Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

| | | the Treasury ue Service | ► Information about Fo | rm 990 and its instructions | is at www.ir: | s.gov/fo | rm990. | | Inspection | |
|---------------------------|----------------|---|---|--|-----------------------------------|--|--|---|----------------|----------------|
| Α | For the | e 2015 cal | endar year, or tax year beginning | 7/1/2015 | , and e | nding | 6/30/2 | 016 | | |
| В | Check if | applicable | C Name of organization HOUSING | HOPE PROPERTIES | | | D Employer ide | entification | number | |
| | Address | change | Doing business as | | | | | | | |
| | Name ch | 2000 | Number and street (or P O box if mail is | s not delivered to street address) | Room/suite | | 94-3163905 | | . <u> </u> | |
| | Name G | lange | 5830 EVERGREEN WAY | | <u> </u> | | E Telephone nu | ımber | | |
| Initial return | | | City or town | State | ZIP code | | (425) 347-655 | 6 | | |
| \Box | Final return | n/terminated | EVERETT | WA | 98203 | | <u> </u> | | | |
| \equiv | | | Foreign country name Fore | ign province/state/county | Foreign posta | code | | _ | 0.00 | 0.040 |
| 므 | Amende | d return | | | | | G Gross receipt | s \$ | 3,33. | 3,912 |
| | Applicate | on pending | F Name and address of principal officer | | | H(a) Is th | is a group return for s | ubordinates* | Yes 🔀 | < No □ |
| | | | NIK HALLADAY 5830 EVERGRE | EN WAY, EVERETT, WA | 98203 | H(b) Are | e all subordinates i | ncluded? | Yes | No |
| | Tay-exen | npt status | | ◀ (insert no) 4947(a)(1) | |] | No," attach a list (| see instruc | tions) | _ |
| | | · | | 1 (Insert tie) 1 4347 (B)(1) | 01 327 | | | | • | |
| | | e: ► N/A | | <u> </u> | | H(c) Gro | oup exemption num I | nber 📂 | | |
| K | Form of c | organization | X Corporation Trust Ass | ociationOther ▶ | L Yea | ar of form | ation 1992 | M State of | legal domicile | WA |
| | Part I | Sur | mmary | | | | | | | |
| | 1 | Briefly d | escribe the organization's mission | or most significant activiti | es TO A | CQUIF | RE, LEASE, RI | EHABILI | TATE, CONS | STRU |
| Activities & Governance |] | AND OT | HERWISE PROVIDE DECENT, S | SAFE, SANITARY AND AF | FORDABL | E HOU | SING FOR TH | E VERY | LOW AND | |
| īã | ì | | COME FAMILIES AND INDIVIDU | | | | | | | |
| Ve. | 2 | | his box ▶ if the organization | | | | | | | |
| တိ | 3 | | of voting members of the governi | | o di diopoco | a 01 1110 | l l | 3 | 200010 | 6 |
| , જં | 4 | | of independent voting members of | | t VI. line 1h) | ı | | 4 | | 5 |
| ies | 5 | | mber of individuals employed in c | | | ' | <u></u> | 5 | | 0 |
| <u>₹</u> | 6 | | mber of volunteers (estimate if ne | • | , in ie 2a) | | <u> </u> | 5 | | 711 |
| ಕ್ಷ | 7a | | related business revenue from Pa | • • | | | | a | | 0 |
| • | b | | elated business taxable income from | | | | | b | | 0 |
| | ~ | 14Ct dilic | rated business taxable income inc | 711 1 0111 990-1, line 34 | | T | Prior Year | - | Current Year | |
| _ | 8 | Contribu | itions and grants (Part VIII, line 1h |) | | | 558,9 | 41 | | 9,608 |
| Revenue | 9 | | service revenue (Part VIII, line 2 | | | ┝── | 43,2 | | | 5,000 5,287 |
| ēΑ | 10 | _ | ent income (Part VIII, column (A), | | | | | 46 | | 1,195 |
| 2 | 111 | | venue (Part VIII, column (A), lines | • | ۵۱ | | -247,7 | | | 2,122 |
| | 12 | | enue—add lines 8 through 11 (must e | 355,0 | | | 3,968 | | | |
| | 13 | | and similar amounts paid (Part IX, | | <u> </u> | | | ' | 2,040 | 0,300 |
| | 14 | | paid to or for members (Part IX, | | 0 | | 0 | | | |
| | 1 | Calanac | other compensation, employee bene | Fite (Part IX column (A) lines | £ 10\ | | | 0 | | 0 |
| Šeć | 16a | Drofoscu | onal fundraising fees (Part IX, cold | | | | | | | |
| Expenses | loa | Total fun | orial fundraising lees (Part IX, colum | anili (A); inte ii ie) 2017 | [3] | - Mr | 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| X | 17 b | | rpenses (Part IX, column (A), lines | | <u> </u> ∯0 | 1.32 | 640.6 | | | <u>.</u> |
| | 18 | | penses Add lines 13–17 (must eq | | <u> </u> | | 640,6 | | | 3,758 3,758 |
| | 19 | | | | le 25) | | -285,6 | | | 0,210 |
| | 2 13 | Keveriue | e less expenses Subtract line 18 t | formine 12 | | Basis | | | | J,Z 1U |
| Net Assets or | 20 | Total and | sets (Part X, line 16) . | | i | Deginn | ing of Current Ye 3,410,8 | | End of Year | 3,271 |
| A 58. | 21 | | oilities (Part X, line 26) | | ٠ | | | | | |
| Net. | 22 | | ets or fund balances Subtract line | 21 from line 20 | | <u> </u> | 1,630,99 | | | 3,827 4,444 |
| 0. | art II | | nature Block | 21 Horri line 20 | | | 1,779,8 | 55] | 2,322 | +,444 |
| | | | y, I declare that I have examined this return, | including coopposition achadul | as and stateme | -40 | a tha haat of my ke | | | |
| and | belief, it | is true, corre | ect, and complete Declaration of preparer (c | other than officer) is based on all in | es and stateme nformation of w | nis, and i hich prepi | o the best of my kr arer has anv know | lowieuge ledae | | |
| | | | | , | | | | 10-17 | | |
| Sign Signature of officer | | | | | | | Date | | | |
| He | re | 1 . | FRED SAFSTROM | | CEO | | Date | | | |
| | | | Type or print name and title | ····· | CEU | | | | | |
| | | | Type or print name and title (Type preparer's name | Preparer's signature | | Date | | | PTIN | |
| Pa | id | | . , | | | | Chec | k 🔲 n | l | |
| | eparer | . | · · · · · · · · · · · · · · · · · · · | SELF-PREPARED RET | URN | | self-e | employed | | |
| | e Only | 1 | s name > | | | | Firm's EIN | | | |
| US | o Omi | , — | s address ► | | | | Phone no | | | |
| Ma | v the IC | | s this return with the preparer sho | wn ahove? (see instruction | ne) | | | | Yes X | No |
| 1410 | 7 410 11 | | o and retain with the preparer SHU | **** 900*0 . (900 1119111101101 | 1131 | | | | | 1 14U |

