(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

22(0)**1**

OMB No 1545-0047

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

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 6/30/2020 7/1/2019 and ending For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization HOUSINGHOPE PROPERTIES Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 94-3163905 Name change 5830 EVERGREEN WAY E Telephone number ZIP code Initial return City or town 425-347-6556 **EVERETT** ۱Λ/Α 98203 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 3.025.843 Amended return G Gross receipts \$ F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for subordinates? NIK HALLADAY 5830 EVERGREEN WAY, EVERETT, WA 982027 H(b) Are all subordinates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) 501(c) 4947(a)(1) on) (insert no.) Website: ► N/A H(c) Group exemption number ▶ X Corporation Form of organization Trust Association Other ▶ L Year of formation M State of legal domicile 1992 WA Part I Summary TO ACQUIRE, LEASE, REHABILITATE, CONSTRUCT Briefly describe the organization's mission or most significant activities AND OTHERWISE PROVIDE DECENT, SAFE, SANITARY AND AFFORDABLE HOUSING FOR THE VERY LOW AND LOW INCOME FAMILIES AND INDIVIDUALS RESIDING IN SNOHOMISH COUNTY AND CAMANO ISLAND Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 162 RECEIVED Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 သွ Net unrelated business taxable income from Form 990-T, line 39 0 7b MAY **28** 2023 r y Current Year Contributions and grants (Part VIII, line 1h) **40**9,181 465,828 8 5,094 9 Program service revenue (Part VIII, line 2g) 1,600,790 OGDEN. UT 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 109 225 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 110.702 26.506 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 585,086 2,093,349 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 932,297 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 728,030 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 728,030 932,297 19 Revenue less expenses Subtract line 18 from line 12 -142,944 1,161,052 End of Year Beginning of Current Year 2,100,380 3.953,707 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 663,599 1,787,772 22 Net assets or fund balances Subtract line 21 from line 20 1,436,781 2,165,935

Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete ter (other than officer) is based on all information of which preparer has any knowledge Sign Here 17-2021 Fred Safstrom CEO Type or print name and title PTIN

Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's EIN Firm's name **Use Only** Phone no Firm's address

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

Yes Form 990 (2019)

No

orm 9	90 (2019)	HOUSINGHOPE PROPERTIES	94-3163905	Page 2
Pai	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	TO DEV	lescribe the organization's mission /ELOPE SAFE, DECENT AND AFFORDABLE HOUSING FOR LOW AND VERY LOW INCOME RE MISH COUNTY AND CAMANO ISLAND		
2	the prio	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3	Did the services	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
4	Describ expense	describe these changes on Schedule O the the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alle expenses, and revenue, if any, for each program service reported		,
4a) (Expenses \$ 932,297 including grants of \$ 0) (Revenu DP SAFE, DECENT AND AFFORDABLE HOUSING FOR LOW AND VERY LOW INCOME RESIDE Y AND CAMANO ISLAND	NTS OF SNOHOM	MISH
4b) (Expenses \$ including grants of \$) (Revenue		
łc	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
4d		ogram services (Describe on Schedule O) es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	(Expens	es \$ 0 including grants of \$ 0) (Revenue \$		

No

Yes

ABD 105 94-3163905

Rart IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- **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*
- 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
- 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
- 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
- B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 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
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - **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*
 - c 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
 - **d** Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - **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
- 13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- **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
- 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
- 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
- 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)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	1	X	
	2	Х	
	3		X
	4		X
	5		X
	6		<u>X</u> _
	7		X
	8		X
	9		X
			X
	10		X
	11a	Х	
	11b		<u>X</u>
	11c		x
	11d	Х	
	11e	Χ	
	11f		X
	12a		<u>x</u>
	12b	х	
i	13		Х
	14a		X
	14b		X
	15		X
	16		<u> </u>
	17		<u> </u>
	18		<u>X</u>
	19		X
	20a		
	20b		
	21		X
	Form	990	(2019)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	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	25		 ^
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		j	
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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	ļ	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u>X</u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		,
b	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		X
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%]
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part·II	26	ļ	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	1 27		
28	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	<u> </u>	X
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		
29	If"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete oblication with the organization receive contributions of art, historical treasures, or other similar assets, or qualified	125		 ^
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	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			
24	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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	5,		<u> </u>
30	19? Note: All Form 990 filers are required to complete Schedule O	38	x ,	
Par				
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	0		
b	Zitter and flamber of the time to Ze merced at time to Zetter of the temperature	익		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	X	
	gaming (gambling) winnings to prize winners?		990	(2019)

