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Form 990

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

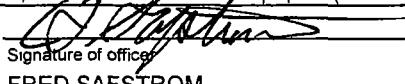
<b>A For the 2011 calendar year, or tax year beginning</b>		7/1/2011	<b>, and ending</b>	6/30/2012
<b>B Check if applicable</b>		<b>C Name of organization</b> HOUSING HOPE		
<input type="checkbox"/> Address change		Doing Business As		
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address) Room/suite		
<input type="checkbox"/> Initial return		5830 EVERGREEN WAY		
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		
<input type="checkbox"/> Amended return		EVERETT WA 98203-3748		
<input type="checkbox"/> Application pending		<b>F Name and address of principal officer</b> EDWIN R PETERSEN 5830 EVERGREEN WAY, EVERETT, WA 98203		
<b>I Tax-exempt status</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," attach a list (see instructions)				
<b>J Website:</b> ► HOUSINGHOPE.ORG				
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation</b> 1987 <b>M State of legal domicile</b> WA		

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities		TO PROMOTE AND PROVIDE A CONTINUUM OF SAFE, DECENT, AFFORDABLE HOUSING AND NECESSARY RELATED SERVICES FOR VERY LOW AND LOW INCOME RESIDENTS OF SNOHOMISH COUNTY AND CAMANO ISLAND	
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)		3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	17
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	117
6 Total number of volunteers (estimate if necessary)		6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, line 34		7b	0
<b>Activities &amp; Governance</b>	8 Contributions and grants (Part VIII, line 1h)		Prior Year
	9 Program service revenue (Part VIII, line 2g)		Current Year
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,855,017
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e)		2,112,486
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		499,389
			74,439
<b>Revenue</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,117,870
	14 Benefits paid to or for members (Part IX, column (A), line 4)		6,392,453
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		361,523
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ►		199,188
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,542,077
<b>Expenses</b>	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		0
	19 Revenue less expenses Subtract line 18 from line 12		3,654,079
			5,959,662
			432,791
			6,434,314
			1,744,634
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)		Beginning of Current Year
	21 Total liabilities (Part X, line 26)		End of Year
	22 Net assets or fund balances Subtract line 21 from line 20		28,978,220
		17,445,714	
		11,532,506	
		34,044,201	
		20,083,607	
		13,960,594	

**Part II Signature Block**

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

<b>Sign Here</b>		Date			
	FRED SAFSTROM	2-15-13			
	Type or print name and title	DEPUTY EXECUTIVE DIRECTOR			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	2/15/2013				
	Firm's name ►		Firm's EIN ►		
Firm's address ►		Phone no			

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

 Yes  NoFor Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)

Form 990 (2011)

9617

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III. **1** Briefly describe the organization's mission

TO PROMOTE AND PROVIDE A CONTINUUM OF SAFE, DECENT, AFFORDABLE HOUSING AND NECESSARY RELATED SERVICES FOR VERY LOW AND LOW INCOME RESIDENTS OF SNOHOMISH COUNTY AND CAMANO ISLAND

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

 Yes  No**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

 Yes  No**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ..... ) (Expenses \$ 4,199,395 including grants of \$ 193,299 ) (Revenue \$ 2,326,146)

SERVICE ENRICHED AFFORDABLE HOUSING. At June 30, 2012, the Agency operated 268 affordable rental units with social services tailored to needs of the household. On behalf of five LIHTC entities, the Agency manages 66 additional units with tailored social services. Housing types include emergency shelter, transitional housing and permanent supportive services. The social services program is centered by individualized case management and basic life skills education. During the fiscal year ended June 30, 2012, the Agency provided 5,666 emergency shelter bednights to 74 individuals in 27 households and 138,380 transitional housing bednights to 525 individuals in 157 households

**4b** (Code ..... ) (Expenses \$ 1,074,263 including grants of \$ 5,820 ) (Revenue \$ 489,974)

CHILDREN'S PROGRAM. This program is dedicated to helping children achieve age appropriate development, pursue their potential and ultimately to thrive in school and community. Tomorrow's Hope Childcare Center provides licensed childcare for up to 112 homeless and low-income children. During the fiscal year ended June 30, 2012, 205 children were provided 16,269 childcare days. Also during the fiscal year, ten teen parents and their children were provided services in this program. Other aspects of the program are parent education classes as part of the Agency's College of Hope and in-home child specialist services for homeless and at-risk families