Form **990** (2015)

| | 990 (2015) | HOUSING HOPE PROPERTIES | 94-3163905 | Page 2 |
|----|--------------------|--|---------------|--------|
| Pa | rt lil | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | TO DE | describe the organization's mission VELOP SAFE, DECENT AND AFFORDABLE HOUSING FOR LOW AND VERY LOW INCOME R DMISH COUNTY AND CAMANO ISLAND | | |
| | | | | |
| 2 | the pric | organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ? "describe these new services on Schedule O | . Yes | X No |
| 3 | Did the service | organization cease conducting, or make significant changes in how it conducts, any program s? | Yes | X No |
| 4 | Descrit expens | " describe these changes on Schedule O be the organization's program service accomplishments for each of its three largest program service. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported. | | |
| 4a | COUN |) (Expenses \$ 773,758 including grants of \$) (Revenu OP SAFE, DECENT AND AFFORDABLE HOUSING FOR LOW AND VERY LOW INCOME RES IY AND CAMANO ISLAND | IDENTS OF SNO | HOMISH |
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| 4b | (Code |) (Expenses \$ including grants of \$) (Revenue | | |
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| 4c | (Code |) (Expenses \$ including grants of \$) (Revenu | e \$ |) |
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| | | | | |
| 4d | | rogram services (Describe in Schedule O) | | |
| | (Expen | | 0) | |
| 4e | i otal pi | ogram service expenses > 773,758 | | |

| | | | | age C |
|------|--|----------|-----|------------|
| Part | IV Checklist of Required Schedules | | T | |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| | complete Schedule A | 1 | Х | L |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | L |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | × |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | _ x_ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | X | to mad 200 |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| ď | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | ., , , , , , , , , , , , , , , , , , , | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | . | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----------|---|------|-----|-------------------|
| | | | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the experimental experimental Part VIII. Section A. line 3. A cut Experimental efficiency of the | 22 | | _X_ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | - `` - |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Χ_ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 25- | | |
| . | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | 25a | | - <u>X</u> - |
| D | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | ١ |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | 200 | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | . 🔅 | |
| | A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete | 200 | | _^_ |
| - | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 24 | i | • |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | 31 | | <u> </u> |
| 52 | If "Yes," complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | | | |
| | III, or IV, and Part V, line 1 | 34 | Х | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | <u> </u> |
| þ | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled | 256 | 1 | |
| 36 | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | 35b | | |
| 70 | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | |
| | VI | 37 | } | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Form | 990 | (2015) |

| Form | 990 (2015) HOUSING HOPE PROPERTIES | 94-31639 | 905_ | Р | age 5 |
|--------|---|---------------|-------------|----------------|---------------------------------------|
| Pa | rt 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 | | | . | |
| | | | $\neg \top$ | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a | 17 | \$ | N. | * * * * * * * * * * * * * * * * * * * |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b | 0 | | | 3, |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and rep | ortable | | | |
| | gaming (gambling) winnings to prize winners? | L | 1c | Χ | |
| 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 | 0 | LZ[| | 验_ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | _ | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | š) 🚉 | | كندا | ¥8. |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | <u> </u> | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule | - | 3b | | ├ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | - | 1 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fina | | | | |
| L | account)? . | · · · - | 4a | ₹ . | X |
| b | If "Yes," enter the name of the foreign country | | | € ` | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | courits | | Ž. | X |
| 5a | (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | - | 5a | £2 | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | <u>-</u> | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u> </u> | 5c | \neg | <u> </u> |
| 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 | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ⊢ | | \neg | |
| | gifts were not tax deductible? | | 6b | | l |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | . 3 | \$ 2 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go | oods | | 2 | |
| | and services provided to the payor? | l' | 7a_ | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | ; | | | |
| | required to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . | | | | À |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con | _ | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract | | 7f | | Χ. |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | · — | 7g | | ļ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo | | 7h | , , | ** |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | allin - Jan | (| 5 % . 5 ~~~ ~ |
| | sponsoring organization have excess business holdings at any time during the year? | | 8 | 4.0 | 16 |
| 9_ | Sponsoring organizations maintaining donor advised funds. | | | J. | .گ. |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | <u> </u> | 9a | | |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter | · | 9b | 3/8 | 2 |
| | Initiation fees and capital contributions included on Part VIII, line 12 | ँ | | Ž., | |
| a 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 | <u> </u> § | | | |
| a | Gross income from members or shareholders | | | | E T |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | B-) |
| | against amounts due or received from them) | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | l 2a | المنشور : | للنقشد: |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | · · | | 1873 1673 | Rj. |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | . 1 | 3a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 4,0 | 8 J | 8.8 | " |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | l l | | | |
| | the organization is licensed to issue qualified health plans | }} | | ا رق | |
| C | Enter the amount of reserves on hand | | S. J. | 微义 | 18 Feb. |

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015)

Part VI

HOUSING HOPE PROPERTIES

94-3163905

Page 6

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

| Sect | ion A. Governing Body and Management | | | | |
|-------------|--|-------------------------|---|-----------|--|
| | | 1 | W 200 | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a (| 2 | ^ } | |
| | If there are material differences in voting rights among members of the governing body, or | 1 | | , | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | |
| | committee, explain in Schedule O | | | | 2 |
| b | Enter the number of voting members included in line 1a, above, who are independent. | 1b : | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relation | onship with | | | |
| _ | any other officer, director, trustee, or key employee? | | 2 | L | X |
| 3 | Did the organization delegate control over management duties customarily performed by or und | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or of | | 3_ | L | _X_ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 w | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization' | s assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect | or appoint | _ | | |
| | one or more members of the governing body? | • • • | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the organization reserved to (or subject to approval by) members and the control of the control of the organization reserved to (or subject to approval by) members are control of the control of | ers, | | 1 | |
| _ | stockholders, or persons other than the governing body? | | 7b | gi. | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertail | ken auring | | | |
| _ | the year by the following | | | 12 Y | |
| a | The governing body? | • | 8a | X | |
| ь | Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be | a rocchod | 8b | $\vdash $ | |
| 9 | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C | | 9 | | Х |
| Soct | ion B. Policies (This Section B requests information about policies not required by the I | | | | |
| <u>Jec.</u> | ion b. I dicies (This decilor b requests information about policies not required by the i | internal Nevertue C | oue.) | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of suc | h chapters. | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt | | 10ь | | |
| 11a | | | 11a | Х | |
| b | | · · | 3 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could | give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? | If "Yes," | | 1 | |
| | describe in Schedule O how this was done. | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? . | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and app | • | V 2 | | ************************************** |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | on and decision? | 2 | للف | A |
| a | The organization's CEO, Executive Director, or top management official | | 15a | | |
| b | Other officers or key employees of the organization | | 15b | | 500 1 |
| 40: | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | XJ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra | ngement | | A | |
| L | with a taxable entity during the year? | | 16a | | <u>X</u> |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaparticipation in joint venture arrangements under applicable federal tax law, and take steps to sa | | ř. | | 8.1 |
| | the organization's exempt status with respect to such arrangements? | leguard | 16b | - 42 Ein | لمــــــــــــــــــــــــــــــــــــ |
| Soct | ion C. Disclosure | | 160 | | |
| 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 Forms 1023 (or 1024 if applicable), 990, and 9 | 990-T (Section 501(c |)(3)s c | nlv) | |
| . • | available for public inspection Indicate how you made these available Check all that apply | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | plain ın Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents | | | 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 | s books and records | • | | |
| | TRICIA BARAN c/o HOUSING HOPE | (425) 347-6556 | | | - |
| | FOOD EVED OBEEN MANY EVED TT MA OCCOO | | | | |