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	Form 99	1 990 (2019) HOUSINGHOPE PROPERTIES			94-3163905	Р	age 5
2a Einer the number of employees reported on Form W-3. Transmitted of Mage and Tax Statements, leds of the colorated year ending with or within the year covered by this raturu 2 0 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d All my time during the celendary ear, did the organization fava an interest in, or a significant order authority over, a financial accountly a few financial accountly and a foreign country \$\infty\$ (such as a bank account, securities account, or other financial accountry? 4d X X If "Yes", this inter the name of the foreign country \$\infty\$ (such as a bank account, securities account, or other financial accountry? 4d X X If "Yes" to comparization aparty to a prohibetod tax shelter transaction at any time during the tax year? 5d Was the organization have for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR) 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that fore gross receipts that are normally greater than \$100,000, and did the organization shoulds with every solicitation an express statement that such contributions or gifts were not tax deductable; 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable; 6d Did the organization end to tax devices of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductable contributions under section 170(c). 8d Did the organization that may receive deductable contributions on a personal benefit contract? 9d Did the organization that are supplied to the value of the goods or services provided? 1 If "Yes," indicate the number of	Part	art V Statements Regarding Other IRS Filin	gs and Tax Compliance (continued)			,	
Statements, filed for the calendar year ending with or within the year covered by this return	_		T	1 1		Yes	No
bill fall least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1s and 2a is greater than 250, your may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see his a bank account, or other financial accountry)? 4a A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry as foreign country (see his a bank account, or other financial accountry)? 5b If "Yes" return the name of the foreign country. 5c If "Yes" in line 5s or 50, did the organization than that a so in a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" in line 5s or 50, did the organization the foreign 888-67. 5c If "Yes" in line 5s or 50, did the organization the foreign 888-67. 5d Does the organization have annual gioss receipts that are normally greater than \$100,000, and did the organization neclar with every solicitation an express statement that such contributions or gifts were not tax deductable. 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable. 5c If "Yes," did the organization neclar with every solicitation an express statement that such contributions or gifts were not tax deductable. 5c If "Yes," indicate the number of Forms 8226 filed during the year and the programation foreign and the organization file and t	2a			22			'
Note: If the sum of ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	h						
3a Dut the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," in set iffied a Form Boot. To the year? "No" to time 5b, proude an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) in a foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization from 114, Report of Foreign Bank and Financial Accounts (FBAR) 5c Was the organization for the foreign country of the comparation of the shelter transaction? 5c If "Yes," on the sax of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d Do be 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 or grifts were not tax deductible as charitable contributions or grifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8 b Obt the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 1a The section of the Form 8282? 1b The section 170(c). 1b Off the organization received a contribution of qualified mellectual property, did the organization file a Form 1808-07. 1b Off the organization received a contribution of qualified mellectual property, did the organization file a Form 1808-07. 1b Off the organization received a contribution of qualified mellectual property, did the organization file a Form 1808-07. 1b Off the organization is maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization is maintaining donor advised funds. Did a donor advised fund maintained by the supp	D	,			. 20		
b If "Yes," has if field a Form 990-T for the year? If "No" to line 3b, provide an explanation on Schedule O A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions of public the filing fil	32	•		0110)	3a		
48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 49 If "Yes" enter the name of the foreign country 14 Report of Foreign Bank and Financial Accounts (FBAR) 50 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 51 A Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax shelter transaction? 51 A Did any taxable party notify the organization file Form 8889 and Financial Accounts (FBAR) 52 B Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and the organization solicit any contributions and the organization solicit any contributions for the state of the deductible as charitable contributions? 53 B D Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 54 B D D D D D D D D D D D D D D D D D D		•		ule O			<u>^</u>
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tay year? 5	b		,	·			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to time 5a or 5b, did the organization file Form 8866-T? 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 X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Dd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Dd the organization include the number of Forms 8282 flied during the year 1 If "Yes," indicate the number of Forms 8282 flied during the year 1 If "Yes," indicate the number of Forms 8282 flied during the year 1 If "Yes," indicate the number of Forms 8282 flied during the year 1 If the organization received a contribution of qualified intellectual property, did the organization flied Port 8282? 9 If the organization received a contribution of qualified intellectual property, did the organization flied Port 8282? 1 If the organization have excess business holdings at any time during the year? 2 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 1 Dd the sponsoring organizations maintaining donor advised funds. 1 Dd the sponsoring organizations maintaining donor advised funds. 2 Dd the sponsoring organization make any taxable distributions under section 4966? 3 Sponsoring organization she critical property of the distribution of a form			4, Report of Foreign Bank and Financial Accou	nts (FBAR)			
C If "Yes" to line 5a or 5b, dd the organization file Form 8886-T? A 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? B If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). D Id the organization nece a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? D Id the organization notify the donor of the value of the goods or services provided? D Id the organization include the number of Forms 8282 filed during the year D Id the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To D Id the organization received a contribution of qualified intellectual property, did the organization flee Form 8889 as required? If the organization received a contribution of qualified intellectual property, did the organization flee Form 8889 as required? To the organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations is circle to the section of the section of the circle and the property of the p	5a				5a		X
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O							
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	-		inning services during the tax year?	,	14a		Х
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				lule O			
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If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		· · · · · · · · · · · · · · · · · · ·	,		15		Х
Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			N				
If "Yes," complete Form 4720, Schedule O				nt income?	16		X
		-	and deciron rode excise tax on net investine		<u> </u>		-
		11 103, complete i om 4/20, conedule o			Form	990	2019\

Part VI Govern

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

	Chock in Constant of Constant				<u> </u>
<u>Sect</u>	ion A. Governing Body and Management				
	man in the second of the secon	4-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a6	4		1
	If there are material differences in voting rights among members of the governing body, or				,
	of the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O	1b 5			;
b	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relations		1 1		ı
2	any other officer, director, trustee, or key employee?	inp with	2		<u>x</u> ,
2	Did the organization delegate control over management duties customarily performed by or under	the direct	-		
3	supervision of officers, directors, trustees, or key employees to a management company or other p		3		х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X
4	Did the organization make any significant changes to its governing documents since the prior rorm 330 was Did the organization become aware during the year of a significant diversion of the organization's a		5		$\frac{\hat{x}}{x}$
5		153515	6		$\frac{\lambda}{x}$
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or	annoint	۳		
7a	one or more members of the governing body?	арропп	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members		۳		
b	stockholders, or persons other than the governing body?	1	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durina	- · ·		
0	the year by the following	rading			į
а	The governing body?		8a	~ x ^	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			
•	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ion bit one to the country by a country and the country and th			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				l l
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	'Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
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 appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			•
а	The organization's CEO, Executive Director, or top management official		15a	Х	-,, -
b	Other officers or key employees of the organization		15b	-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			<u></u> _
	with a taxable entity during the year?	-1- 1-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th				1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe(guaru	16b		
	the organization's exempt status with respect to such arrangements?		Lign	1	
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed				
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990	and 990-T (Section	501(c)		
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that applicable of the control of		JU 1(U)		
		plaın on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,				
	and financial statements available to the public during the tax year	zzimet et mitoreet pe			
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•		
	FRED SAFSTROM c/o HOUSING HOPE	425 347-6556			
	5830 EVERGREEN WAY, EVERETT, WA 98203				

