIP or foreign postal code: **SEATTLE, WA 98118**

D Employer identification number: **94-3117253**

E Telephone number: **(206) 760-4227**

G Gross receipts \$ **7,685,964**

F Name and address of principal officer:
DARRYL SMITH
5117 RAINIER AVE S
SEATTLE, WA 98118

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **HOMESIGHTWA.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1990 **M** State of legal domicile: **WA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROMOTING SOCIAL AND ECONOMIC EQUITY TO PRESERVE AND ENHANCE ECONOMICALLY AND CULTURALLY DIVERSE COMMUNITIES THROUGH AFFORDABLE HOMEOWNERSHIP, BUSINESS DEVELOPMENT, AND COMMUNITY ADVOCACY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	39
6 Total number of volunteers (estimate if necessary)	6	137
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,409,793	4,047,161
9 Program service revenue (Part VIII, line 2g)	3,659,471	2,837,378
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,004,889	54,292
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,195	117,375
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,078,348	7,056,206
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,230	11,255
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,137,822	2,416,025
16a Professional fundraising fees (Part IX, column (A), line 11e)	69,134	38,437
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,360		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,986,946	3,133,048
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,221,132	5,598,765
19 Revenue less expenses. Subtract line 18 from line 12	4,857,216	1,457,441

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	45,659,164	52,166,168
21 Total liabilities (Part X, line 26)	3,933,426	8,982,989
22 Net assets or fund balances. Subtract line 21 from line 20	41,725,738	43,183,179

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: **2020-11-12**

DARRYL SMITH EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: **2020-11-13**

Check if self-employed PTIN: **P01286663**

Firm's name ▶ **FINNEY NEILL & COMPANY PS** Firm's EIN ▶ **91-1566381**

Firm's address ▶ **9757 GREENWOOD AVE N SEATTLE, WA 98103** Phone no. **(206) 298-9811**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HOMESIGHT CREATES AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES THROUGH ITS HOMEBUYER EDUCATION AND LENDING, AND REAL ESTATE DEVELOPMENT PROGRAMS. THESE PROGRAMS PRIMARILY SERVE LOW AND MODERATE INCOME, FIRST-TIME HOMEBUYERS IN SEATTLE, KING, PIERCE, AND SNOHOMISH COUNTIES. HOMESIGHT IS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, CERTIFIED BY THE US DEPARTMENT OF TREASURY, AND IS A WASHINGTON STATE LICENSED CONSUMER LOAN COMPANY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 934,491 including grants of \$) (Revenue \$ 484,418)
 See Additional Data

4b (Code:) (Expenses \$ 2,709,152 including grants of \$) (Revenue \$ 2,465,835)
 See Additional Data

4c (Code:) (Expenses \$ 1,230,900 including grants of \$ 11,255) (Revenue \$ 4,500)
 See Additional Data

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

4e Total program service expenses ▶ 4,874,543

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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	Yes	
11d	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	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 39
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 No
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. 16 No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY TO DIRECTOR EME	40.00			X			137,751	0	5,097	
(2) LINDA FLANAGAN FREEBURG INTERIM EXEC	40.00			X			135,856	0	8,632	
(3) LANA VAHALA-MARCUS CFO	40.00			X			111,270	0	12,559	
(4) TOM JACOBI CHIEF PORTFO	40.00			X			68,510	0	11,356	
(5) KRISTIN PULA COO (END)	40.00			X			37,785	0	900	
(6) MICHAEL DOTSON PRESIDENT	2.00 0.50	X		X			0	0	0	
(7) TERRY MILLER VICE PRESIDE	2.00 0.50	X		X			0	0	0	
(8) JOANN FRANCIS SECRETARY (E	2.00 0.50	X		X			0	0	0	
(9) RANDY ROBINSON TREASURER	2.00 0.50	X		X			0	0	0	
(10) DON ANDRE BOARD MEMBER	1.00 0.50	X					0	0	0	
(11) KATRINA FREEBURG BOARD MEMBER	1.00 0.50	X					0	0	0	
(12) MATEO GARIBALDI BOARD MEMBER	1.00 0.50	X					0	0	0	
(13) NATALIE HESTER JOHNSON BOARD MEMBER	1.00 0.50	X					0	0	0	
(14) ROB LANG BOARD MEMBER	1.00 0.50	X					0	0	0	
(15) NADINE MORGAN BOARD MEMBER	1.00 0.50	X					0	0	0	
(16) LYNN PERKINS BOARD MEMBER	1.00 0.50	X					0	0	0	
(17) STEVE WILLIAMS BOARD MEMBER	1.00 0.50	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	491,172		38,544

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BARRIENTOS RYAN LLC 1402 THIRD AVENUE STE 808 SEATTLE, WA 98101	CONSULTING	478,472
SUNDBERG KENNEDY LY-AU YOUNG ARCH 240 2ND AVE STE 450 SEATTLE, WA 98104	ARCHITECTURE	396,854
WEBER THOMPSON ARCHITECTS PLLC 225 TERRY AVE N STE 200 SEATTLE, WA 98109	ARCHITECTURE	388,245
GEOENGINEERS INC 17425 NE UNION HILL ROAD SUITE 250 REDMOND, WA 98052	ENGINEERING	113,449
LITERARY SOURCE 3200 NE 125TH ST SEATTLE, WA 98125	ESL EDUCATION	106,129