| Form 990 (2015) | HOUSING HOPE PROPERTIES | 94-3163905 | Page 7 |
|------------------------------------|---|--------------------|--------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa | ted | |
| | 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 organization's | this table for all persons required to be listed. Report compensation for the calendar year ending with tax year. | n or within the | |
| | of the organization's current officers, directors, trustees (whether individuals or organizations), rega ion Enter -0- in columns (D), (E), and (F) if no compensation was paid | rdless of amount | |
| List all List the who received | of the organization's current key employees, if any See instructions for definition of "key employee organization's five current highest compensated employees (other than an officer, director, trustee reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100, and any related organizations | , or key employee) |) |
| - 1 *- 4 - D | | | |

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

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

| Check this box if neither the organization nor air | ny related organ | ızatıc | on c | omp | ens | sated | any | current officer, | director, or trust | ee |
|--|----------------------|--------------------|-----------------------|---------|-----|----------|--------|---|-------------------------|--------------------------|
| | | (C) | | | | | | | | |
| | <u> </u> | Position | | | | | | | | 1 |
| (A) | (B) | | | | | e than o | | (D) | (E) | (F) |
| Name and Title | Average hours per | box, unless person | | | | | | Reportable compensation | Reportable compensation | Estimated amount of |
| | week (list any | | | | | | | from | from related | other |
| | hours for related | 를 | SE SE | Officer | ey | 10 g | Former | the | organizations | compensation from the |
| | organizations | ect dua | 들 | 4 | ğ | oye | er. | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization |
| | below dotted | ਖੋਡ | <u>a</u> | 1 | ğ | P S | | , | | and related |
| | line) | or director | Institutional trustee | | ď | es | | | | organizations |
| | | " | (e | | | Sage | | | Į. | |
| | | - | ↓_ | _ | _ | ă | | | | |
| (1) NIK HALLADAY | 1 00 | • | ł | l | | | | | | |
| PRESIDENT | 0 00 | _X_ | L | X | L_ | | | L | | <u> </u> |
| (2) PAUL VEXLER | 1 00 | Ì | Ì | Ì | | | | | | |
| VICE PRESIDENT | 0 00 | X | <u> </u> | X | | | | | | |
| (3) RICH MENZEL | 1 00 | ĺ | ŀ | 1 | 1 | 1 | | | | |
| SEC/TREAS | 0 00 | X | | Х | | | | | | |
| (4) MARIA HICKS | 1 00 | | 1 | | | | | | | |
| BOARD MEMBER | 0 00 | X | <u> </u> | | | | | <u> </u> | | |
| (5) KATHERINE COOK | 1 00 | | | | | | | | | |
| BOARD MEMBER | 0 00 | Х | ١ | | | | _ | | | |
| (6) BOBBY THOMPSON | 20 00 | | | | | | | | | |
| BOARD MEMBER | 20 00 | Х | | | | | | | 82,464 | |
| (7) FRED SAFSTROM | 14 00 | | | | | | | | | |
| CEO | 26 00 | | | Х | | l 1 | | | 127,959 | 2,764 |
| (8) ED PETERSEN | 4 00 | | | | | | | | | |
| CSO | 36 00 | | | Х | |] | | | 135,406 | 3,378 |
| (9) | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | 1 | | ' Ì | | | | |
| · | | | | | | | | | | |
| (11) | | | | | | 1 | | | | |
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| (12) | | | | | | | | | | |
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| (13) | | | | | | | \neg | | | |
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| (14) | | | | | | | | | | |
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| | | _ | | _ | | | | | | |

94-3163905

| (A) Name and title | | (B) Average hours per week (list any hours for related organizations below dotted line) | (do r | ot ch unles | Pos neck | C) intion more rson hrect | e than | one n an tee) | (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 |
|-----------------------|---|---|--------|----------------|-------------|---------------------------------------|-----------|---------------------|---|--|--|
| (15) | | | - | | | | | | | | |
| (16) | | | | | | - | | | | | |
| (17) | | | | | | | | - | |) | |
| (18) | | | | | | - | | - | | | |
| (19) | | | | | | | | <u> </u> | | | |
| (20) | | | _ | | | _ | | | | | |
| (21) | | | | | | : | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | _ | | | |
| | | | | | | | | | | ! | } |
| | | | | | _ | | | | | | |
| (25) | | | | | | | | | | | |
| 1b c | Sub-total Total from continuation sheets to Part VII, S | iection A | | | | | | A | 0 | 345,829 0 | |
| d | Total (add lines 1b and 1c) | | | | | | | • | 0 | | |
| 2 | Total number of individuals (including but not lii reportable compensation from the organization | | sted | | ve) 2 | wh | o rec | eive | ed more than \$1 | 00,000 of | |
| 3 | Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched | | | | | yee, | , or hi | ighe | est compensated | d | Yes No |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations greated individual | | | | | | | | | | 4 X |
| 5 | Did any person listed on line 1a receive or accr for services rendered to the organization? If "Y | | | | | | | | | dıvıdual | 5 X |
| Sec | tion B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest compe compensation from the organization Report co year | | | | | | | | | | n's tax |
| | (A) Name and business addre | ess | | | | | | | (B) Description of seri | vices | (C) Compensation |
| | | | | | | | \neg | | | | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | \exists | | | | 0 |
| 2 | Total number of independent contractors (include | ding but not lim | ited f | o th | ose | list | ed ah | | e) who received | | 0 |
| | more than \$100,000 of compensation from the | | ▶ | | | | 0 | ' | | | |