Form 990 (2019) HOUSINGHOPE PROPERTIES									94-31639	905 Page 7
Part VII Compensation of Officers, Dire		es, ł	(ey	En	nplo	oyee	s, I	lighest Comp	ensated	
Employees, and Independent O Check if Schedule O contains a r		te to	an	v lir	ne ii	n this	Pa	art VII		
Section A. Officers, Directors, Trustees, K				<u> </u>					lovees	
1a Complete this table for all persons required to be										
organization's tax year	·	•						, ,		
 List all of the organization's current officers, d of compensation Enter -0- in columns (D), (E), and (List all of the organization's current key emplo List the organization's five current highest cor who received reportable compensation (Box 5 of For organization and any related organizations 	F) if no compensives, if any Sempensated emplorm W-2 and/or B	satior e inst oyees ox 7 d	n wa ruct s (ot of Fo	s pa ions her orm	aid for thai 109	defin n an c 99-MIS	ition offic SC)	n of "key employ er, director, trust of more than \$1	ee " ee, or key emplo 00,000 from the	oyee)
 List all of the organization's former officers, ke \$100,000 of reportable compensation from the organization 	ization and any	relate	d o	rgar	nizat	tions		•		
 List all of the organization's former directors organization, more than \$10,000 of reportable compessee instructions for the order in which to list the pers 	ensation from the									the
Check this box if neither the organization nor an		ation	cor	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson irect	an both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FRED SAFSTROM	4 00									
CEO	4 00		<u> </u>	X					131,182	3,600
(2) JEFF CAPELOTO	1 00			l						
PRESIDENT (2) PAUL VEYLER	0 00		┢	X						
(3) PAUL VEXLER VICE-PRESIDENT	1 00 0 00	l .		x						
(4) RICH MENZEL	1 00			 ^						
SEC/TREAS	0 00	1	l	x						
(5) MARIA HICKS	1 00									
BOARD MEMBER	0 00	Х								
(6) NIK HALLADAY	1 00									
BOARD MEMBER	0 00	X	ļ							ļ
(7)										
(8)		-								
(9)										
(10)										

· P	art VII Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	l Hi	ghes	t Co	mpensated Em	ployees (conti	nued)		
		(C) Position											
	(A)	(B)	٠,		neck	more	than		(D)	(E)	_	(F)	
	Name and title	Average hours				irecto	ıs both or/trust	ee)	Reportable compensation	Reportable compensation		nated arr of other	ount
		per week (list any		T		6	em Hig	g	from the organization	from related organizations	1	npensati from the	
		hours for	를		O∰Qer	y em	hest	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nızatıon	and
		related organizations	학교	na.		Вoy	မီ နို				related	organız	ations
		below dotted line)	Individual trustee or director	Institutional trustee		8	pens						
		,	_	8			Highest compensated employee						
(15)													
(16)													
									<u> </u>		ļ		
_(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)										·			
45	Subtotal								0	131,182		2	600
1b c	Total from continuation sheets to Part VII, Se	ection A							0	131,162			
d	Total (add lines 1b and 1c)							•	0	131,182		3	,600
2	Total number of individuals (including but not lin	nited to those lis	ted a	bov	e) w	/ho	recei	ved	more than \$100	,000 of			
	reportable compensation from the organization	<u> </u>							.			Yes	0 No
3	Did the organization list any former officer, dire	ctor. trustee. key	emr	olove	ee. o	or h	ıahes	t co	mpensated			162	INU
•	employee on line 1a? If "Yes," complete Schedu			-			.9				3		Х
4	For any individual listed on line 1a, is the sum of	•	•						•				
	the organization and related organizations grea	ter than \$150,00	10? If	"Ye	s," (com	plete	Sci	hedule J for such)			 _
E	<i>individual</i>Did any person listed on line 1a receive or accre	uo componentio	a fran	~ ~ ~		aral	atad .	orac	anization or indiv	idual	4		X
5	for services rendered to the organization? If "Ye	•			-			_		iuuai	5		X
Sec	ion B. Independent Contractors												
1	Complete this table for your five highest compecompensation from the organization. Report coil										tax ye	ar	
	(A) Name and business addr	ess							(B) Description of serv	ices	(C) Compen		
									<u>'</u>				0
													0
	······································												0
		.					\dashv				0		
2	Total number of independent contractors (included more than \$100,000 of compensation from the	-		thos	se li	stec	abo	ve)	who received				

	990 (20		OPE	RTIES				·	<u>94-31639</u>	905 Page 9
Par	t VIII									 1
		Check if Schedule O co	ntains	s a respon	se or	note to any line in	this Part VIII			
			-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (5)	1a	Federated campaigns			1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0				
ည် ဋ	С	Fundraising events			1c	0				
£ E	d	Related organizations			1d	0				
ଇ ଛୁ	е	Government grants (contrib	oution	s)	1e	465,828				
Sir	f	All other contributions, gifts	, grar	nts, and						
H P		similar amounts not include	ed abo	ove	1f	0				
등 원	g	Noncash contributions inclu	ıded ı	n						
<u>a</u>		lines 1a-1f			1g	\$ 0				
	h	Total. Add lines 1a-1f					465,828			
_						Business Code				
ဦ	2a	DEVELOPMENT & MGMT	FEE			531390	1,600,790	1,600,790		
e e	b						0		1	
e S	С						0			
a∏ ev	d						0			
Program Service Revenue	е						0			
<u>. </u>	f	All other program service re	evenu	е			0			
	g	Total. Add lines 2a–2f				•	1,600,790			
	3	Investment income (includii	ng div	ridends, in	teres	t, and	005	005		
		other similar amounts)					225	225		
	4	Income from investment of	tax-e	xempt bon	a pro	ceeas	0		_	
	5	Royalties		(ı) Rea		(ii) Personal	0			
	6-	Cross roots	6-	(i) Nea		(II) F ersonal				
	6a	Gross rents Less rental expenses	6a 6b							
	b	Rental income or (loss)	6c		0	0				
	c d	Net rental income or (loss)	_ 00	1	- 0		0			
	7a	Gross amount from		(i) Securities		(ii) Other	0			
	, a	sales of assets		(7		(,,				
		other than inventory	7a	İ	0	0				
9	b	Less cost or other basis								
enue,		and sales expenses	7b		0	0				
	С	Gain or (loss)	7c		0					,
ř.	d	Net gain or (loss)				•	0			
Other Rev	8a	Gross income from fundrais	sing							
0		events (not including \$		0						
		of contributions reported on	line	1c)						
		See Part IV, line 18			8a	0				
	b	Less direct expenses			8b	0				,
	С	Net income or (loss) from fu		-	ts	>	0			
	9a	Gross income from gaming	activ	ities						
		See Part IV, line 19			9a	0				
	b	Less direct expenses			9b	0				
	С	Net income or (loss) from g		g activities		<u> </u>	0	1 1 1 4 1		
	10a	Gross sales of inventory, le	SS						•	1
		returns and allowances			10a	959,000	11111 / 1 17 11		1 100 1 1 11 1	
		Less cost of goods sold		l	10b	932,494				
	С	Net income or (loss) from s	ales c	inventor	Y	Puers C1-	26,506			
Sn	44 -					Business Code		عالنظ ومصادمات بياسانا	والمناسبة والمساورة والمسا	المرابع
cellaneo Revenue	11a						0			
lar en	b						0			
Re Re	C C	All other revenue					0			
Miscellaneous Revenue	d e	Total. Add lines 11a–11d				•	0			· · · · · · · · · · · · · · · · · ·
	12	Total revenue. See instruct	lone				2,093,349	1,601,015	0	0
							_,500,010			