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g: Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, Noncash contributions, and 1h Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f: RESCUE LOAN DISCOUNT, LOAN INTEREST INCOME, LOAN & HOMEBUYER SVCS FEES, DEVELOPER FEES, RECOVERY OF BAD DEBT, All other program service revenue, and 2g Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12: Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Net income from fundraising events, Net income from gaming activities, Net income from sales of inventory, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,255	11,255		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	498,277	354,305	143,296	676
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,490,735	1,169,849	321,934	-1,048
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,569	26,511	7,058	
9 Other employee benefits	223,255	168,766	54,489	
10 Payroll taxes	170,189	130,981	39,208	
11 Fees for services (non-employees):				
a Management				
b Legal	165,386	164,970	416	
c Accounting	39,410	36,883	2,527	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	38,437			38,437
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	150,518	127,135	23,225	158
12 Advertising and promotion				
13 Office expenses	44,431	40,258	3,396	777
14 Information technology	56,041	44,186	10,372	1,483
15 Royalties				
16 Occupancy	110,316	101,144	9,007	165
17 Travel	47,983	44,722	2,383	878
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	77,087	67,314	8,238	1,535
20 Interest	34,888	34,807	81	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,580	56,601	979	
23 Insurance	10,451	9,794	657	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY DEVELOPMENT	974,508	974,508		
b RETURN OF HOME PROG CAP	972,538	972,538		
c DISCOUNT ON LOANS REC	141,067	141,067		
d LENDING COSTS	83,647	83,647		
e All other expenses	167,197	113,302	53,596	299
25 Total functional expenses. Add lines 1 through 24e	5,598,765	4,874,543	680,862	43,360
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,879,437	1	10,143,221
	2 Savings and temporary cash investments	5,621,629	2	4,682,402
	3 Pledges and grants receivable, net	522,200	3	650,711
	4 Accounts receivable, net	62,178	4	39,505
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	803,764	5	352,268
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,970	9	55,199
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	931,935		
	b Less: accumulated depreciation	528,342		
	11 Investments—publicly traded securities	328,898	11	
	12 Investments—other securities. See Part IV, line 11	48,300	12	55,100
	13 Investments—program-related. See Part IV, line 11	23,600,260	13	26,916,584
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,328,962	15	8,867,585
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,659,164	16	52,166,168	
Liabilities	17 Accounts payable and accrued expenses	431,114	17	573,454
	18 Grants payable		18	
	19 Deferred revenue	355,647	19	5,664,554
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	38,532	21	28,774
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,977,731	23	2,603,750
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	130,402	25	112,457
	26 Total liabilities. Add lines 17 through 25	3,933,426	26	8,982,989
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,322,259	27	25,335,324
	28 Net assets with donor restrictions	19,403,479	28	17,847,855
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	41,725,738	32	43,183,179	
33 Total liabilities and net assets/fund balances	45,659,164	33	52,166,168	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,056,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,598,765
3	Revenue less expenses. Subtract line 2 from line 1	3	1,457,441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,725,738
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,183,179

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 94-3117253

Name: HOMESIGHT

Form 990 (2019)

Form 990, Part III, Line 4a:

REAL ESTATE DEVELOPMENT: PART OF HOMESIGHT'S STRATEGY IS TO USE AFFORDABLE COMMERCIAL AND RESIDENTIAL REAL ESTATE DEVELOPMENT TO STIMULATE ECONOMIC GROWTH IN COMMUNITIES WHERE EQUITABLE INVESTMENT IS LAGGING AND BUILD HOUSEHOLD ASSETS FOR LOW INCOME AND FIRST-TIME HOME BUYERS. HOMESIGHT DEVELOPMENT ALSO PROVIDES PROJECT MANAGEMENT SERVICES TO COMMUNITY NONPROFIT ORGANIZATIONS TO ASSIST IN COMMUNITY DEVELOPMENT AND NEIGHBORHOOD REVITALIZATION ACTIVITIES. HOMESIGHT CONTINUES TO MANAGE THE REHAB AND REPLACEMENT OF MOBILE HOMES IN A LOW-INCOME SENIOR COMMUNITY IN PARTNERSHIP WITH THE HOUSING AUTHORITY OF SNOHOMISH COUNTY. HOMESIGHT IS THE LEAD DEVELOPER AND PROJECT MANAGER FOR THE TRANSIT- ORIENTED DEVELOPMENT OF OTHELLO SQUARE IN SEATTLE. HOMESIGHT COMPLETED THE FEASIBILITY AND IMPLEMENTATION PLAN FOR THE PROJECT IN 2017. THE GOALS OF THIS 215 MILLION PROJECT ARE TO PREVENT DISPLACEMENT OF THE HISTORIC RESIDENTS AND BUSINESSES IN THE OTHELLO NEIGHBORHOOD, TO CELEBRATE AND EMBRACE THE HERITAGE OF THE DIFFERENT CULTURES THAT COMPRISE THE SE SEATTLE COMMUNITY, AND TO PROVIDE TOOLS AND OPPORTUNITIES TO GUARANTEE THE LONG- TERM HEALTH AND SUCCESS OF THE ENTIRE COMMUNITY. WITH THE ASSISTANCE OF SEVERAL COMMUNITY-LED COALITIONS ACTIVELY INVOLVED IN EQUITABLE DEVELOPMENT IN SOUTHEAST SEATTLE, HOMESIGHT HAS BEEN LEADING A DEDICATED AND ROBUST COMMUNITY ENGAGEMENT PROCESS THROUGHOUT THE PROGRAM PLANNING TO ENSURE THAT THE OTHELLO SQUARE BEST MEETS THE NEEDS AND VISION OF THE COMMUNITY. HOMESIGHT SIGNED ALL FOUR PURCHASE AND SALE AGREEMENTS (PSAS) ON THE PROPERTIES IN 2018 FOR THE OTHELLO SQUARE PROJECT WITH THE SEATTLE HOUSING AUTHORITY (SHA). HOMESIGHT ALSO ENTERED INTO ASSIGNMENT AGREEMENTS FOR TWO OF THE PROPERTIES TO BE OWNED AND DEVELOPED AS PART OF THE PROJECT BY TWO LOCAL ORGANIZATIONS. THE ODESSA BROWN CHILDRENS CLINIC AND ORENDA APARTMENTS BUILDING BROKE GROUND IN NOVEMBER 2019 AND THE SALISH ELEMENTARY SCHOOL BROKE GROUND SUBSEQUENT TO YEAR END. BOTH ARE EXPECTED TO BE OPERATIONAL BY FALL OF 2021. PROPERTY PURCHASES FOR REMAINING TWO PSAS WILL BE FINALIZED ONCE ALL CLOSING CONDITIONS ARE MET. HOMESIGHT IS THE DEVELOPER FOR THE LOW-INCOME HOUSING COOPERATIVE WHICH IS SEEKING CONSTRUCTION FINANCING WITH EQUITY FROM LOCAL, STATE AND FEDERAL SOURCE SECURED IN PLACE. THIS PROJECT IS FULLY PERMITTED AND ENTITLED. THE LAST OF THE FOUR BUILDINGS ON THE OTHELLO SQUARE CAMPUS IS THE OPPORTUNITY CENTER. THE ENTITLEMENT AND FUNDRAISING PROCESS IS MORE THAN 50% COMPLETE FOR THE OPPORTUNITY CENTER. COMPLETION OF THE OPPORTUNITY CENTER AT OTHELLO SQUARE IS SLATED FOR 2023.

Form 990, Part III, Line 4b:

HOME BUYER SERVICES & LENDING: HOMESIGHT'S HOME BUYER EDUCATION AND COUNSELING PROGRAM SERVES NEARLY 1,000 HOUSEHOLDS ANNUALLY, INCLUDING NEW AND EXISTING CUSTOMERS. IN 2019 AND 2018, OF THESE CUSTOMERS, 69% AND 71%, RESPECTIVELY WERE AT OR BELOW 80% PERCENT OF THE AREA MEDIAN INCOME. HOMESIGHT'S MISSION IS TO SERVE PRIMARILY LOW AND MODERATE INCOME FAMILIES WISHING TO PURCHASE THEIR FIRST HOME, BUT AS A HUD-CERTIFIED HOUSING COUNSELING AGENCY, IT CANNOT DISCRIMINATE BASED ON INCOME. ITS HOME BUYER PROGRAM CONSISTS OF ONE-ON-ONE COUNSELING, AND NO-COST CLASSES ON ACHIEVING THE DREAM OF HOME OWNERSHIP, OR AN ONLINE BUYER EDUCATION CURRICULUM FOR A NOMINAL FEE. -- HOMESIGHT DEVELOPED ITS REVOLVING LOAN FUND IN 1991 TO ADDRESS LIMITED ASSISTANCE LOAN RESOURCES AND THE GROWING GAP BETWEEN FAMILY INCOMES AND HOME PRICES. IT OFFERS ASSISTANCE LOANS FUNDED BY PUBLIC AND PRIVATE INVESTMENTS TO PACKAGE HIGHLY COMPETITIVE AMORTIZING OR DEFERRED SECOND LOANS AND DEFERRED THIRD LOANS FOR LOW AND MODERATE INCOME HOME BUYERS. THIS STRUCTURE ALLOWS HOMESIGHT TO MINIMIZE OR ELIMINATE THE REQUIREMENT FOR PRIVATE MORTGAGE INSURANCE FOR ITS CUSTOMERS THEREBY INCREASING THE BUYING POWER OF LOW AND MODERATE INCOME FIRST-TIME HOME BUYERS. HOMESIGHT'S FIRST-TIME HOME BUYER EDUCATION AND LENDING PROGRAMS CREATED 209 AND 111 FIRST-TIME HOME BUYERS IN THIS MARKET IN 2019 AND 2018, RESPECTIVELY. IN 2017 THE REVOLVING LOAN FUND EXPANDED STATE-WIDE WITH 15% OF LOANS NOW ORIGINATED OUTSIDE THE SEATTLE METRO AREA. -- HOMESIGHT IS A CORRESPONDENT 1ST MORTGAGE LENDER TO THE WASHINGTON STATE HOUSING FINANCE COMMISSION A LOCAL COMMUNITY BANK, AND A NEIGHBORWORKS AMERICA PARTNER. IN 2019 HOMESIGHT ORIGINATED 11.8 MILLION IN 1ST MORTGAGE LOANS WITH ITS CAPITAL PRIMARILY FOR SUBSEQUENT SALE TO THESE LENDERS. THROUGH THESE CHANNELS HOMESIGHT PROVIDES QUALITY, LOW-DOWN-PAYMENT OPTIONS AND MORE FLEXIBLE CASE-BY-CASE UNDERWRITING THAT ALLOWS MANY MORTGAGE-ELIGIBLE CUSTOMERS TO ACCESS CREDIT THAT WOULD NOT BE AVAILABLE TO THEM OTHERWISE. -- IN 2016, HOMESIGHT BEGAN OFFERING A NEW LAYER OF FINANCING IN THE FORM OF FORGIVABLE DOWN PAYMENT ASSISTANCE LOANS WITH 4 MILLION AWARDED THROUGH THE NEIGHBORHOOD LIFT PROGRAM IN 2016. THESE ARE LOANS OF UP TO 7,500 (INCREASED TO 20,000 AS OF MID-2018), FORGIVEN OVER THREE YEARS FOR BUYERS UP TO 100% OF MEDIAN INCOME. THE MAJORITY OF THESE LOANS WILL BE FORGIVEN BY THE END OF 2020. SIMILARLY, HOMESIGHT ORIGINATES FORGIVABLE LOANS FUNDED BY THE FEDERAL HOME LOAN BANK OF DES MOINES. THESE LOANS OF 5,000 TO 7,500 ARE FORGIVEN OVER A 5-YEAR PERIOD. ALL FORGIVABLE LOANS ARE DISCOUNTED AT TIME OF ORIGINATION AND ARE NOT REFLECTED IN LOAN CHARGE OFFS. -- WITH A GRANT FROM THE ATTORNEY GENERAL'S OFFICE IN 2013, HOMESIGHT LAUNCHED A RESCUE LOAN PROGRAM, DESIGNED TO PREVENT FORECLOSURE TO AT RISK HOME OWNERS. SINCE ITS INCEPTION, HOMESIGHT HAS ORIGINATED 287 FORECLOSURE PREVENTION RESCUE LOANS STATEWIDE VALUED AT OVER 6 MILLION. THESE ARE DEFERRED LOANS WITH AN INTEREST RATE BETWEEN 0-2% DEPENDING ON INCOME. ONLY 11 OF THESE FAMILIES LOST THEIR HOME TO A NEW FORECLOSURE (A 3.8% RATE) AND A SIGNIFICANT AMOUNT OF THESE FUNDS HAVE BEEN REPAYED AND RE-LOANED BY HOMESIGHT. HOMESIGHT BEGAN ADMINISTERING A SIMILAR RESCUE LOAN PROGRAM FOR THE CITY OF SEATTLE IN 2019 AND WILL BE ADDING KING AND PIERCE COUNTY IN 2020.

Form 990, Part III, Line 4c:

COMMUNITY DEVELOPMENT: WITH A HISTORY OF CROSS-SECTOR COLLABORATION, EXPERTISE IN POLICY AND ADVOCACY, AND A TRACK RECORD OF EQUITABLE DEVELOPMENT, HOMESIGHT IS RECOGNIZED AS A CATALYTIC COMMUNITY LEADER. FOR 30 YEARS, HOMESIGHT HAS FACILITATED BEAUTIFICATION AND INFRASTRUCTURE IMPROVEMENT PROJECTS, MANAGED THE DEVELOPMENT OF CULTURAL CENTERS, SUPPORTED LOCAL BUSINESS ORGANIZATIONS, AND LED COALITIONS PROMOTING EQUITABLE GROWTH IN SOUTHEAST SEATTLE, THE CITY'S MOST RACIALLY AND ETHNICALLY DIVERSE COMMUNITY. HOMESIGHT ESTABLISHED FOUR COMMUNITY DEVELOPMENT ACTIVITIES: 1) OTHELLO SQUARE COMMUNITY WORK GROUP (FORMERLY SOUTHEAST ECONOMIC OPPORTUNITY CENTER (SEOC)) A GROUP OF RESIDENTS, BUSINESS OWNERS, AND OTHER STAKEHOLDERS UNITED TO ENSURE THAT THE OTHELLO SQUARE REFLECTS THE COMMUNITY'S NEED FOR A CULTURALLY RELEVANT DEVELOPMENT THAT PRIORITIZES EQUITABLE ACCESS TO HOUSING, EDUCATION AND EMPLOYMENT; 2) COMMUNITIES OF OPPORTUNITY A MULTI-YEAR EFFORT WITH MORE THAN 30 COMMUNITY BASED PARTNERS, FUNDED COLLABORATIVELY BY THE SEATTLE FOUNDATION AND THE KING COUNTY BEST STARTS FOR KIDS LEVY PROGRAM, TO IDENTIFY POLICY AND SYSTEMS SOLUTIONS TO IMPROVE HEALTH, HOUSING, AND ECONOMIC OPPORTUNITY, AND COMMUNITY CONNECTIONS IN SOUTHEAST SEATTLE; 3) OTHELLO FARM STAND/BEET BOX A UNIQUE PLACEMAKING PROJECT PROMOTES ENVIRONMENTAL AND NUTRITIONAL EDUCATION THROUGH SUPPORT OF LOCAL FARMERS AND MAKERS, 4) READY TO WORK (RTW) A PARTNERSHIP WITH COMMUNITY BASED ORGANIZATION PARTNERS AND AN ADULT BASIC EDUCATION LEARNING CENTER PROVIDING ELL COURSES AND JOB TRAINING AND PLACEMENT IN SOUTHEAST SEATTLE, IS NOW MERGING OUR PROGRAM WITH TWO OTHER PROGRAMS IN NORTH AND WEST SEATTLE, WHERE HOMESIGHT WILL CONTINUE TO SERVE AS THE LEAD AGENCY PROVIDING ADMINISTRATIVE SUPPORT.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
HOMESIGHT