| Pa | rt VIII | Statement of Revenue | | | | | | |
|--|-----------------------------|--|----------------------|-----------------------------------|---|--|---|--|
| | | Check if Schedule O contain | s a response or | note to any line | in this Part VIII | | | |
| | | 1. 2. 2. A. S. M. M. M. S. A. J. S. M. | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Giffs, Grants and Other Similar Amounts | 1a b c d e f | Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gra similar amounts not included ab Noncash contributions included in | nts, and ove 1f | 0 0 0 0 569,608 | | | | |
| Program Service Revenue | 2a b c d e | | | Business Code 532000 531390 | 569,608 40,223 1,490,456 0 0 4,608 | | | |
| <u>g</u> | g | Total. Add lines 2a-2f | <u></u> | • | 1,535,287 | | * * * * * * * | 11000 |
| | 3 4 5 | Investment income (including direction other similar amounts) Income from investment of tax-e Royalties . | | . • | 1,195 0 | | | |
| | 6a b c | Gross rents Less. rental expenses Rental income or (loss) Net rental income or (loss) | 0 | | 0 | | | |
| | 7a b c | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses. Gain or (loss) | (i) Securities 0 0 0 | 0 | | | | |
| Other Revenue | d 8a | Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18 | 0 1c) | • | 0 | | | |
| Other | c 9a b | Less direct expenses Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19 Less direct expenses Net income or (loss) from gamin | nties a b | 0 | 0 | | | |
| | 10a b | Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales | a) b(| 1,346,000 1,289,944 | 56,056 | 56,056 | | |
| | 11a b c d | Miscellaneous Revenue IMPAIRMENT OF FIXED ASSE All other revenue | | Business Code | -118,178 0 0 | -118,178 | | |
| | е 12 | Total. Add lines 11a–11d Total revenue. See instructions | | > | -118,178 2.043.968 | | 0 | 0 |

| | 990 (2015) HOUSING HOPE PROPERTIES | | | 94-31 | 63905 Page 1 0 |
|----------|--|-----------------------|------------------------|---------------------------------------|-----------------------|
| Pa | rt IX Statement of Functional Expenses | | | | |
| Sect | ion 501(c)(3) and 501(c)(4) organizations must complete a | Il columns All othe | r organizations mu | st complete column | (A) |
| | Check if Schedule O contains a response or not | e to any line in this | Part IX . | | . [] |
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| 2 | domestic governments See Part IV, line 21 . Grants and other assistance to domestic | } <u>_</u> | | A 2 8 8 5 5 | 7 |
| _ | individuals See Part IV, line 22 |) 0 | j | | |
| 3 | Grants and other assistance to foreign | <u> </u> | | · · · · · · · · · · · · · · · · · · · | |
| • | organizations, foreign governments, and foreign | <u>}</u> | | | |
| | individuals See Part IV, lines 15 and 16 . |) 0 | , | | |
| 4 | Benefits paid to or for members | O | | | Y()()()()()() |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | 0 | <u> </u> |
| 6 | Compensation not included above, to disqualified | 1 | | | 1 |
| | persons (as defined under section 4958(f)(1)) and | Ì | | | } |
| _ | persons described in section 4958(c)(3)(B) | 0 | | | ļ |
| 7 | Other salaries and wages . | 0 | | <u> </u> | |
| 8 | Pension plan accruals and contributions (include | | 1 | | |
| 9 | section 401(k) and 403(b) employer contributions) Other employee benefits | 0 | | | |
| 10 | Payroll taxes . | 1 | | | |
| 11 | Fees for services (non-employees) | } - | | | |
| ., | Management | 1 0 | | | 1 |
| b | Legal | 0 | | | |
| С | Accounting . | 6,045 | 6,045 | | |
| đ | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 . | 0 | | | |
| f | Investment management fees | 0 | | <u> </u> | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 | Advertising and promotion . | 3,935 | | | |
| 13 | Office expenses | 8,200 | | | <u> </u> |
| 14 | Information technology | 14,710 | | | |
| 15 | Royalties . | 9,258 | | | |
| 16 17 | Occupancy | 34,745 | | | |
| 18 | Payments of travel or entertainment expenses | 11,645 | 11,645 | | |
| | for any federal, state, or local public officials . | o | | | |
| 19 | Conferences, conventions, and meetings. | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates . | 0 | | | |
| 22 | Depreciation, depletion, and amortization . | 2,205 | 2,205 | 0 | C |
| 23 | Insurance | 5,990 | 5,990 | | |
| 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) CONTRACTED LABOR | 550,236 | | -71 Av 88 7 14 4 4 1 | <u> </u> |
| b | MAINTENANCE & REPAIRS | | 70,136 | | |
| 0 | EQUIPMENT & FURNITURE | 47,323 | 47,323 | | |
| d | TAXES & FEES | 6,564 | 6,564 | | <u> </u> |
| - | All other expenses | 2,766 | 2,766 | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 773,758 | | | 0 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | <u> </u> | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

| | | | | | |
|--------|------|--------|----------|------|--|
| D 4 V |) | | <u> </u> | | |
| Part X | ı Ka | Iance | Sheet | | |
| uita | | IUIIOC | Olice | | |
| | | | | | |