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	. 0			
11	Fees for services (nonemployees)				
а	Management	187,753	187,753		
b	Legal	8,727	8,727		
С	Accounting	3,126	3,126		
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0	-		
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0		0	
12	Advertising and promotion	582	582		
13	Office expenses	11,349	11,349		
14	Information technology	5,546	5,546		
15	Royalties	0			
16	Occupancy	19,369	19,369		
17	Travel	20,176	20,176		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,707	4,707	0	0
23	Insurance	3,726	3,726		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	CONTRACTED LABOR	611,443	611,443		
b	REPAIR/MAINTENANCE	46,673	46,673		
С	FEES AND LICENSES	9,120	9,120		
d		0			
е	All other expenses	0			<u> </u>
25	Total functional expenses. Add lines 1 through 24e	932,297	932,297	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
`	fundraising solicitation Check here [] if				
	following SOP 98-2 (ASC 958-720)				

94-3163905

Form 990 (2019) HOUSING

Rart X Balance Sheet

		Check if Schedule O contains a response of	r note to	any line in this Part X			
_					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing		_	77,784	1	656,874
	2	Savings and temporary cash investments		_	0	2	
	3	Pledges and grants receivable, net		_	40,639	3	35,000
	4	Accounts receivable, net		0	4	256,173	
	5	Loans and other receivables from any current of	•	·			
		trustee, key employee, creator or founder, subs		·			
		controlled entity or family member of any of the	-	— — — — — — — — — — — — — — — — — — —	0	5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net			1,741,469	7	1,671,720
155	8	Inventories for sale or use			6,700	8	154,842
•	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment cost or			,		·
		other basis Complete Part VI of Schedule D	10a	169,674	<u>.</u>		
	b	Less accumulated depreciation	10b	46,136	128,245	10c	123,538
	11	Investments—publicly traded securities	<u> </u> _	0	11	0	
	12	Investments—other securities See Part IV, line	L	0	12	0	
	13	Investments—program-related See Part IV, line	_	0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets See Part IV, line 11			105,543	15	1,055,560
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	2,100,380	16	3,953,707
	17	Accounts payable and accrued expenses			72,836	17	701,607
	18	Grants payable			0	18_	
	19	Deferred revenue		0	19		
	20	Tax-exempt bond liabilities		0	20		
	21	Escrow or custodial account liability Complete		0	21		
Liabilities	22	Loans and other payables to any current or form					
III		trustee, key employee, creator or founder, subs					
lab		controlled entity or family member of any of the			0	22	
_	23	Secured mortgages and notes payable to unrel			590,763	23	842,211
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17–24	1) Complete			
		Part X of Schedule D			0	25	243,954
	26	Total liabilities. Add lines 17 through 25			663,599	_26	1,787,772
es		Organizations that follow FASB ASC 958, ch	eck hei	re ▶ X			
2		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			788,292	27	1,373,823
	28	Net assets with donor restrictions			648,489	28	792,112
Š		Organizations that do not follow FASB ASC	958, ch	eck here ▶			
Ē.		and complete lines 29 through 33.		_			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			. 0	29	
set	30	Paid-in or capital surplus, or land, building, or e	quipme	nt fund	0	30	
A SS	31	Retained earnings, endowment, accumulated in	ncome,	or other funds	0	31	
et,	32	Total net assets or fund balances			1,436,781	32	2,165,935
Z	33	Total liabilities and net assets/fund balances			2,100,380	33	3,953,707

Form	990 (2019) HOUSINGHOPE PROPERTIES	9	4-3163905	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	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		2,093	3,349
2	Total expenses (must equal Part IX, column (A), line 25)	2		932	2,297
3	Revenue less expenses Subtract line 2 from line 1	3		1,161	1,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,436	5,781
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 on Schedule O)	9		-431	,898
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	2,165	,935
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
	Schedule O .				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				}
	separate basis, consolidated basis, or both			ľ	
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Χ_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

3b | Form **990** (2019)

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 chantable trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

HOL	JSIN	IGHOPE PROPERTIES					94-31	63905	
Pai		Reason for Public Char							
The	orga	anization is not a private foundat							
1	\sqsubseteq	A church, convention of church	•				(A)(i).		
2	Ш	A school described in section					O(
3		A hospital or a cooperative hos	spital service organi	zation described in sec	tion 170(b)(1)(A)(ii	i).		
4		A medical research organization hospital's name, city, and state		nction with a hospital o	lescribed	ın section	170(b)(1)(A)(iii). Er	nter the	
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	nment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)((v).		
7	X	An organization that normally r described in section 170(b)(1)			m a gove	rnmental ı	unit or from the gene	ral public	:
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II)				
9		An agricultural research organi or university or a non-land-gran university	ization described in nt college of agricult	section 170(b)(1)(A)(ix ture (see instructions)	() operate Enter the	d in conjui name, city	nction with a land-gray, and state of the co	ant colleg	je
10		An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ons—subject to certain ted business taxable in	exception come (les	is, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its	oss
11		An organization organized and	operated exclusive	ly to test for public safe	ety See se	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 50 9	3(a)(1) or :	section 50	09(a)(2). See sectio	n 509(a)((3).
а	[Type I. A supporting organization (organization You must cor	s) the power to regu	larly appoint or elect a	oy its supp majority o	oorted orga of the direa	anization(s), typically ctors or trustees of th	y by givin ne suppo	g rting
b	Į	Type II. A supporting organic control or management of the organization(s) You must o	ne supporting organ	ization vested in the sa	on with its ime perso	supporteins that co	d organization(s), by introl or manage the	having supporte	ed
С	[Type III functionally integr						rated wit	h,
	г	its supported organization(s							\(\alpha\)
d	L	Type III non-functionally in that is not functionally integral requirement (see instruction	rated The organizat	tion generally must sati	sfy a distr	ibution red	quirement and an att		
е	[Check this box if the organize functionally integrated, or Ty	zation received a wr	ritten determination froi	n the IRS	that it is a		e III	
f		Enter the number of supported		any integrated supporting	ig organiz	allon			0
a a		Provide the following information		ed organization(s)					
		Name of supported organization	(n) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other s	mount of upport (see ructions)
					Yes	No			
Ά)									
(B)									
C)									
D)									
E)									
Гotа	1						0		0