**4c** (Code ..... ) (Expenses \$ 201,248 including grants of \$ 0 ) (Revenue \$ 0)

EMPLOYMENT PROGAM. The Agency's social service program has been "vocationalized" to help participants gain critical job-readiness skills necessary to be competitive in the job market and to contribute positively to the community's workforce. Employment readiness program components include classes, coaching, mentoring, and volunteer and paid job experiences. As participants increase their employment readiness skills, they are assisted to secure permanent paid employment that becomes the launching pad for helping them determine a career direction and path. During the fiscal year ended June 30, 2012, 173 clients participated in the Agency's Employment Program.

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 45,544 including grants of \$ 69 ) (Revenue \$ 0 )

**4e** Total program service expenses ► 5,520,450

## Part 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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

8 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, 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 temporarily restricted endowments, permanent endowments, or 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, XII, and XIII.

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, XII, and XIII 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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9	X	
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e		X
11f		X
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

## Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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

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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

	Yes	No
21		X
22	X	
23		X
24a	X	
24b		X
24c		X
24d		X
25a		X
25b		X
26		X
27		X
28a		X
28b		X
28c		X
29	X	
30		X
31		X
32		X
33		X
34	X	
35a		X
35b	X	
36	X	
37		X
38		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V.

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>	42
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	117
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	<b>5a</b>	X
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5b</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5c</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>6a</b>	X
<b>6a</b>	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?	<b>6b</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>7a</b>	X
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7b</b>	
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7c</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7d</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7e</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7f</b>	X
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7g</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7h</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>8</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>9a</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9b</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
	<i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

## **Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>1a</b> 17	
<b>1b</b>	<b>1b</b> 17	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>		
13	Did the organization have a written whistleblower policy?		
14	Did the organization have a written document retention and destruction policy?		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

### **Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JANICE NISHIKAWA, HOUSING HOPE (425) 347-6556  
5830 EVERGREEN WAY, EVERETT, WA 98203

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) ROBERT WALKER PRESIDENT	2 00	X			X			0	0	0
(2) JILL MCKINNIE VICE PRESIDENT	2 00	X			X			0	0	0
(3) SARAH DUNCAN SECRETARY	2 00	X			X			0	0	0
(4) NORMAN PARKER TREASURER	2 00	X			X			0	0	0
(5) BILL YOAKUM BOARD	1 00	X						0	0	0
(6) JIMMY YAMAUCHI BOARD	1 00	X						0	0	0
(7) ANDREW BALLARD BOARD	1 00	X						0	0	0
(8) TODD MORROW BOARD	1 00	X						0	0	0
(9) KATHY BURGOYNE BOARD	1 00	X						0	0	0
(10) VIKKI STRAND BOARD	1 00	X						0	0	0
(11) JULIE KESTLE BOARD	1 00	X						0	0	0
(12) JOHN DICKSON BOARD	1 00	X						0	0	0
(13) LEAH SCHEDIN BOARD	1 00	X						0	0	0
(14) NIK HALLADAY BOARD	1 00	X						0	0	0

Part VII		Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		or director	Individual trustee	Officer	Key employee				Highest compensated employee	Former
(15) PATTY DEGROOTT BOARD	1 00	X					0	0	0	
(16) JOHN CHAMBERS BOARD	1 00	X					0	0	0	
(17) DAVE GARDNER BOARD	1 00	X					0	0	0	
(18) EDWIN R PETERSEN EXECUTIVE DIRECTOR	40 00		X				59,991	65,738	3,110	
(19) FRED SAFSTROM DEPUTY EXEC DIR	40 00		X				50,269	40,993	0	
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b>							<b>110,260</b>	<b>106,731</b>	<b>3,110</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0</b>	<b>0</b>	<b>0</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>110,260</b>	<b>106,731</b>	<b>3,110</b>	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1										
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							<b>3</b>	<b>X</b>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							<b>4</b>	<b>X</b>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							<b>5</b>	<b>X</b>		
<b>Section B. Independent Contractors</b>										
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year										
(A) Name and business address					(B) Description of services		(C) Compensation			
COAST REAL ESTATE SV	2829 RUCKER AVE, Ste 100, EVERETT, W	PROPERTY MANAGEMENT					431,514			
							0			
							0			
							0			
							0			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1										