| 1 Cash—non-interest-bearing End of year End of year 201.836 1 612.655 2 Savings and temporary cash investments 2 201.836 1 612.655 3 Pledges and grants receivable, net 8.858 3 55.757 4 Accounts receivable, net 0 0 0 0 5 Loans and other receivable from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Cash and other receivables from other dequariation grants and special part of the complete Part II of Schedule L 5 Cash and forms receivable from other dequariation grants and sponsoring organizations (see instructions) Complete Part II of Schedule L 5 6 6 8 Inventionies for sale or use 1,903.305 8 816.548 9 Prepaid expenses and deferred charges 1,155.980 7 1,922.108 10 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 144.657 10b 29.502 117.280 10e 115.055 11 Investments—publicity traded securities See Part IV, line 11 0 12 0 10 Intrangible assets 1 0 14 0 0 1 10 Total assets. Add lines 1 through 15 (must equal line 34) 3,410.833 16 3.588.271 10 Total assets. Add lines 1 through 15 (must equal line 34) 3,410.833 16 3.588.271 10 Total assets. Add lines 1 through 15 (must equal line 34) 3,410.833 16 3.588.271 10 Total assets. Add lines 17 through 25 1,680.986 26 1,268.837 10 Loans and other payables to current and former officers, directors, trusteets, key employees, highest compensated employees. and disqualified persons Complete Part II of Schedule D 20 20 25 20 20 25 20 20 | | | Check if Schedule O contains a response of | r note to any line in th | ns Part | x <u>.</u> | · . | | | |
|--|-------|-----|--|---------------------------------|---------|--|--------------------|--|--|--|
| Cash—non-interest-bearing 201,836 1 612,655 2 Savings and temporary cash investments 2 3,57,767 4 Accounts receivable, net 6,856 3 5,57,67 4 Accounts receivable, net 6,856 3 5,57,67 4 Accounts receivable, net 6,856 3 5,57,67 4 Accounts receivable, net 6,856 5 0 4 0 0 0 0 0 0 0 0 | | | | | | | | | | |
| 2 Savings and temporary cash investments 8,858 3 55,757 4 Accounts receivable, net 6,858 3 55,757 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from durder dequalified persons (as defined under section 4598(f)(1)), persons described in section 4598(c)(3)(8), and contributing employers and sponsoring organizations fostacin 591(6)(9) woultney employees inefficiary organizations (see instructions) Complete Part II of Schedule L 1,155,830 7 1,982,162 7 Notes and loans receivable, net 1,155,830 7 1,982,162 8 Inventories for sale or use 1,903,305 8 816,548 9 Prepaid expenses and deferred charges 1,903,305 8 816,548 10 Lars accumulated depreciation 10 144,657 10 117,260 10c 115,055 10 Investments—bublely traded securities 10 10 144,657 117,260 10c 115,055 11 Investments—program-related See Part IV, line 11 0 13 0 12 0 117,260 10c 115,055 11 13 Investments—chre securities See Part IV, line 11 0 13 0 14 Intargible assets 10 10 10 10 10 10 10 1 | | | | | | | | | | |
| 3 Pledges and grants receivable, net | | | | | • | 201,836 | | 612,655 | | |
| Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), persons described in 4958(f(1)), persons described | | i | | • | | | | | | |
| toans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loars and other receivables from other disqualified persons (as defined under section 4595(c)(f)), persons described in section 4595(c)(f)), and contributing employers and sponsoning organizations of section 501(c)(f) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and it can receivable, net 1,185,830 7 1,982,162 8 Investmenters and deferred charges 1,593,300 8 610,548 9 Prepard expenses and deferred charges 1,155,830 7 1,982,162 10a 144,657 1,155,830 7 1,982,162 10b 29,602 117,260 10c 115,055 9 6,094 11 Investments—publicly traded securities 10b 29,602 117,260 10c 115,055 11 Investments—publicly traded securities 0 11 0 12 0 12 Investments—program-related See Part IV, line 11 0 13 0 13 Investments—program-related See Part IV, line 11 0 13 0 14 Intangble assets 0 14 0 15 Total assets. Add lines 1 through 15 (must equal line 34) 3,410,833 16 3,588,271 17 Accounts payable and accrued expenses 62,962 17 223,485 18 Grants payable 19 Deferred revenue 19 10 10 18 Total assets. Add lines 1 through 15 (must equal line 34) 3,410,833 16 3,588,271 19 Deferred revenue 19 20 21 21 22 22 23 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 23 24 24 25 25 25 25 25 25 | | - | | | | | | 55,757 | | |
| Complete Part II of Schedule L. 6 Loans and other recevebles from other daqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(8) voluntly employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiories for sale or use 9 Preparid expenses and deferred charges 9 Preparid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10b Less accumulated depreciation 11 Investments—publicy traded securities 12 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intended assets. Add lines 1 through 15 (must equal line 34) 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to urrelated third parties 23 Scuter mortigages and notes payable to urrelated third parties 24 Unsecured notes and loans payable to urrelated third parties 25 Other liabilities or current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Organizations that follow SFAS 117 (ASC 958), check here Part IV of Schedule D 29 Total liabilities or through 25 29 Organizations that follow SFAS 117 (ASC 958), check here Part IV of Schedule D 30 Capital stock or trust principal, or current funds 31 Pard-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances | | | | | 4 | 0 | | | | |
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| 34 Total liabilities and net assets/fund balances 3,410,833 34 3,588,271 | ž | | | <u>-</u> | | 1,779,835 | 33 | 2,324,444 | | |
| | | 34_ | Total liabilities and net assets/fund balances | · | - | 3,410,833 | 34 | 3,588,271 | | |

| Form | 990 (2015) HOUSING HOPE PROPERTIES | 94 | -3163905 | Page | e 12 |
|------|--|----|-------------|------------|------------|
| Par | القائد فيتنا المنابوه بيون والمستوين والمراوي والمراوي والمراوي والمراوي والمراوي والمراوي والمراوية والمراوية | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | . [| X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,043, | 968 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 773, | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 1,270, | 210 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1,779, | 835 |
| 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 | | -725, | 601 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | | 2,324, | <u>444</u> |
| Pari | XII Financial Statements and Reporting | | | _ | _, |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u>. L</u> | !_ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 CashX Accrual Other | | _ | | 7] |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | 3 3 | 7] |
| | Schedule O | | àÀ | | . Ž J. |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | L A | 3 % | 1 |
| | reviewed on a separate basis, consolidated basis, or both | | | 3 3 | 3 { |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | CAN JAME |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | ¥ (%) | P 3 |
| | separate basis, consolidated basis, or both | | | | ù À |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | ŊŢ, | 80 |
| С | 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? | 01 | 2c | *x*1 | Z |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | ** |
| | Schedule O | | | | |
| 3a | | | 1% | <u> </u> | 3 |
| Ja | the Single Audit Act and OMB Circular A-133? | | 3a | ĺ | Х |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | • | Ja | -+ | <u>~</u> _ |
| - | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3ь | 1 | |
| | | | | 990 (2 | 2015) |

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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number HOUSING HOPE PROPERTIES 94-3163905 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 11, check only one box) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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). 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 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ч 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9) listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5. 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 558.941 569,608 3,442,829 775.364 620.017 918.899 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 775.364 620.017 918.899 558.941 569,608 Total. Add lines 1 through 3 The portion of total contributions by each 年のな "老"意义 person (other than a governmental unit ** · (4) · (4) or publicly supported organization) Ä, k included on line 1 that exceeds 2% 4 1 of the amount shown on line 11, Ž. column (f). 6 Public support. Subtract line 5 from line 4 3,442,829 Section B. Total Support (c) 2013 Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (d) 2014 (e) 2015 (f) Total 775,364 620,017 558,941 569,608 918,899 3,442,829 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 50 2.981 646 1,195 4.872 Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) -508.853 1.417.109 1.685.433 \$: 3k 11 Total support. Add lines 7 through 10 5,133,134 12 Gross receipts from related activities, etc. (see instructions) 12 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 67 07% 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 98 80% 16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