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

							
	ction A. Public Support	, -					
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	569,608	598,969	480,813	408,181	465,828	2,523,399
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	569,608	598,969	480,813	408,181	465,828	2,523,399
	shown on line 11, column (f)				F		
6	Public support Subtract line 5 from line 4	[,		2,523,399
	ction B. Total Support	T					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	569,608	598,969	480,813	408,181	465,828	2,523,399
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	sımılar sources	1,195	119				1,314
9	Net income from unrelated business activities, whether or not the business is regularly carried on			:	_		0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,417,109	170,439	1,429,692	176,796	1,600,790	4,794,826
11	Total support. Add lines 7 through 10	1					7,319,539
12	Gross receipts from related activities, etc. (s.	ee instructions)	-			12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here			, or fifth tax year as	a section 501(c)((3)	>
	tion C. Computation of Public Su					1	
14	Public support percentage for 2019 (line 6, c))		14	34 47%
	Public support percentage from 2018 Sched					15	44 68%
	33 1/3% support test—2019. If the organiz and stop here. The organization qualifies as	a publicly supporte	ed organization				▶ [X]
b	33 1/3% support test—2018. If the organiz box and stop here. The organization qualifie				33 1/3% or more	, check this	▶ □
17a	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets to Part VI how the organization meets the "fact organization	the "facts-and-circur	nstances" test, che	eck this box and sto	op here. Explain i	n	▶□
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization meets supported organization	eets the "facts-and-	circumstances" tes	st, check this box ar	nd stop here.		▶ □
18	Private foundation. If the organization did	not check a box on I	ıne 13, 16a, 16b, 1	7a, or 17b, check the	his box and see		
	instructions						▶ 🗔

20

Pa	t III Support Schedule for Orga	anizations Des	cribed in Sect	tion 509(a)(2)			/
	(Complete only if you check					qualify under F	Part II
	If the organization fails to qu	alify under the	tests listed belo	ow, please com	iplete Part II)		
	ction A. Public Support	-				,	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	,				/	
2	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					/	(
4	Tax revenues levied for the						
	organization's benefit and either paid to		i				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5	0	0	0,	0	0	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						(
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						(
С	Add lines 7a and 7b	0	0	/ 0	0	0	(
8	Public support (Subtract line 7c from	- ,	/		b	-	
	line 6)		. /				(
	<u> </u>						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
Cale 9	ndar year (or fiscal year beginning in)					 	
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6					 	
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends,					 	
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,					 	
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					 	
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less					 	
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses					 	
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	0	0	0	0	0	
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	0	0	0	0	0	
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	0	0	0	0	0	
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0	0	
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	
Cale 9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the o organization, check this box and stop here	0 0 ganization's first, s	0 0 econd, third, fourth	0	0	0	
Cale 9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the o organization, check this box and stop here	0 organization's first, s	0 econd, third, fourth	0 0 1, or fifth tax year a	0	0	
Cale 9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here ition C. Computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public Sulpublic support percentage for 2019 (line 8, computation of Public sulpublic support percentage for 2019 (line 8, computation of Public sulpublic support percentage for 2019 (line 8, computation of Public sulpublic support percentage for 2019 (line 8, computation of Public sulpublic support percentage for 2019 (line 8, computation of Public sulpublic support percentage for 2019 (line 8, computation of Public support percentage for 2019 (line 8, computation of Public support percentage for 2019 (line 8, computation of Public support percentage for 2019 (line 8, computation of Public support percentage for 2019 (line 8, computation of Public support percentage for 2019 (line 8, computation of Public support percentage for 2019 (line 8, computation of Public	o organization's first, s	0 econd, third, fourth	0 0 1, or fifth tax year a	0	0 (3)	
Cale 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the o organization, check this box and stop here	o organization's first, s pport Percenta olumn (f), divided bule A, Part III, line	0 econd, third, fourth	0 0 1, or fifth tax year a	0	0 (3)	() () () () () () () ()
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Sulpublic support percentage from 2018 Sched	oganization's first, sepport Percenta olumn (f), divided bule A, Part III, line of Income Percenta	0 econd, third, fourth	0 0 n, or fifth tax year a	0	0 (3)	() () () () () () () ()
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage from 2018 Schedtion D. Computation of Investment	oganization's first, sopport Percenta olumn (f), divided bule A, Part III, line ont Income Percenta (10c, column (f), d	0 econd, third, fourth age by line 13, column (entage listentage	0 0 n, or fifth tax year a	0	0 0 (3) 15 16	0 00% 0 00%
Cale 9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public Support percentage for 2019 (line 8, cepublic support percentage from 2018 Schedition D. Computation of Investment Investment income percentage for 2019 (line	oganization's first, sopport Percenta olumn (f), divided buile A, Part III, line ont Income Perce 10c, column (f), dichedule A, Part III, chedule A, Part III,	0 econd, third, fourth age by line 13, column (entage listentage listentage line 17	0 on, or fifth tax year a	0 s a section 501(c)	0 (3) 15 16 17 18	0 00% 0 00% 0 00%
Cale 9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the o organization, check this box and stop here ation C. Computation of Public Support percentage for 2019 (line 8, continuous public support percentage from 2018 Schedition D. Computation of Investment Investment income percentage from 2018 (line 8, 33 1/3% support tests—2019. If the organication of the	oganization's first, sopport Percental olumn (f), divided bule A, Part III, line at Income Percental olumn (f), divided bule A, Part III, zation did not check top here. The org	0 econd, third, fourth ge by line 13, column (sentage roided by line 13, column (line 17 k the box on line 1 anization qualifies	0 on, or fifth tax year a fi) olumn (fi) 4, and line 15 is made a publicly support	0 s a section 501(c) ore than 33 1/3%, orted organization	0 (3) 15 16 17 18 and line 17 is	0 00% 0 00% 0 00%
Cale 9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the o organization, check this box and stop here ation C. Computation of Public Support percentage for 2019 (line 8, continuous public support percentage from 2018 Schedition D. Computation of Investment Investment income percentage from 2019 (line 8, continuous percentage from	oganization's first, sopport Percental olumn (f), divided bule A, Part III, line at Income Percental olumn (f), divided bule A, Part III, zation did not check top here. The org	0 econd, third, fourth ge by line 13, column (sentage roided by line 13, column (line 17 k the box on line 1 anization qualifies	0 on, or fifth tax year a fi) olumn (fi) 4, and line 15 is made a publicly support	0 s a section 501(c) ore than 33 1/3%, orted organization	0 (3) 15 16 17 18 and line 17 is	0 00% 0 00% 0 00%