Employer identification number
94-3117253

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed 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 grant.") . . .	3,997,232	8,152,257	7,355,039	6,409,793	4,047,161	29,961,482
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	3,997,232	8,152,257	7,355,039	6,409,793	4,047,161	29,961,482
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						29,961,482

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	3,997,232	8,152,257	7,355,039	6,409,793	4,047,161	29,961,482
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	81,218	77,663	80,630	55,089	64,464	359,064
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	22,309					22,309
11 Total support. Add lines 7 through 10						30,342,855
12 Gross receipts from related activities, etc. (see instructions)					12	13,918,630

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.740 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	90.260 %

- 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
- 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
- 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 qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER NON-INVESTMENT EXEMPT INCOME 22,309

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: HOMESIGHT
Employer identification number: 94-3117253

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		105,000		105,000
b Buildings		545,434	260,758	284,676
c Leasehold improvements				
d Equipment				
e Other		281,501	267,584	13,917
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				403,593

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) HOMEBUYER LOANS RECEIVABLE	26,916,584	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	26,916,584	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PROJECT CONSTRUCTION COSTS	3,936,002
(2) LOAN INTEREST RECEIVABLE	2,881,694
(3) LOANS AVAILABLE FOR SALE	1,733,489
(4) DUE FROM HSCD	316,400
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	8,867,585

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	112,457

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	7,056,206
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	7,056,206
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7,056,206

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	5,598,765
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	5,598,765
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,598,765

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-3117253

Name: HOMESIGHT

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	HOMESIGHT ACTS AS A FISCAL AGENT FOR SEVERAL SMALL BUSINESS ASSOCIATIONS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	HOMESIGHT ACCOUNTS FOR TAX POSITIONS IN ACCORDANCE WITH THE RECOGNITION AND INITIAL MEASUREMENT SECTIONS OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION. WITH FEW EXCEPTIONS, HOMESIGHT IS SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE PRIOR THREE YEARS. MANAGEMENT HAS REVIEWED HOMESIGHTS TAX POSITIONS AND DETERMINED THERE WERE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND 2018. HOMESIGHT RECOGNIZES INCOME TAX RELATED INTEREST IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. DURING THE YEARS ENDED DECEMBER 31, 2019 AND 2018, HOMESIGHT RECOGNIZED NO INCOME TAX RELATED INTEREST OR PENALTIES.

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMESIGHT

Employer identification number

94-3117253

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JOAN CAINE 14729 38TH AVE NE LAKE FOREST PARK, WA 98155	CONSULT		No		49,125	-49,125
FUND CONSULTING LLC 1165 N CLARK STREET STE 3000 CHICAGO, IL 60610	GRANT APP		No		12,950	-12,950
Total					62,075	-62,075

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

WA

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HOMESIGHT

Employer identification number
94-3117253

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) MICHAEL DOTSON	BOARD MEMBER	PRINCIPAL RESIDENCE MORTGAGE		X	185,000	173,683		No	Yes		Yes	
(2) JAMES TO	SON OF OFFICER	PRINCIPAL RESIDENCE MORTGAGE		X	70,000	70,000		No	Yes		Yes	
(3) KATRINA FREEBURG	BOARD MEMBER	PRINCIPAL RESIDENCE MORTGAGE		X	70,000	70,000		No	Yes		Yes	
(4) KATRINA FREEBURG	BOARD MEMBER	PRINCIPAL RESIDENCE MORTGAGE		X	25,000	25,000		No	Yes		Yes	
(5) KATRINA FREEBURG	BOARD MEMBER	PRINCIPAL RESIDENCE MORTGAGE		X	30,000	13,585		No	Yes		Yes	
Total						352,268						

Part III 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 person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