| | ii tilo organization talio to qui | any anaci tric | icolo noted bei | ve, picase com | piete r art ii.) | | |
|------------|--|--------------------------|----------------------|------------------------|----------------------|--|-----------|
| Sec | ction A. Public Support | , | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕒 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants ") | ' | <u></u> | | | | 0 |
| 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 . | | | ' | | Ī | 0 |
| 3 | Gross receipts from activities that are not an | | | , , , , , | | | |
| | unrelated trade or business under section 513 | | | | | ţ | 0 |
| 4 | Tax revenues levied for the organization's | | | | | | |
| | benefit and either paid to or expended on | | | | | 1 | |
| | its behalf | | | | | ì | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | ļ | 0 |
| 6 | Total. Add lines 1 through 5 . | 0 | 0 | 0 | 0 | 0 | 0 |
| | Amounts included on lines 1, 2, and 3 | | | | | ~ ~~ | <u> </u> |
| , a | received from disqualified persons . | | | | | Ì | 0 |
| _ | Amounts included on lines 2 and 3 received | | | | | | |
| J | | | 1 | | | | |
| | from other than disqualified persons that | | İ | | Į. | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | ^ |
| _ | amount on line 13 for the year . | 0 | | | 0 | | <u>0</u> |
| _ | Add lines 7a and 7b | V 2 / 18 8 | 0 | 0 | | 0 | |
| 8 | Public support (Subtract line 7c from | | | | | | 0 |
| 500 | tion B. Total Support | 1 9 W 1 | To the the the | . % 38 m | <u></u> | <u>* ** * ** *** *** * *** * *** * *** * * </u> | |
| | endar year (or fiscal year beginning in) | (=) 2011 | (b) 2012 | (a) 2012 | (4) 2044 | (a) 2015 | (f) Total |
| | , , , , , | (a) 2011 0 | (b) 2012 | (c) 2013 | (d) 2014 0 | (e) 2015 0 | |
| 9 | Amounts from line 6 | | 0 | 0 | - | - | 0 |
| 10a | Gross income from interest, dividends, | | | | | l | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar sources | | | L | | | 0 |
| b | Unrelated business taxable income (less | | | | | į | |
| | section 511 taxes) from businesses | | | , | | | _ |
| | acquired after June 30, 1975 | | | | | | 0 |
| С | Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | 0 |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) . | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | į | | ı | | | |
| | and 12) | 0 | . 0 | 0 | 0 | <u> </u> | 0 |
| 14 | First five years. If the Form 990 is for the organic | ganızatıon's first, s | econd, third, fourth | i, or fifth tax year a | is a section 501(c)(| 3) | |
| | organization, check this box and stop here | <u> </u> | | | | | |
| <u>Sec</u> | tion C. Computation of Public Sup | port Percenta | ige | | | | |
| 15 | Public support percentage for 2015 (line 8, co | olumn (f) divided b | y line 13, column (| f)) . | | 15 | 0 00% |
| 16 | Public support percentage from 2014 Schedu | ule A, Part III, line | 15 | | | 16 | 0 00% |
| <u>Sec</u> | tion D. Computation of Investment | t Income Perc | entage | | | | |
| 17 | Investment income percentage for 2015 (line | 10c, column (f) di | vided by line 13, co | olumn (f)) | | 17 | 0 00% |
| 18 | Investment income percentage from 2014 Sc | chedule A, Part III, | line 17 | | | 18 | 0 00% |
| 19a | 33 1/3% support tests—2015. If the organiz | | | t, and line 15 is mo | ore than 33 1/3%, a | ind line 17 is | |
| | not more than 33 1/3%, check this box and s | top here. The org | anızatıon qualifies | as a publicly supp | orted organization | | ▶□ |
| b | 33 1/3% support tests—2014. If the organiz | ation did not checi | k a box on line 14 o | or line 19a, and line | e 16 is more than 3 | 3 1/3%, and | |
| | line 18 is not more than 33 1/3%, check this t | box and stop here | . The organization | qualifies as a pub | licly supported orga | anızatıon | . ▶□ |
| 20 | Private foundation. If the organization did no | at about a bay an | lino 14, 100, or 10 | a abaak thia bay a | nd and instructions | | |

| Schedule A (Fo | orm 990 or 990-EZ) 2015 HOUSING HOPE PROPERTIES | 94-3163905 | Page 8 |
|----------------|--|-------------------|---------------|
| Part VI | Supplemental information. Provide the explanations required by Part II, line 10, Part II, line 1 | 7a 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, Pa | art 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, | | |
| | 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Pa | | |
| | | art v, Occilon L, | |
| | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | | |
| Don't II Lina | 40 THE AMOUNTS INCLUDE SEED DESCRIVED FOR HOUSE BLANC TOOLS AND JOB SHA | OV | |
| Part II Line | 10 THE AMOUNTS INCLUDE FEES RECEIVED FOR HOUSE PLANS, TOOLS AND JOB SHA | CK | |
| DENTAL | 0.14/51.1 4.0 0.41/10 44/10 1 0.0050 50.04/51/5 0.41/5 0.51/10 10 10 10 10 10 10 10 10 10 10 10 10 1 | | |
| RENIAL, A | <u>IS WELL AS GAINS AND LOSSES FROM THE SALE OF INVENTORIED LAND LOTS TO HOM</u> | MEBUILDING | |
| | | | |
| FAMILIES / | AND FEES FROM DEVELOPMENT OF PROPERTIES TO BE CONVERTED TO HOMEBUILDI | NG LOTS | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization HOUSING HOPE PROPERTIES 94-3163905 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year 🦠 💃 Held at the End of the Tax Year Total number of conservation easements 2a h Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes 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 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)? . 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 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 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 Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| • | \cdot | | | | |
|--------|--|--------------------------|-------------------------|---------------------------|-------------------------|
| Sched | ule D (Form 990) 2015 HOUSING HOPE PROF | PERTIES | | 94-31 | 163905 Page 2 |
| Par | | | | | |
| 3 | Using the organization's acquisition, access collection items (check all that apply) | sion, and other records | s, check any of the fol | lowing that are a signif | icant use of its |
| а | Public exhibition | d [| Loan or exchange | e programs | |
| b | Scholarly research | e 🗔 | Other | | |
| С | Preservation for future generations | _ | | | |
| 4 | Provide a description of the organization's o | collections and explain | how they further the | organization's exempt | purpose in Part |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | | Yes No |
| Par | Complete if the organization answ 990, Part X, line 21. | | n 990, Part IV, line 9 |), or reported an amo | ount on Form |
| 1a | Is the organization an agent, trustee, custoo included on Form 990, Part X? If "Yes," explain the arrangement in Part XI | | | or other assets not | Yes No |
| b | in res, explain the arrangement in Fart XI | ii and complete the for | lowing table | | Amount |
| С | Beginning balance | | | 1c | 0 |
| d | Additions during the year | | • | 1d | <u></u> |
| e | Distributions during the year . | | | 1e | |
| f | Ending balance . | | | 1f | 0 |
| 2a | Did the organization include an amount on | Form 990 Part X. line | 21 for escrow or cus | todial account liability? | Yes X No |
| b | If "Yes," explain the arrangement in Part XII | | | | |
| Part | | | platiation has been p | 1011000 0111 0117111 | · |
| ı aıı | Complete if the organization answ | vered "Yes" on Form | 990 Part IV line 1 | 0 | |
| | | | nor year (c) Two yea | | ack (e) Four years back |
| 1a | Beginning of year balance | 0 | 0 | 0 | |
| b | Contributions . | | | | |
| С | 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 | 0 | O | 0 | 0 0 |
| 2 | Provide the estimated percentage of the cui | | (line 1g, column (a)) | held as | |
| a | Board designated or quasi-endowment | » | | | |
| b | Permanent endowment | <u>%</u> . | | | |
| С | Temporarily restricted endowment | | | | |
| 2- | The percentages on lines 2a, 2b, and 2c sh | | 46-4 6-14 | administrated for the | |
| 3a | Are there endowment funds not in the possi | ession of the organizat | tion that are neid and | auministered for the | Yes No |
| | organization by. | | | | 3a(i) |
| | (i) unrelated organizations .(ii) related organizations | | • | • | 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related organizations | zations listed as requir | ed on Schedule P2 | | 3b |
| 4 | Describe in Part XIII the intended uses of the | | | | |
| Part | | | witterit tuttus | | |
| للبنجع | Complete if the organization answ | | 1990 Part IV line 1 | 1a See Form 990 F | Part X line 10 |
| | Description of property | (a) Cost or other basis | (b) Cost or other | (c) Accumulated | (d) Book value |
| | bescription or property | (investment) | basis (other) | depreciation | (d) book value |
| 1a | Land | 0 | 73.64 | W X 2' Y. | 73 641 |