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

Part IV

Supporting Organizations

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

Sec	tion A. All Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T 812
4	Are all of the organization's supported organizations listed by name in the organization's governing	F	Yes	No
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation of historic and continuing relationship, explain	1	·	·
2	Did the organization have any supported organization that does not have an IRS determination of status	} !	 	
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
		2	 	·
2-	organization was described in section 509(a)(1) or (2)		_	<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			·
	(b) and (c) below	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			İ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	├	<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		ļ	\
_	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	 	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-	·	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	 	ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			ļ
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		i	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	ļ	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		İ	
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action	- <u>-</u> -		
	was accomplished (such as by amendment to the organizing document)	5a	ļ	ļ.,
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	.		:
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			;
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			نــــا
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			نــــــا
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		L
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			<u> </u>
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	<u> </u>	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			<u> </u>
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		

determine whether the organization had excess business holdings)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	. ``		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	·		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ľ		
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		لـــــا
	supervised, or controlled the supporting organization	2		
<u>Secti</u>	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
• 41	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations		Vaa	NI-
	Dullibrary and the second of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		ī
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ŀ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			· -
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
a	The organization satisfied the Activities Test. Complete line 2 below		-,	
_				
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstruci	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			- [
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			i
	those supported organizations and explain how these activities directly furthered their exempt purposes,			Ì
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		.	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			۱
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b	J	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust	on Nov 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	nızatıo	ns must complete Sections	A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	•	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other		•	• .
factors (explain in detail in Part VI)	١		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	. 0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	lly integ	grated Type III supporting o	organization (see
instructions)			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			0
10_	Line 8 amount divided by line 9 amount			0 000
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			i
	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2019		• • •	
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
	Total of lines 3a through e	0		
	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2019 distributable amount			0
<u> i </u>	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2019 from			
	Section D, line 7 \$ 0			
	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2019 distributable amount			0
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2019, if			j
	any Subtract lines 3g and 4a from line 2 For result		0	
	greater than zero, explain in Part VI See instructions		0	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			•
	Part VI See instructions			0
7	Excess distributions carryover to 2020. Add lines 3j	_		
	and 4c	0		
8	Breakdown of line 7			_
	Excess from 2015 0			
	Excess from 2016 0			<u> </u>
	Excess from 2017 0			
d	Excess from 2018 0			-

Schedule A (F	Form 990 or 990-EZ) 2019 HOUSINGHOPE PROPERTIES	94-3163905 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Par	
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and	
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, S	
	3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and	
	lines 2, 5, and 6 Also complete this part for any additional information. (See instruction	ons)
Part I Sect	tion B Line 10 THE AMOUNT ON LINE 10 INCLUDES DEVELOPMENT AND MGMT FE	ES EARNED
·		
	·	
·		
	,	
		A

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number
HOU	SINGHOPE PROPERTIES		94-3163905
Par		Advised Funds or Other Similar Fu	
		ed "Yes" on Form 990, Part IV, line 6	
	Complete if the organization unower	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 55110) 651165	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	<u> </u>	
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held i	In donor advised
Ð	funds are the organization's property, subject t		
c	Did the organization inform all grantees, donor		
6	only for charitable purposes and not for the be		
	• •	helit of the donor of donor advisor, of for a	Yes No
	conferring impermissible private benefit?	·	
Par			
	Complete if the organization answer		
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	ole, recreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year	on the distance of the state of	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easer	ments	2b
c	Number of conservation easements on a certif		2c
d	Number of conservation easements included in		
ŭ	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,		minated by the organization during
•	the tax year		g
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy reg		handling of
•	violations, and enforcement of the conservatio		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, in		conservation easements during the year
•		opposing, namaling of violations, and officering	
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations, and enforcing cons	servation easements during the year
•	► \$	and, narraining or violations, and emoroning con-	servation substituting the year
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
٠	and section 170(h)(4)(B)(ii)?	Timo Z(d) abovo dation, the requirements	Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue	
•	balance sheet, and include, if applicable, the to		
	organization's accounting for conservation eas		
Par	Ul Organizations Maintaining Collect	ions of Art, Historical Treasures, o	r Other Similar Assets
u Qu	Complete if the organization answere		· Other online records
10	If the organization elected, as permitted under		e statement and halance sheet
1a	works of art, historical treasures, or other simil		
	public service, provide in Part XIII the text of the		
D	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		ion, or research in futule affect of
	public service, provide the following amounts r	_	▶ •
	(i) Revenue included on Form 990, Part VIII, I	ine i	► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		ets for financial gain, provide the
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line	1	▶ \$
h	Assets included in Form 990, Part X		▶ \$