HOMESIGHT

Employer identification number

94-3117253

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	HOMESIGHT CREATES AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES THROUGH ITS HOMEBUYER EDUCATION AND LENDING, AND REAL ESTATE DEVELOPMENT PROGRAMS. THESE PROGRAMS PRIMARILY SERVE LOW AND MODERATE INCOME, FIRST-TIME HOMEBUYERS IN SEATTLE, KING, PIERCE, AND SNOHOMISH COUNTIES. HOMESIGHT IS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, CERTIFIED BY THE US DEPARTMENT OF TREASURY, AND IS A WASHINGTON STATE LICENSED CONSUMER LOAN COMPANY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>REAL ESTATE DEVELOPMENT: PART OF HOMESIGHT'S STRATEGY IS TO USE AFFORDABLE COMMERCIAL AND RESIDENTIAL REAL ESTATE DEVELOPMENT TO STIMULATE ECONOMIC GROWTH IN COMMUNITIES WHERE EQUITABLE INVESTMENT IS LAGGING AND BUILD HOUSEHOLD ASSETS FOR LOW INCOME AND FIRST-TIME HOME BUYERS. HOMESIGHT DEVELOPMENT ALSO PROVIDES PROJECT MANAGEMENT SERVICES TO COMMUNITY NONPROFIT ORGANIZATIONS TO ASSIST IN COMMUNITY DEVELOPMENT AND NEIGHBORHOOD REVITALIZATION ACTIVITIES. HOMESIGHT CONTINUES TO MANAGE THE REHAB AND REPLACEMENT OF MOBILE HOMES IN A LOW-INCOME SENIOR COMMUNITY IN PARTNERSHIP WITH THE HOUSING AUTHORITY OF SNOHOMISH COUNTY. HOMESIGHT IS THE LEAD DEVELOPER AND PROJECT MANAGER FOR THE TRANSIT- ORIENTED DEVELOPMENT OF OTHELLO SQUARE IN SEATTLE. HOMESIGHT COMPLETED THE FEASIBILITY AND IMPLEMENTATION PLAN FOR THE PROJECT IN 2017. THE GOALS OF THIS 215 MILLION PROJECT ARE TO PREVENT DISPLACEMENT OF THE HISTORIC RESIDENTS AND BUSINESSES IN THE OTHELLO NEIGHBORHOOD, TO CELEBRATE AND EMBRACE THE HERITAGE OF THE DIFFERENT CULTURES THAT COMPRISE THE SE SEATTLE COMMUNITY, AND TO PROVIDE TOOLS AND OPPORTUNITIES TO GUARANTEE THE LONG- TERM HEALTH AND SUCCESS OF THE ENTIRE COMMUNITY. WITH THE ASSISTANCE OF SEVERAL COMMUNITY-LED COALITIONS ACTIVELY INVOLVED IN EQUITABLE DEVELOPMENT IN SOUTHEAST SEATTLE, HOMESIGHT HAS BEEN LEADING A DEDICATED AND ROBUST COMMUNITY ENGAGEMENT PROCESS THROUGHOUT THE PROGRAM PLANNING TO ENSURE THAT THE OTHELLO SQUARE BEST MEETS THE NEEDS AND VISION OF THE COMMUNITY. HOMESIGHT SIGNED ALL FOUR PURCHASE AND SALE AGREEMENTS (PSAS) ON THE PROPERTIES IN 2018 FOR THE OTHELLO SQUARE PROJECT WITH THE SEATTLE HOUSING AUTHORITY (SHA). HOMESIGHT ALSO ENTERED INTO ASSIGNMENT AGREEMENTS FOR TWO OF THE PROPERTIES TO BE OWNED AND DEVELOPED AS PART OF THE PROJECT BY TWO LOCAL ORGANIZATIONS. THE ODESSA BROWN CHILDRENS CLINIC AND ORENDA APARTMENTS BUILDING BROKE GROUND IN NOVEMBER 2019 AND THE SALISH ELEMENTARY SCHOOL BROKE GROUND SUBSEQUENT TO YEAR END. BOTH ARE EXPECTED TO BE OPERATIONAL BY FALL OF 2021. PROPERTY PURCHASES FOR REMAINING TWO PSAS WILL BE FINALIZED ONCE ALL CLOSING CONDITIONS ARE MET. HOMESIGHT IS THE DEVELOPER FOR THE LOW-INCOME HOUSING COOPERATIVE WHICH IS SEEKING CONSTRUCTION FINANCING WITH EQUITY FROM LOCAL, STATE AND FEDERAL SOURCE SECURED IN PLACE. THIS PROJECT IS FULLY PERMITTED AND ENTITLED. THE LAST OF THE FOUR BUILDINGS ON THE OTHELLO SQUARE CAMPUS IS THE OPPORTUNITY CENTER. THE ENTITLEMENT AND FUNDRAISING PROCESS IS MORE THAN 50% COMPLETE FOR THE OPPORTUNITY CENTER. COMPLETION OF THE OPPORTUNITY CENTER AT OTHELLO SQUARE IS SLATED FOR 2023.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>HOMEBUYER SERVICES & LENDING: HOMESIGHT'S HOMEBUYER EDUCATION AND COUNSELING PROGRAM SERVE S NEARLY 1,000 HOUSEHOLDS ANNUALLY, INCLUDING NEW AND EXISTING CUSTOMERS. IN 2019 AND 2018 , OF THESE CUSTOMERS, 69% AND 71%, RESPECTIVELY WERE AT OR BELOW 80% PERCENT OF THE AREA M EDIAN INCOME. HOMESIGHT'S MISSION IS TO SERVE PRIMARILY LOW AND MODERATE INCOME FAMILIES W ISHING TO PURCHASE THEIR FIRST HOME, BUT AS A HUD-CERTIFIED HOUSING COUNSELING AGENCY, IT CANNOT DISCRIMINATE BASED ON INCOME. ITS HOMEBUYER PROGRAM CONSISTS OF ONE-ONONE COUNSELIN G, AND NO-COST CLASSES ON ACHIEVING THE DREAM OF HOMEOWNERSHIP, OR AN ONLINE BUYER EDUCATI ON CURRICULUM FOR A NOMINAL FEE. -- HOMESIGHT DEVELOPED ITS REVOLVING LOAN FUND IN 1991 TO ADDRESS LIMITED ASSISTANCE LOAN RESOURCES AND THE GROWING GAP BETWEEN FAMILY INCOMES AND HOME PRICES. IT OFFERS ASSISTANCE LOANS FUNDED BY PUBLIC AND PRIVATE INVESTMENTS TO PACKAG E HIGHLY COMPETITIVE AMORTIZING OR DEFERRED SECOND LOANS AND DEFERRED THIRD LOANS FOR LOW AND MODERATE INCOME HOMEBUYERS. THIS STRUCTURE ALLOWS HOMESIGHT TO MINIMIZE OR ELIMINATE T HE REQUIREMENT FOR PRIVATE MORTGAGE INSURANCE FOR ITS CUSTOMERS THEREBY INCREASING THE BUY ING POWER OF LOW AND MODERATE INCOME FIRST-TIME HOMEBUYERS. HOMESIGHT'S FIRST- TIME HOMEBU YER EDUCATION AND LENDING PROGRAMS CREATED 209 AND 111 FIRST- TIME HOMEBUYERS IN THIS MARK ET IN 2019 AND 2018, RESPECTIVELY. IN 2017 THE REVOLVING LOAN FUND EXPANDED STATE-WIDE WIT H 15% OF LOANS NOW ORIGINATED OUTSIDE THE