## Part VIII Statement of Revenue

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a	0			
1b	Membership dues	1b	0			
1c	Fundraising events	1c	361,996			
1d	Related organizations	1d	0			
1e	Government grants (contributions)	1e	1,046,790			
1f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,050,998			
g	Noncash contributions included in lines 1a-1f:		\$ 3,344,971			
h	Total. Add lines 1a-1f			5,459,784		
Program Service Revenue		Business Code				
2a	PROGRAM SVC FEES - CHILDCARE	624410	495,705			
b	RENTAL SERVICES	531110	2,320,415			
c			0			
d			0			
e			0			
f	All other program service revenue		0			
g	Total. Add lines 2a-2f			2,816,120		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		19,675		
4	Income from investment of tax-exempt bond proceeds			0		
5	Royalties			0		
6a	Gross rents	(i) Real				
b	Less rental expenses	(ii) Personal				
c	Rental income or (loss)		0	0		
d	Net rental income or (loss)					
7a	Gross amount from sales of assets other than inventory	(i) Securities				
b	Less cost or other basis and sales expenses	(ii) Other				
c	Gain or (loss)		0	1,239		
d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ 361,996 of contributions reported on line 1c). See Part IV, line 18	a	0			
b	Less direct expenses	b	59,272			
c	Net income or (loss) from fundraising events			-59,272		
9a	Gross income from gaming activities See Part IV, line 19	a	0			
b	Less direct expenses	b	0			
c	Net income or (loss) from gaming activities			0		
10a	Gross sales of inventory, less returns and allowances	a	0			
b	Less cost of goods sold	b	0			
c	Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue		Business Code				
11a	IMPAIRMENT OF FIXED ASSETS	531110	-58,598			
b			0			
c			0			
d	All other revenue		0			
e	Total. Add lines 11a-11d		-58,598			
12	Total revenue. See instructions		8,178,948	0	0	0

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	199,188	199,188		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	111,775	9,047	68,138	34,590
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	2,007,098	1,549,046	300,991	157,061
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,136	9,765	3,365	1,006
9 Other employee benefits	231,914	194,669	25,787	11,458
10 Payroll taxes	216,124	165,898	32,915	17,311
11 Fees for services (non-employees)				
a Management	431,514	431,514		
b Legal	29,702	29,218	484	
c Accounting	32,884	26,974	3,523	2,387
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	94,325	31,206		63,119
12 Advertising and promotion	0			
13 Office expenses	50,787	6,639	1,211	42,937
14 Information technology	107,416	85,624	15,404	6,388
15 Royalties	0			
16 Occupancy	553,167	515,390	23,435	14,342
17 Travel	68,833	66,130	1,279	1,424
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	12,440	9,001	1,918	1,521
20 Interest	724,675	701,376	20,136	3,163
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	930,186	919,120	11,066	0
23 Insurance	122,867	119,506	1,118	2,243
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Supplies	114,624	93,888	14,726	6,010
b Cleaning & Maintenance	243,609	238,050	3,743	1,816
c Repairs	85,204	85,027	177	
d Taxes	24,691	23,770	921	
e All other expenses	27,155	10,404	5,041	11,710
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,434,314</b>	<b>5,520,450</b>	<b>535,378</b>	<b>378,486</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	31,605	1	403,344
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	306,224	3	170,694
	4 Accounts receivable, net	17,367	4	81,567
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	1,331,749	7	1,236,484
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	114,634	9	127,924
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 33,838,659		
	b Less. accumulated depreciation	10b 5,548,163	10c 23,125,105	28,290,496
	11 Investments—publicly traded securities		0 11	0
	12 Investments—other securities See Part IV, line 11		0 12	0
	13 Investments—program-related See Part IV, line 11		0 13	0
	14 Intangible assets		0 14	0
	15 Other assets See Part IV, line 11	4,051,536	15	3,733,692
	16 Total assets. Add lines 1 through 15 (must equal line 34)	28,978,220	16	34,044,201
Liabilities	17 Accounts payable and accrued expenses	850,473	17	489,353
	18 Grants payable		18	
	19 Deferred revenue		19	10,756
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	15,784,112	23	19,115,964
	24 Unsecured notes and loans payable to unrelated third parties	811,129	24	467,534
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0 25		0
	26 Total liabilities. Add lines 17 through 25	17,445,714	26	20,083,607
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,341,914	27	6,889,176
	28 Temporarily restricted net assets	5,475,630	28	6,356,456
	29 Permanently restricted net assets	714,962	29	714,962
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,532,506	33	13,960,594
	34 Total liabilities and net assets/fund balances	28,978,220	34	34,044,201