| Part VII | Investments—Other Securities | | 00 Dect IV line 11h Con For | m 000 Dart V line 12 |
|----------------------|---|--|--|-------------------------|
| (a) | Complete if the organization a Description of security or category | | (c) Method of v | |
| (a) | (including name of security) | (b) Book value | Cost or end-of-year | |
| (1) Financial of | derivatives . | | | |
| (2) Closely-he | eld equity interests | | | |
| (3) Other | | | | |
| | | | | |
| (B) | | | <u> </u> | |
| (Ĉ) | | | | |
| (Ď) | | | | |
| (E) | | · | | |
| (F) | | · | | |
| (G) (H) | | | <u> </u> | |
| | nust equal Form 990, Part X, col (B) line 12) | , | | |
| Part VIII | Investments—Program Rela | | <u>, **, ** : * * * * :: ** : * : * : * : *</u> | ** |
| | Complete if the organization a | | 90. Part IV. line 11c. See For | m 990. Part X. line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of v | |
| | (a) Description of investment | (b) Book value | Cost or end-of-year | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | ļ | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| | | | | |
| (8) | | | | |
| Total (Column (h) n | nust equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. | ئے۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔ | | |
| Taltix | Complete if the organization a | nswered "Yes" on Form 9 | 90 Part IV line 11d See For | m 990 Part X line 15 |
| | | (a) Description | 50, 1 dic 14, iiio 1 1d. 000 1 or | (b) Book value |
| (1) | | · · | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| | | | | |
| | | | | <u> </u> |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, | col (B) line 15) | <u>·</u> <u>b</u> | <u> </u> |
| Part X | Other Liabilities. | | 00 Dani N/ Kara 44 a an 446 O | F 000 D-+V |
| | Complete if the organization a | nswered "Yes" on Form 99 | 90, Part IV, line 11e or 11f S | ee Form 990, Part X, |
| | line 25 (a) Description of liability | (h) Pook volve | | |
| (1) Federal I | | (b) Book value | | |
| | ncome taxes | } | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total (Column (b) mu | ust equal Form 990, Part X, col (B) line 25) | | The state of the s | |
| | ncertain tax positions. In Part XIII, provi | | | |
| organization's l | iability for uncertain tax positions under | FIN 48 (ASC 740). Check here | if the text of the footnote has been | provided in Part XIII |

| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p | er 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 | 2,043,968 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments . 2a | | |
| b | Donated services and use of facilities . 2b | | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d . | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 2,043,968 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 12 % | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII) | | |
| С | Add lines 4a and 4b | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 2,043,968 |
| Par | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses | s 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 | 773,758 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | | |
| а | Donated services and use of facilities 2a | | |
| þ | Prior year adjustments . 2b | | |
| С | Other losses . 2c | | |
| ď | Other (Describe in Part XIII) | | |
| е | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 773,758 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b. | | |
| b | Other (Describe in Part XIII) | \ | |
| _ | | 1 4 - 1 | ^ |
| C | Add lines 4a and 4b | 4c | 770.750 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 4c 5 | 773,758 |
| 5 Par | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. | 5 | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **Example 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information. | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **Example 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
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| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
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| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |
| 5 Pari Provi | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **EXAMPLE 18 | 5 b, Part V, line 4, | 773,758 |

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

| HOUSING HOPE PROPERTIES | 94-3163905 |
|--|--|
| Form 990, Part VI, Section B, Line 11a THE RETURN IS PREPARE | D BY THE ACCOUNTING STAFF USING |
| INTERNAL ACCOUNTING RECORDS AND AUDITED SCHEDULES | IT IS THEN REVIEWED BY SENIOR MANAGEMENT |
| AFTER FINAL REVIEW BY THE FINANCE COMMITTEE, COPIES A | RE SENT TO EACH BOARD MEMBER |
| Form 990, Part VI, Section B, Line 12c BOARD MEMBERS COPLET | TE AN ANNUAL QUESTIONNAIRE THAT |
| INCLUDES DISCLOSURE OF POTENTIAL CONFLICTS OF INTERE | EST_THESE POTENTIAL CONFLICTS ARE SHARED |
| WITH OTHER BOARD MEMBERS IF AN ACTUAL CONFLICT OF I | NTEREST WERE TO ARRISE, THE AFFECTED BOARD |
| MEMBER WOULD BE REQUIRED TO RECUSE THEMSELVES FRO | OM DISCUSSIONS AND VOTING ON THAT TOPIC |
| Form 990, Part VI, Section C, Line 19 GOVERNING DOCUMENTS | |
| STATE'S OFFICE COPIES OF THESE DOCUMENTS, POLICY STA | |
| STATEMENTS ARE PROVIDED UPON REQUEST FORM 990 IS A | LSO AVAILABLE ON THE GUIDESTAR WEBSITE |
| Form 990, Part XI, Line 5 DURING FISCAL YEAR 2016, HOUSING | |
| AND OTHER ASSETS TOTALING 725,601 TO RELATED EXEMPT | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Information about Schedule R (Form 990) and its instructions is atwww irs gov/form990