SEATTLE METRO AREA. -- HOMESIGHT IS A CORRESPOND ENT 1ST MORTGAGE LENDER TO THE WASHINGTON STATE HOUSING FINANCE COMMISSION A LOCAL COMMUNI TY BANK, AND A NEIGHBORWORKS AMERICA PARTNER. IN 2019 HOMESIGHT ORIGINATED 11.8 MILLION IN 1ST MORTGAGE LOANS WITH ITS CAPITAL PRIMARILY FOR SUBSEQUENT SALE TO THESE LENDERS. THRO UGH THESE CHANNELS HOMESIGHT PROVIDES QUALITY, LOW- DOWN-PAYMENT OPTIONS AND MORE FLEXIBLE CASE-BY-CASE UNDERWRITING THAT ALLOWS MANY MORTGAGE-ELIGIBLE CUSTOMERS TO ACCESS CREDIT TH AT WOULD NOT BE AVAILABLE TO THEM OTHERWISE. -- IN 2016, HOMESIGHT BEGAN OFFERING A NEW LA YER OF FINANCING IN THE FORM OF FORGIVABLE DOWN PAYMENT ASSISTANCE LOANS WITH 4 MILLION AW ARDED THROUGH THE NEIGHBORHOOD LIFT PROGRAM IN 2016. THESE ARE LOANS OF UP TO 7,500 (INCRE ASED TO 20,000 AS OF MID-2018), FORGIVEN OVER THREE YEARS FOR BUYERS UP TO 100% OF MEDIAN INCOME. THE MAJORITY OF THESE LOANS WILL BE FORGIVEN BY THE END OF 2020. SIMILARLY, HOMESI GHT ORIGINATES FORGIVABLE LOANS FUNDED BY THE FEDERAL HOME LOAN BANK OF DES MOINES. THESE LOANS OF 5,000 TO 7,500 ARE FORGIVEN OVER A 5-YEAR PERIOD. ALL FORGIVABLE LOANS ARE DISCO UNTED AT TIME OF ORIGINATION AND ARE NOT REFLECTED IN LOAN CHARGE OFFS. -- WITH A GRANT FRO M THE ATTORNEY GENERALS OFFICE IN 2013, HOMESIGHT LAUNCHED A RESCUE LOAN PROGRAM, DESIGNED TO PREVENT FORECLOSURE TO AT RISK HOMEOWNERS. SINCE ITS INCEPTION, HOMESIGHT HAS ORIGINAT ED 287 FORECLOSURE PREVENTION RESCUE LOANS STATEWIDE VALUED AT OVER 6 MILLION. THESE ARE D EFERRED LOANS WITH AN INTEREST</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	RATE BETWEEN 0-2% DEPENDING ON INCOME. ONLY 11 OF THESE FAMILIES LOST THEIR HOME TO A NEW FORECLOSURE (A 3.8% RATE) AND A SIGNIFICANT AMOUNT OF THESE FUNDS HAVE BEEN REPAYED AND RE -LOANED BY HOMESIGHT. HOMESIGHT BEGAN ADMINISTERING A SIMILAR RESCUE LOAN PROGRAM FOR THE CITY OF SEATTLE IN 2019 AND WILL BE ADDING KING AND PIERCE COUNTY IN 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>COMMUNITY DEVELOPMENT: WITH A HISTORY OF CROSS-SECTOR COLLABORATION, EXPERTISE IN POLICY AND ADVOCACY, AND A TRACK RECORD OF EQUITABLE DEVELOPMENT, HOMESIGHT IS RECOGNIZED AS A CATALYTIC COMMUNITY LEADER. FOR 30 YEARS, HOMESIGHT HAS FACILITATED BEAUTIFICATION AND INFRASTRUCTURE IMPROVEMENT PROJECTS, MANAGED THE DEVELOPMENT OF CULTURAL CENTERS, SUPPORTED LOCAL BUSINESS ORGANIZATIONS, AND LED COALITIONS PROMOTING EQUITABLE GROWTH IN SOUTHEAST SEATTLE, THE CITY'S MOST RACIALLY AND ETHNICALLY DIVERSE COMMUNITY. HOMESIGHT ESTABLISHED FOUR COMMUNITY DEVELOPMENT ACTIVITIES: 1) OTHELLO SQUARE COMMUNITY WORK GROUP (FORMERLY SOUTHEAST ECONOMIC OPPORTUNITY CENTER (SEOC)) A GROUP OF RESIDENTS, BUSINESS OWNERS, AND OTHER STAKEHOLDERS UNITED TO ENSURE THAT THE OTHELLO SQUARE REFLECTS THE COMMUNITY'S NEED FOR A CULTURALLY RELEVANT DEVELOPMENT THAT PRIORITIZES EQUITABLE ACCESS TO HOUSING, EDUCATION AND EMPLOYMENT; 2) COMMUNITIES OF OPPORTUNITY A MULTI-YEAR EFFORT WITH MORE THAN 30 COMMUNITY BASED PARTNERS, FUNDED COLLABORATIVELY BY THE SEATTLE FOUNDATION AND THE KING COUNTY BEST STARTS FOR KIDS LEVY PROGRAM, TO IDENTIFY POLICY AND SYSTEMS SOLUTIONS TO IMPROVE HEALTH, HOUSING, AND ECONOMIC OPPORTUNITY, AND COMMUNITY CONNECTIONS IN SOUTHEAST SEATTLE; 3) OTHELLO FARM STAND/BEET BOX A UNIQUE PLACEMAKING PROJECT PROMOTES ENVIRONMENTAL AND NUTRITIONAL EDUCATION THROUGH SUPPORT OF LOCAL FARMERS AND MAKERS, 4) READY TO WORK (RTW) A PARTNERSHIP WITH COMMUNITY BASED ORGANIZATION PARTNERS AND AN ADULT BASIC EDUCATION LEARNING CENTER PROVIDING ELL COURSES AND JOB TRAINING AND PLACEMENT IN SOUTHEAST SEATTLE, IS NOW MERGING OUR PROGRAM WITH TWO OTHER PROGRAMS IN NORTH AND WEST SEATTLE, WHERE HOMESIGHT WILL CONTINUE TO SERVE AS THE LEAD AGENCY PROVIDING ADMINISTRATIVE SUPPORT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE DRAFT FORM 990 IS PROVIDED TO ALL MEMBERS OF THE EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING. IF TIMING ALLOWS, QUESTIONS MAY BE RAISED AT A BOARD MEETING PRIOR TO FILING; IF NOT, THE CFO IS AVAILABLE TO ANSWER ANY AND ALL QUESTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD AND EMPLOYEES COMPLETE A CONFLICTS OF INTEREST STATEMENT ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD PERIODICALLY REVIEWS THE TOP OFFICIAL'S COMPENSATION USING SURVEY DATA TO MAKE MODIFICATIONS AS NECESSARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE MANAGEMENT TEAM PERIODICALLY REVIEWS THE TOP OFFICIAL'S COMPENSATION USING SURVEY DATA TO MAKE MODIFICATIONS AS NECESSARY, AND BUDGETED SALARIES ARE SUBJECT TO BOARD APPROVAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE FINANCIAL STATEMENTS ARE INCLUDED IN HOMESIGHT'S ANNUAL REPORT THAT IS AVAILABLE TO THE PUBLIC. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMESIGHT

Employer identification number

94-3117253

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 809 HIAWATHA PLACE LLC 5117 RAINIER AVE S SEATTLE, WA 98188 20-5328278	DEVELOPM'T	WA	40,061	-12,337	HOMESIGHT
(2) 17TH AVENUE SW WHITE CENTER LLC 5117 RAINIER AVE S SEATTLE, WA 98188 26-0275863	DEVELOPM'T	WA		519,211	HOMESIGHT
(3) DAVIS PLACE LLC 5117 RAINIER AVE S SEATTLE, WA 98188 47-5610536	DEVELOPM'T	WA	-10,766	592,411	HOMESIGHT
(4) COCO LLC 5117 RAINIER AVE S SEATTLE, WA 98188 32-0583276	DEVELOPM'T	WA	848,809	2,542,014	HOMESIGHT

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOMESIGHT COMMUNITY DEVELOPMENT 5117 RAINIER AVE S SEATTLE, WA 98118 82-4218470	CMTY DEV	WA	501C3	7	HOMESIGHT		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) LW II HOMESIGHT LLC 5117 RAINIER AVE S SEATTLE, WA 98118 46-4823390	LOW INCM	WA	N/A						No

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	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HOMESIGHT COMMUNITY DEVELOPMENT	D	316,400	CASH AMOUNT

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R	SCHEDULE R, PART IV, LINE 1: LW II HOMESIGHT LLC ELECTED TO BE TREATED AS A CORPORATION AND IS 100% OWNED BY HOMESIGHT COMMUNITY DEVELOPMENT (SCHED R, PART II, LINE 1).