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,178,948
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,434,314
3	Revenue less expenses. Subtract line 2 from line 1	3	1,744,634
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,532,506
5	Other changes in net assets or fund balances (explain in Schedule O)	5	683,454
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,960,594

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

HOUSING HOPE

Employer identification number

94-3060709

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").	2,886,696	3,349,093	2,580,829	2,770,703	2,269,785	13,857,106
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 <b>Total.</b> Add lines 1 through 3	2,886,696	3,349,093	2,580,829	2,770,703	2,269,785	13,857,106
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4						13,857,106

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,886,696	3,349,093	2,580,829	2,770,703	2,269,785	13,857,106
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	1,094,280	801,065	2,027,357	2,533,267	2,777,761	9,233,730
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 IV.)						
		450	1,370,976	1,088,483	3,131,402	5,591,311
11 <b>Total support.</b> Add lines 7 through 10						28,682,147
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	48.31%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	58.93%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5.	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0 00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 00%
<b>19a</b> 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b</b> 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II Line 10 2008 - CASUAL SALES OF DONATED GOODS 2009 - UNUSUAL IN-KIND CONTRIBUTION

OF NET ASSESSED VALUE TRANSFERRED AT CONCLUSION OF TAX CREDIT PARTNERSHIP 2010 - CASUAL

SALES AND UNUSUAL CONTRIBUTION OF RECLASS OF FORGIVABLE LOANS 2011 - CASUAL SALES AND

UNUSUAL CONTRIBUTIONS OF 1) RECLASS OF FORGIVABLE LOANS AND 2) ASSUMPTION OF NET ASSETS OF

TAX CREDIT ENTITY UPON ITS COMPLETION

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

**HOUSING HOPE**

Employer identification number

94-3060709

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	2d
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		0

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	2,600,063	2,534,125			
<b>b</b> Contributions	27,292	59,712			
<b>c</b> Net investment earnings, gains, and losses	2,576	389,286			
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	65,968	364,270			
<b>f</b> Administrative expenses	18,491	18,790			
<b>g</b> End of year balance	2,545,472	2,600,063	0	0	

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

a Board designated or quasi-endowment ► 72%

b Permanent endowment ► 28%

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations  
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		0	6,006,925		6,006,925
<b>b</b> Buildings		0	27,035,483	4,983,745	22,051,738
<b>c</b> Leasehold improvements		0	0	0	0
<b>d</b> Equipment		0	796,251	564,418	231,833
<b>e</b> Other		0	0	0	0
<b>Total.</b>	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				28,290,496

## HOUSING HOPE

94-3060709

Page 3

Schedule D (Form 990) 2011

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	►	0

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	►	0

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS DESIGNATED BY BOARD FOR INVESTMENT IN S/T ASSETS	202,001
(2) ASSETS DESIGNATED BY BOARD FOR L/T ASSETS	1,736,592
(3) ASSETS RESTRICTED BY DONORS FOR INVESTMENT IN L/T ASSETS	9,491
(4) ASSETS RESTRICTED BY DONORS FOR RESERVES	1,305,030
(5) RESTRICTED RESERVES AND DEPOSITS	204,234
(6) FUNDS HELD IN TRUST	151,079
(7) PROJECT DEVELOPMENT COSTS	125,265
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	3,733,692

**Part X Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	►

**2. FIN 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,178,948
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,434,314
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,744,634
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,744,634

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	0
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	3	0
3	Subtract line 2e from line 1	4a	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4b	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4c	0
b	Other (Describe in Part XIV)	5	0
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	0
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	3	0
3	Subtract line 2e from line 1	4a	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4b	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4c	0
b	Other (Describe in Part XIV)	5	0
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V Line 4 The Keep Hope Alive portion of the endowment is intended to provide capital

replacement funding for Housing Hope owned properties placed in service by the year 2000