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOUSING HOPE PROPERTIES

Employer identification number 94-3163905

| Part I Identification of Disregarded Entities Complete | e if the orga | anization a | nswered "Ye | es" or | Form 990, | Part i | V, line 33 | | | | | |
|---|----------------------|------------------|-------------------|---|----------------------|---------|---|--------|---------------------------|-------|------------------------------------|------|
| (a) Name, address and EIN (if applicable) of disregarded entity | | | (b) y activity | (c) Legal domicile (state or foreign country) | | T | (d) Total income E | | (e) End-of-year assets | | (f) Direct controllin entity | |
| | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | _ |
| (3) | | | | | | | | | | | | _ |
| [4] | | | | - | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (e) | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations do one or more related tax-exempt organizations do | | | e organizati | on an | swered "Ye | s" on | Form 990, F | Part I | /, line 34 be | cause | e it had | d |
| (a) Name, address and EIN of related organization | | b) y activity | | | (d) Exempt Code s | section | (e) Public chanty (if section 501 | | | | contro | |
| MALUOUSING HODE OF BOOKED | <u></u> | | | | | | | | | | Yes | _No_ |
| (1) HOUSING HOPE 94-3060709 5830 EVERGREEN WAY EVERETT, WA 98203 | LOW INCO | ME HSG | lwa . | | 501(c)(3) | | 7 | | N/A | | | x |
| (2) BUILDING CREDITS 91-1654582 | LOWINCO | ME HSG | WA | | 501(c)(3) | | 9 | | HOUSING H | IOPE | × | |
| | EMPLOYMI EDUCATIO | | WA | | 501(c)(3) | | 9 | | HOUSING H | OPE | X | |
| [4] | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| [ē) | | | | | | | | | | | | |
| _(7) | | | | | | | | | | | | |

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

Schedule R (Form 990) 2015

94-3163905

Schedule R (Form 990) 2015

Page 2

Schedule R (Form 990) 2015

(6) (7)

HOUSING HOPE PROPERTIES

| | | Related Organiz | | | | | | | ion answ | ered | "Yes | on on | Form 990, | Part I | V, lın | e 34 | |
|--|----------|---|------------------------|---------------------------------|--------------------------------------|--|----------------|----------------|--------------------------------|-------------|---------------------------|-------------------|---|------------------------|--------------------------------------|-----------|-------------------------------------|
| (a) Name address, and related organiza | I EIN of | ne or more related (b) Primary activity | (c) | (d) Direct controlling entity | Pred incom uni exclu tax | (e) (o) (o) (o) (o) (o) (o) (o) | (f) Share o | f) of total | (g) Share of er year ass | ets | (h Dispropo aflocet | ritonate ions? | (i) Code V—Ul amount in box of Schedule i (Form 1065 | (20 п (-1 (| (j) ieneral nanagii partner | ng ow | (k) rcentage vnership |
| (1) | | | - - | | - | | | | <u></u> | - | Yes | No | | - Y | es N | 10 | |
| (2) | | | | | | | | | | _ | | _ | | _ | \dagger | + | |
| (3) | | | | | | | | | | 7 | | | | + | \top | + | |
| (4) | | | | | | | | | | _ | | | | \top | \top | \top | |
| (5) | | | | | | | | | | \dashv | | | | | \top | | |
| (6) | | | | | | | | | | \dashv | | | | | \top | _ | |
| (7) | | | | | | | | | | \dashv | | | | | \top | | |
| | | Related Organiz | | | | | | | | | | ered | "Yes" on F | orm 9 | 90, F | art | |
| Name, address al | (a) | | (b) Primary activit | y Legal d | ;} | (d) Direct contri entity | otling | (e Type o | , | () Share | ŋ | | (g) Share of nd-of year assets | (h) Percen owner | tage | Section 5 | i) 512(b)(13) trolled hty? |
| (1) | | | | | | | | | | | | + | | | | Yes | No |
| (2) | | ••••••• | | | | | + | | | | | + | | | \exists | | |
| (3) | | | | | | | | | | | | + | | | \dashv | | - |

Page 3

94-3163905

| Fall | Transactions with related Organizations Complete if the organization answered Tes | on Form 990, Fait IV | , IIIIE 34, 330, 01 30 | | | |
|--------|--|---------------------------|------------------------|------------|-------------------------|---------|
| 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 rela | ited organizations listed | i in Parts II-IV? | 100° | 2.5 | 7. |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | · · | | 1a | | Х |
| b | Gift, grant, or capital contribution to related organization(s) | | | 1b | | Х |
| c | Gift, grant, or capital contribution from related organization(s) | | | 1c | | X |
| d | Loans or loan guarantees to or for related organization(s) | | | 1d | | Х |
| e | Loans or loan guarantees by related organization(s) | | | 1e | | X |
| | | | | × | | Santa I |
| f | Dividends from related organization(s) | | | 1f | | X |
| g | Sale of assets to related organization(s) | | | 1 g | | X |
| h | Purchase of assets from related organization(s) | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | 1j | | X |
| | | | | ζ · | | . AL |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | 1k | X | |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s) | | | 11 | | Х |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | | 1m | | X |
| п | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 1n | Х | |
| 0 | Sharing of paid employees with related organization(s) | | | 10 | | X |
| | | | | È | | wâ. |
| р | Reimbursement paid to related organization(s) for expenses | | | 1p | L | _X_ |
| q | Reimbursement paid by related organization(s) for expenses | | | 1q | | X |
| | | | | | £ | F3 (|
| r | Other transfer of cash or property to related organization(s) | | | 1r | Х | |
| s_ | Other transfer of cash or property from related organization(s) | | | 18 | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this l | line, including covered | relationships and tran | saction th | reshol | ds |
| | (a) | (b) | (c) | | (d) | |
| | Name of related organization | Transaction type (a-s) | Amount involved | Method o | of determ of involve | |
| | _ <u></u> | 1,750 (0-3) | | | | |
| | | | | ACTUAL | | |
| (1) HC | USING HOPE | k | 28,684 | ACTUAL | | |
| | NONO HODE | | | | | |
| (2) MC | USING HOPE | <u> </u> | 0 | | | |
| | HOINO HODE | | 705.004 | ACTUAL | | |
| (3) HC | USING HOPE | ļ | 725,601 | AC TOAL | | |
| 145 | | Ì | | | | |
| (4) | | | | | | |
| (5) | | Į į | | | | |
| 19) | | | | <u> </u> | | |
| (6) | | ļ | | | | |
| 10/ | | | Scher | dule R (Fo | rm 990 | 1 2015 |