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

94-3163905

Par	t III Organizations Maintaining Colle	ections of Art,	Histo	rical Tre	asures, or	Other Similar Asse	ts (continued)
3	Using the organization's acquisition, access	sion, and other re	ecords,	check any	of the follow	ring that make significar	nt use of its
	collection items (check all that apply)			-			
а	Public exhibition		d [Loan or	exchange p	rogram	
b	Scholarly research		е [Other			
С	Preservation for future generations						
4	Provide a description of the organization's	collections and ex	xplaın h	now they fo	urther the org	anızatıon's exempt purp	oose in Part
	XIII						
5	During the year, did the organization solicit						□ Van □ Na
	assets to be sold to raise funds rather than		as par	t or the or	ganizations	conection?	Yes No
Pari	Complete if the organization answ		Form 9	990, Part	IV, line 9, o	or reported an amour	nt on Form
_	990, Part X, line 21	1			- I I	Al	
1a	Is the organization an agent, trustee, custo- included on Form 990, Part X?					iner assets not	Yes No
b	If "Yes," explain the arrangement in Part XI	I and complete the	he follo	wing table			
	_					4-	Amount
C	Beginning balance					1c	
d	Additions during the year Distributions during the year					1e	
e f	Ending balance					1f	0
2a	Did the organization include an amount on	Form 000 Part Y	' line 2	1 for eccr	ow or custod	<u> </u>	Yes X No
b	If "Yes," explain the arrangement in Part XI	·	•			·	
Part		T Official field in t	inc oxpi	anation ne	20 00011 p101		
rait	Complete if the organization answ	ered "Yes" on	Form 9	990 Part	IV line 10		
) Current year		or year	(c) Two years	back (d) Three years back	ck (e) Four years back
1a	Beginning of year balance	·		-		· · · · · · · · · · · · · · · · · · ·	
b	Contributions						
С	Net investment earnings, gains,			-			
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
1	Administrative expenses End of year balance	0		0		0	0 0
g 2	Provide the estimated percentage of the cu		lance (lumn (a)) he		<u> </u>
a	Board designated or quasi-endowment	%			(-,,,		
b	Permanent endowment	%	_				
С	Term endowment ► %						
	The percentages on lines 2a, 2b, and 2c sh						
3a	Are there endowment funds not in the poss	ession of the org	anızatıc	on that are	held and ad	ministered for the	
	organization by						Yes No
	(i) Unrelated organizations						3a(i)
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizations	ratione lieted ac r	ranılıra	d on Sche	dula R2		3a(ii)
b 1	Describe in Part XIII the intended uses of the						<u> </u>
Part			<u>Cridovii</u>	HOTH TUTTO	<u> </u>		
	Complete if the organization answ		Form 9	90, Part	IV, line 11a	See Form 990, Par	t X, line 10
	Description of property	(a) Cost or other (investment	basis	(b) Cost of	or other basis other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0		73,641		73,641
b	Buildings		0		66,149	33,555	32,594
С	Leasehold improvements		0		0	0	0
d	Equipment		0		4,867	4,867	.0
_	Other	1		ı	25.047	7 714	17 202

123,538

▶

Schedule D (Folin 990) 2019 HOUSINGHOPE PROPER	IIIES	94-3163905 Page 3
Part VII Investments—Other Securities.	red "Yes" on Form 990. Par	t IV, line 11b See Form 990, Part X, line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E) (F)	1 1	
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ 0	_
Part VIII Investments—Program Related.		
	red "Yes" on Form 990, Par	t IV, line 11c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
(-)	.,,	Cost or end-of-year market value
_(1)		
_(2)		
(3)		
(5)		
(6)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ 0	
Part IX Other Assets.	<u> </u>	
	ed "Yes" on Form 990. Par	t IV, line 11d See Form 990, Part X, line 15
	Description	(b) Book value
(1) CONSTRUCTION IN PROCESS		1,055,550
(2) NET INVESTMENT IN RELATED TAX CREDIT E	NTITIES	10
(3)		
(4)		
(5)		
(6)		
(8)		
_(9)	(8)	1.055.500
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15)	1,055,560
Part X Other Liabilities.	and IIVanii an Farm 000 Bar	t IV line 11e er 11f Cee Form 000 Port V
line 25	ed Yes on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
	escription of liability	(b) Book value
(1) Federal income taxes	<u> </u>	0
(2) OTHER LONG TERM EXPENSES		243,954
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col		▶ 243,954
2. Liability for uncertain tax positions. In Part XIII, provide the	ne text of the footnote to the organ	ization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1.) a	
	Total revenue, gains, and other support per audited financial statements	1	2,093,349
^		 ' 	2,030,043
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a		
a	01		
b			
C	 		
d	,		0
e	5	3	2,093,349
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1		2,030,043
4			
a	•		
b		4c	0
C		5	2,093,349
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		2,093,349
	Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 13		
1	Total expenses and losses per audited financial statements	1	932,297
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	 ' ·	002,201
a			
b	nor year dejutinente		
۲. C	21.		
d e		2e	0
3	Subtract line 2e from line 1	3	932,297
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	1 1 1 1 1 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5		
b	45		
		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	932,297
	t XIII Supplemental Information.		
, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	iggitional information	

Schedule D (Fo		HOUSINGHOPE PROPERTIES	94-3163905 Page 5
Part XIII	Suppleme	ental Information (continued)	
	<u> </u>		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23 ►Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

HOUSINGHOPE PROPERTIES

Employer identification number 94-3163905

Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		-	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ŀ		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
	explain	10	-	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract	1	;	ř
				٧
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		
С	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III	40		
	The foot to drift of miles for state and provide and approache amounts for each from miles			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of The organization?			X
a b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
		'		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	compensation contingent on the net earnings of The organization?			X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			,
_		<u> </u>		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	 		^_
-	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Х
			T	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			•
	Regulations section 53 4958-6(c)?	9		

94-3163905

Schedule J (Form 990) 2019 HOUSINGHOPE PROPERTIES

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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		(b) Breakdown of	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)–(D)	in column (B) reported as deferred on prior Form 990
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94-3163905 Page 3	4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part										
Schedule J (Form 990) 2019 HOUSINGHOPE PROPERTIES Part III Supplemental Information	[호 칼			•							

SCHEDULE O ·(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOUSINGHOPE PROPERTIES

Employer identification number

94-3163905

Form 990, Part VI, Section B, Line 11A THE RETURN IS PREPARED BY THE ACCOUNTING STAFF USING
INTERNAL ACCOUNTING RECORDS AND AUDITED FINANCIAL SCHEDULES IT IS THEN REVIEWED BY SENIOR
MANAGMENT AFTER FINAL REVIEW BY THE FINANCE COMMITTEE, COPIES ARE SENT TO EACH BOARD MEMBER
Form 990, Part VI, Section B, Line 12C BOARD MEMBERS COMPLETE AN ANNUAL QUESTIONNAIRE THAT
INCLUDES DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST THE POTENTIAL CONFLICTS ARE SHARED
WITH OTHER BOARD MEMBERS. IF AN ACTUAL CONFLICT WERE TO ARISE, THE AFFECTED BOARD MEMBER WOULD
BE REQUIRED TO RECUSE THEMSELF FROM DISCUSSIONS AND VOTING ON THAT TOPIC
Form 990, Part VI, Section C, Line 19 GOVERNING DOCUMENTS ARE AVAILABLE FROM THE SECRETARY OF
STATE'S OFFICE COPIES OF THESE DOCUMENTS, POLICY STATEMENTS, FOR 990 AND FINANCIAL STATEMENTS
ARE PROVIDED UPON REQUEST FORM 990 IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE
Form 990, Part XI, Line 9 DURING FISCAL YEAR 2020, HOUSING HOPE PROPERTIES TRANSFERRED CASH
AND OTHER ASSETS TOTAL \$431,898 TO RELATED EXEMPT ORGANIZATION HOUSING HOPE
,