The Services portion of the endowment is intended to provide ongoing funding in support of

the Agency's homeless family support services, including case management and the College

of Hope basic life skills training program

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

**Department of the Treasury  
Internal Revenue Service**

**Name of the organization**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

**Open to Public  
Inspection**

**Name of the organization**

**Employer identification number**

94-3060709

## HOUSING HOPE

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				►	0	0

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

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

	(a) Event #1 STONE SOUP (event type)	(b) Event #2 EAST CO EVENT (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts 2 Less Charitable contributions 3 Gross income (line 1 minus line 2)	299,325 299,325 0	33,053 33,053 0	29,618 29,618 0
				361,996 361,996 0
Direct Expenses	4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses	0 800 45,425 0 2,150 2,820	0 0 0 5,478 0 792	0 800 45,425 428 2,150 1,379
	10 Direct expense summary Add lines 4 through 9 in column (d). 11 Net income summary Combine line 3, column (d), and line 10			► ( 59,272) ► -59,272

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			0
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses			0 0 0 0
	6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			► ( 0)
	8 Net gaming income summary. Combine line 1, column d, and line 7			► 0

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain

Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
b If "Yes," explain

Yes  No

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

13a	%
13b	%

a The organization's facility

b An outside facility

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

Name ► \_\_\_\_\_

**Address ►**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... 0 and the amount of gaming revenue retained by the third party ► \$ ..... 0  
c If "Yes," enter name and address of the third party

Yes  No

**Name ►** \_\_\_\_\_

Address ►

## 16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ 0

## Description of services provided

Director/officer       Employee       Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes  No

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Department of the Treasury  
Internal Revenue Service  
Name of the organization

HOUSING HOPE

OMB No 1545-0047  
**2011**  
Open to Public  
Inspection  
► Attach to Form 990.Employer identification number  
94-3060709**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) .....			0	0			
(2) .....			0	0			
(3) .....			0	0			
(4) .....			0	0			
(5) .....			0	0			
(6) .....			0	0			
(7) .....			0	0			
(8) .....			0	0			
(9) .....			0	0			
(10) .....			0	0			
(11) .....			0	0			
(12) .....			0	0			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

3 Enter total number of other organizations listed in the line 1 table.

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

**Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.****Part III can be duplicated if additional space is needed.**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLIENT ASSISTANCE - HOUSING	153	43,994	0		
2 CLIENT ASSISTANCE - FOOD/CLOTHING/OTHER	1,669	29,885	125,309	FMV	CLOTHING/HOUSEHOLD GOODS
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

**Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SCHEDULE K**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOUSING HOPE

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate Instructions.

Open to Public  
Inspection

Name of the organization

94-3060709

OMB No. 1545-0047  
**2011**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing
A WASHINGTON STATE HOUSING FINANCE	91-1874730		8/19/2011	1,200,000	PARK PLACE TOWNHOMES	Yes	No	No
B WASHINGTON STATE HOUSING FINANCE	91-1874730		9/30/2010	1,250,000	MT BAKER VIEW APARTMENT PROJECT	X	X	X
C WASHINGTON STATE HOUSING FINANCE	91-1874730		4/30/2002	860,000	TOMORROWS HOPE CHILD CARE CENTER	X	X	X
D EVERETT HOUSING AUTHORITY	91-6000965		1/31/2002	700,000	NEW CENTURY HOUSE	X	X	X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue		1,200,000	1,250,000	860,000
4 Gross proceeds in reserve funds				700,000
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds		12,000	20,000	8,600
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds		1,188,000	1,230,000	851,400
11 Other spent proceeds				696,500
12 Other unspent proceeds				
13 Year of substantial completion		2011	2011	2002
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X	X
15 Were the bonds issued as part of an advance refunding issue?		X	X	X
16 Has the final allocation of proceeds been made?		X	X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X	X	X

**Part III Private Business Use**

	A	B	C	D
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X	X	X	X

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

Schedule K (Form 990) 2011

**Part III Private Business Use (Continued)**

	A				B				C				D			
	Yes	No														
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?			X		X		X		X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?																
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?																
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?																
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ▲					%			%			%		%		%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▲					%			%			%		%		%	
<b>6</b> Total of lines 4 and 5					%			%			%		%		%	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X		X		X		X	

**Part IV Arbitrage**

	A				B				C				D			
	Yes	No														
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X		X		X		
<b>2</b> Is the bond issue a variable rate issue?		X		X		X		X		X		X		X		
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X		X		X		X		
<b>b</b> Name of provider																
<b>c</b> Term of hedge																
<b>d</b> Was the hedge superintegrated?																
<b>e</b> Was the hedge terminated?																
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X		X		X		X		X		X		X	
<b>b</b> Name of provider																
<b>c</b> Term of GIC																
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?																
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X		X		X		X		X		X		X		X	
<b>6</b> Did the bond issue qualify for an exception to rebate?	X		X		X		X		X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K**  
(Form 990)

OMB No. 1545-0047  
**2011**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOUSING HOPE

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990. ► See separate Instructions.