Schedule O (Form 990 or 990-EZ) (2019)	
Name of the organization	Employer identification number
HOUSINGHOPE PROPERTIES	94-3163905
•	
	·

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

HOUSINGHOPE PROPERTIES

Related Organizations and Unrelated Partnerships

► Attach to Form 990

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

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

Open to Public

OMB No 1545-0047

Employer identification number

94-3163905

(g) Section 512(b)(13) controlled ŝ × (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, because It had Yes entity × × (f)
Direct controlling
entity HOUSING HOPE HOUSING HOPE End-of-year assets Ϋ́ e Public charity status (if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. <u>e</u> (d) Total income (d)Exempt Code section (c) Legal domicile (state or foreign country) 501(c)3 501(C)3 501(c)3 Legal domicile (state or foreign country) Primary activity × ⋠ × EMPLOYMENT/TRAINI NG LOW INCOME HSG LOW INCOME HSG one or more related tax-exempt organizations during the tax year Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization 5830 EVERGREEN WAY EVERETT, WA 98203 (2) BUILDING CREDITS 91-1654582 5830 EVERGREEN WAY EVERETT, WA 98203 5830 EVERGREEN WAY EVERETT, WA 98203 (3) HOPEWORKS SOCIAL ENT 80-0684608 (1) HOUSING HOPE 94-3060709 Part I Part II €. 2 9 Ξ ন্ত ල 4 3 9 8

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{
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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019	HOUSINGHOPE PROPERTIES	OPERTIES								94-31	94-3163905		Page 2
Identification of Related Organizations Taxable as a Partnership. Complete if the organizations treated as a partnership during the tax year.	elated Organization or more related org	ns Taxable anizations	as a Pa treated	artnership. as a partner	e as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line treated as a partnership during the tax year.	the organizate the tax year.	ation answ	ered "Yes	s" on For	m 990, P	art IV,	line 34,	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal	(d) Direct controlling) ntrolling P	(e) Predominant	(f) Share of total	(g) Share of end-of-	(h) Of- Disproportionate		(i) Code V—UBI	(J) General or	<u> </u>	(k) Percentage
		(state or foreign country)			unrelated, unrelated, excluded from tax under sections 512-514)) deal assets			of Schedule K-1 (Form 1065)	partner		ownersnip
								Yes	No		Yes	9	
(1) MONROE FAMILY VILLAG Low Income Housing 5830 EVERGREEN WAY EVER	ow Income Housing	WA	N/A	Related	ted	-25		×			×		0 01%
(2) TWIN LAKES LANDING 47 Low Income Housing 5830 EVERGREEN WAY EVER	ow Income Housing	WA	A/N	Related	ted	-25		×			×		0 01%
(3)													
(4)		i											
(5)											ļ		
(9)													
(7)	;												
Part IV Identification of Related Organizations Taxable IV, line 34, because it had one or more related or	elated Organizatio		as a C	orporation ns treated a	le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, ganizations treated as a corporation or trust during the tax year	mplete if the	e organizat	tion answ tax year	ered "Ye	s" on Fo	rm 990	, Part	
(a) Name, address, and EIN of related organization	organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling ry)		(e) Type of entry (C corp, S corp, or trust)	(f) Share of total income		of assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
	:											Yes	ž
(1)													
(2)													
(3)													
(4)												_	
(5)				:					!				
(9)													
(7)											:		

Schedule R (Form 990) 2019

HOUSINGHOPE PROPERTIES

Schedule R (Form 990) 2019

94-3163905

Page 3

Part V

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				<u> </u>	Yes	I
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	r more related organ	izations listed in Parts	-N-		├	1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×	1
b Giff, grant, or capital contribution to related organization(s)				1b	×	ı
c Gift, grant, or capital contribution from related organization(s)	•			15	×	1
d Loans or loan guarantees to or for related organization(s)		•	•	19	×	ı
e Loans or loan guarantees by related organization(s)	•			4	×	1
	• •	• •		2	{ 	1-
f Dividends from related organization(s)				+	×	7
a Sale of assets to related organization(s)			•		{ >	1
			•	ر ا ا	< >	Ι
	•			= ;	<\>	1
: Containing of the containi				= ;	< ;	1
Lease of lacinites, equipment, of other assets to related organization(s)				=	<u> </u>	1
k Tease of facilities equipment or other assets from related organization(s)				12		7
				+	>	1
				= 1	< <i>></i>	
_				+	<	-
	•	•		+	<u> </u>	j
 Sharing of paid employees with related organization(s) 				9	×	ſ
				1		_
p Reimbursement paid to related organization(s) for expenses	•			1 _p	×	
q Reimbursement paid by related organization(s) for expenses .			•	19	×	l
						_
 Other transfer of cash or property to related organization(s) 				1.	×	ı
s Other transfer of cash or property from related organization(s)		·		1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nplete this line, inclu	ding covered relationshi	ips and transaction	thresholo	JS.	ı
(a)	(p)	(3)	"	1		l
Name of related organization	Transaction type (a—s)	Amount involved	Method of determining amount involved	ng amount i	involveď	
(1) HOPEWORKS SOC ENTRPR	<u>.</u>	16.16.7	ACTUAL			
						1
(2) HOPEWORKS SOC ENTRIPR	С,	0				١
(3) HOUSING HOPE	L	431,898	ACTUAL			1
						1
(5)						ı
(9)						
			Schedule	R (Form	Schodule R (Form 990) 2019	Ισ

94-3163905

Part VI

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

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

בקוונים אוים ווהפיאור וווונים או נוסופים אים שניים ביים היים ביים ב			Enloya Billianga		- ב כ	ivestificati parti	edille ioi				-	
Name, address, and EIN of entity	Primary activity	nicile oreign y)	Predominant homeome (related, unrelated, excluded from tax under homeometer)	(e) Are all partners section 501(c)(3) organizations?	artners on (3) tions?	Share of total income	(9) Share of end-of-year assets	Oisproportionate	nate Code V—UBI	General or managing partner?		Percentage ownership
			sections 512-514)	Yes	92	•		Yes	Q	Y	Ş	
(1)			i.	1				1				
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Schedule R (Form 990) 2019

Schedule R (For	m 990) 2019	HOUSINGHOPE PROPERTIES	94-3163905	Page 5
Pärt VII		ental Information		-
Part VII	Provide ad	dditional information for responses to questions on Schedule R Section 2015	ee instructions	
				
	,			