Open to Public Inspection

Name of the organization

94-3060709

**Supplemental Information on Tax-Exempt Bonds**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing
A EVERETT HOUSING AUTHORITY	91-60000965		1/31/2002	1,804,000	MAPLE LEAF MEADOWS APARTMENTS	Yes	No	Yes
B						X	X	X
C								
D								

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue		1,804,000		
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds		9,020		
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds		1,794,980		
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion		2003		
14 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		

**Part III Private Business Use**

	A	B	C	D
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
(H/A)

Schedule K (Form 990) 2011

**Part III Private Business Use (Continued)**

	A				B				C				D			
	Yes	No														
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?			X													
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?																
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?																
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?																
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.															%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.															%	
<b>6</b> Total of lines 4 and 5															%	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?			X													

**Part IV Arbitrage**

	A				B				C				D			
	Yes	No														
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?			X													
<b>2</b> Is the bond issue a variable rate issue?			X													
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?			X													
<b>b</b> Name of provider																
<b>c</b> Term of hedge																
<b>d</b> Was the hedge superintegrated?																
<b>e</b> Was the hedge terminated?																
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?			X													
<b>b</b> Name of provider																
<b>c</b> Term of GIC																
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X													
<b>5</b> Were any gross proceeds invested beyond an available temporary period?			X													
<b>6</b> Did the bond issue qualify for an exception to rebate?			X													

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations.

Yes  No  
**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2011**

Open To Public  
Inspection

Name of the organization

HOUSING HOPE

Employer identification number

94-3060709

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X		57,746	
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( Present value of fo)	X	25	1,050,000	PRESENT VALUE
26 Other ► ( Net value of tax cr)	X	1	2,140,000	NET ASSET VALUE
27 Other ► ( Value of event mt'l)	X	2	76,700	FMV
28 Other ► ( Other goods & ser)	X	5	20,525	FMV
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment			29	0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## **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.

Form 990 Part III Line 4d Other program services include Housing Counseling, Housing Development, Self-Help Housing, Educational Programs and Regional Outreach and Planning.

Form 990 Part VI Section B Line 11a The return is prepared by the accounting staff from internal accounting records and audit schedules. It is then reviewed by senior management. After review by the Finance Committee, copies are sent to each Board member for final review.

Form 990 Part VI Section B Line 12c The Executive Director and Deputy Executive Director review the annual disclosure statements and compare the information with known relationships within the community. Any questionable areas are reviewed with the individual Board member to verify compliance with the conflict of interest policy.

Form 990 Part VI Section B Line 15a&b The salary level for the Executive Director is discussed and reviewed by the HR Committee and recommendations are made to the Executive Committee. After review by the Executive Committee, any recommended salary adjustment is given to the Board for approval. Salary adjustments for the Deputy Executive Director are determined by the HR and Executive Committees.

Form 990 Part VI Section C Line 19 Governing documents are available from the Secretary of State's office. Copies of these documents and other financial statements are provided to interested parties upon request. The annual report and current audit are posted on the Agency's website.

Form 990 Part XI Line 5 Transfers (to) and from related tax-exempt charitable organizations - see Schedule R for detail.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
**HOUSING HOPE**

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990.  
► See separate Instructions.

**Open to Public  
Inspection**  
Employer identification number  
**94-3060709**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____	_____	_____	0	0	
(2) _____	_____	_____	0	0	
(3) _____	_____	_____	0	0	
(4) _____	_____	_____	0	0	
(5) _____	_____	_____	0	0	
(6) _____	_____	_____	0	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) <b>HOUSING HOPE PROPERTIES</b> 94-3163905 5830 EVERGREEN WAY, EVERETT, WA 98203	AFFORDABLE HSG	WA	501(c)(3)	7	HOUSING HOPE	X
(2) <b>BUILDING CREDITS</b> 91-1654582 5830 EVERGREEN WAY, EVERETT, WA 98203	LOW INC HSG	WA	501(c)(3)	9	HOUSING HOPE	X
(3) <b>HOPEWORKS SOCIAL ENT</b> 80-0684608 5830 EVERGREEN WAY, EVERETT, WA 98203	EMPLMNT EDUC	WA	501(c)(3)	9	HOUSING HOPE	X
(4) _____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) .....					0	0			0	0	%
(2) .....					0	0			0	0	%
(3) .....					0	0			0	0	%
(4) .....					0	0			0	0	%
(5) .....					0	0			0	0	%
(6) .....					0	0			0	0	%
(7) .....					0	0			0	0	%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
							Yes	No
(1) .....						0	0	0
(2) .....						0	0	0
(3) .....						0	0	0
(4) .....						0	0	0
(5) .....						0	0	0
(6) .....						0	0	0
(7) .....						0	0	0

**Part V** **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

- a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .
- b Gift, grant, or capital contribution to related organization(s) . . . . .
- c Gift, grant, or capital contribution from related organization(s) . . . . .
- d Loans or loan guarantees to or for related organization(s) . . . . .
- e Loans or loan guarantees by related organization(s) . . . . .
- f Sale of assets to related organization(s) . . . . .
- g Purchase of assets from related organization(s) . . . . .
- h Exchange of assets with related organization(s) . . . . .
- i Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- j Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- k Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- l Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- n Sharing of paid employees with related organization(s) . . . . .
- o Reimbursement paid to related organization(s) for expenses . . . . .
- p Reimbursement paid by related organization(s) for expenses . . . . .

q Other transfer of cash or property to related organization(s) . . . . .

r Other transfer of cash or property from related organization(s) . . . . .

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BUILDING CREDITS & HOUSING HOPE PROPERTIES			
(2) HOPEWORKS SOCIAL ENTERPRISES			
(3) HOPEWORKS SOCIAL ENTERPRISES			
(4) HOUSING HOPE PROPERTIES			
(5) BUILDING CREDITS			
(6) HOPEWORKS SOCIAL ENTERPRISES			

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BUILDING CREDITS & HOUSING HOPE PROPERTIES			
(2) HOPEWORKS SOCIAL ENTERPRISES			
(3) HOPEWORKS SOCIAL ENTERPRISES			
(4) HOUSING HOPE PROPERTIES			
(5) BUILDING CREDITS			
(6) HOPEWORKS SOCIAL ENTERPRISES			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1)					0	0			0	0	%
(2)					0	0			0	0	%
(3)					0	0			0	0	%
(4)					0	0			0	0	%
(5)					0	0			0	0	%
(6)					0	0			0	0	%
(7)					0	0			0	0	%
(8)					0	0			0	0	%
(9)					0	0			0	0	%
(10)					0	0			0	0	%
(11)					0	0			0	0	%
(12)					0	0			0	0	%
(13)					0	0			0	0	%
(14)					0	0			0	0	%
(15)					0	0			0	0	%
(16)					0	0			0	0	%

**Part I, Lines 25-28 (Sch M (990)) - Other Types of Property**

Non-Cash Contribution	Description	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Pt VIII, line 1g	Method of determining noncash contribution amounts
1 X	Present value of forgivable loans	25	1,050,000	PRESENT VALUE
2 X	Net value of tax credit partnersh	1	2,140,000	NET ASSET VALUE
3 X	Value of event mt'l & services	2	76,700	FMV
4 X	Other goods & services	5	20,525	FMV
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return HOUSING HOPE	Business or activity to which this form relates 990	Identifying number 94-3060709
---	--	----------------------------------

**Part I Election To Expense Certain Property Under Section 179****Note: If you have any listed property, complete Part V before you complete Part I**

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation	3
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4 0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5 0

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8 0
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9 0
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12 0
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	► 13 0

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V**

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)	
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	851,818
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		39,644	5-6	MM	SL	3,630
c 7-year property						
d 10-year property						
e 15-year property		6,535	14	MM	SL	119
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property		4,952,586	27 5 yrs	MM	S/L	74,619
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20 a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22 930,186
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23