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**Form 990** 

## Return of Organization Exempt From Income Tax

OMB No 1545-0047 2013

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

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public

Department of the Treasury Internal Revenue Service For the 2013 calendar year, or tax year beginning Apr 1 2013, and ending , 2014 Check if applicable C Name of organization HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, D Employer Identification Number 65-0108794 Address change Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return (305) 651-4673 11501 NW 2nd Avenue City or town, state or province, country, and ZIP or foreign postal code Terminated **G** Gross receipts \$ 2,495,434 Amended return 33168 H(a) is this a group return for subordinates? F Name and address of principal officer Application pending Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) KEENYA ROBERTSON 11501 NW 2nd Avenue Mlami FL 33168 Tax-exempt status X 501(c)(3) 501(c) ( ) < (insert no ) 4947(a)(1) or 527 H(c) Group exemption number Website: ► WWW.hopefhc.com 1988 M State of legal domicile Form of organization X Corporation Vear of formation Part I Summary Briefly describe the organization's mission or most significant activities HOPE Inc.'s mission is to fight housing discrimination in Miami-Dade and Broward Counties and to promote equal housing Governance opportunities thoughout Florida. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 5 Total number of volunteers (estimate if necessary) . 6 0 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 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 876,691. 723,368. Program service revenue (Part VIII, line 2g) 27,250. 1,743,553. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,968. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 28,513. 26,586. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 932,495. 2,495,434. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 615,546. 646,156. 16a Professional fundraising fees (Part IX, column (A), line 11e) . 1: 179 7 100 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 327,953. 285,648. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . 943,499. 931,804. Revenue less expenses Subtract line 18 from line 12 . . . . . . -11,004. 1,563,630. End of Year **Beginning of Current Year** Total assets (Part X, line 16) . . . 1,950,538. 3,463,468. Total liabilities (Part X, line 26) . . 68,681. 17,981. Net assets or fund balances Subtract line 21 from line 20 . . . . 1,881,857. 3,445,487. Panilla Signature Block anying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and h preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature 10/06/14 RUDOLPH LARRIMORE RUDOLPH LARRIMORE P01376163 Paid Preparer Firm's name RLMOLINA, **Use Only** Firm's EIN ► Firm's address 14411 COMMERCE WAY, SUITE 330 27-2868892 Phone no MIAMI LAKES 33016 (305) 390-0561 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

TEEA0101 11/08/13

Form	m 990 (2013) HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC.	65	-010879	4	Page Z
Pa	Statement of Program Service Accomplishments				` _
	Check if Schedule O contains a response or note to any line in this Part III		· _ ·		<u>      </u>
1	,				
	HOPE Inc.'s mission is to fight housing				
	discrimination in Miami-Dade and Broward Counties and to pr	omote equ	al hous	ıng	
	opportunities thoughout Florida.				
2	Did the organization undertake any significant program services during the year which were not listed	d on the pnor	_	_	
	Form 990 or 990-EZ?		$\cdots$	Yes X	No
	If 'Yes,' describe these new services on Schedule O		_		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?.	· · []	Yes X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported	ervices, as mea e amount of gra	asured by ex nts and allo	cetions to	
4 a	a (Code ) (Expenses \$ 237,241. including grants of \$	0.)(Revenu	ie \$		0.)
	The Education and Outreach Services are designed to ensure that the	general p	ublic ar	d prote	cted
	classes become knowledgeable concerning fair housing laws a				
	redress fair housing rights violations. The initiative also				<del>_</del>
	industry provider education programs structured to furnish	developer	s, real	estat	- <i></i> -
	brokers, property managers, financial institutions, and the	media/ad	vertisi	ng	- <b></b> -
	industry with the most current information necessary to fully co	omply with	fair h	ousing	laws.
	Assistance is provided to local jurisdictions in meeting their	mandated	respons	sibilit	y to
	affirmatively further fair housing. The initiative has been				
	educational campaign designed to promote awareness of predatory				
	practices directed at protected classes.				
	<u></u>				
			<b></b> -		
4 t	<b>b</b> (Code ) (Expenses \$ 589,863. including grants of \$	0.)(Revenu	ie \$		0.)
	Private Enforcement Activities include the intake and inves			a) of	
	individual housing discrimination complaints, as well as exposin				s of
	housing discrimination. This initiative, while addressing complain				
	has assisted residents in achieving equal access to the ho				
	Private enforcement also helps local jurisdictions to admini				 nity
	development programs in a manner that furthers the purpose				
	and promotes fair housing choices to its residents. To date,				
	in the recovery of approximately \$13 million in settlements				
	During 25 years of existence, we have responded to more than 4,				ints
	and have trained over 2,500 volunteer testers to effectively and in				
	negography to substantive allegations of discriminations				
4 0	c (Code ) (Expenses \$ including grants of \$	) (Revent	ıe \$		
	<del></del>			_	
		- <b></b>			
		- <b></b>			
4 0	d Other program services (Describe in Schedule O )				
		enue \$		)	
4 6	e Total program service expenses ► 827,104.	·····			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	_	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
	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	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11 e	ļ	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.	11f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete Schedule D, Parts XI, and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13	ļ	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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)	17	ļ	х
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	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
	b If Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	1	

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		х
t	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	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If so, complete Schedule L, Part II	26		х
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	27		х
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)	- America	8 1	., ,
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	11	X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
ď	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	Х
ı	of Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	<u> </u>

BAA

Form **990** (2013)

Form 990 (2013) HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC 65-0108794 Party Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . No Yes 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 15 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 10 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2 a 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 X 2 h b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, secunties account, or other financial account)? **4** a **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 X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5 a X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as chantable contributions? 6 a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a services provided to the payor? 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c Form 82827 d If 'Yes,' indicate the number of Forms 8282 filed during the year ... 7 d Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? . h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business X R holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a Х X 9 b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . . . . . . 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O BAA

c Enter the amount of reserves on hand . . .

Section 501(c)(29) qualified nonprofit health insurance issuers.

which the organization is licensed to issue qualified health plans

a is the organization licensed to issue qualified health plans in more than one state? . . . . . Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in

Form 990 (2013)

13 a

14 a

14 b

13 b

Form 9	90 (2013) HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC. 65-0108794		P	age 6
Part	VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	v. and	d for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part Vi			X
Secti	on A. Governing Body and Management			
			Yes	No
1	Enter the number of voting members of the governing body at the end of the tax year			
	authority to an executive committee or similar committee, explain in Schedule O			İ
	Enter the number of voting members included in line 1a, above, who are independent	- I		•
	officer, director, trustee or key employee?	2	-	X
•	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Old the organization have members or stockholders?	6	Х	
	Oid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more nembers of the governing body?	7 a	Х	
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		×
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by he following			
a	The governing body?	8 a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
	s 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	9		Х
	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.	
			Yes	No
10 a	Old the organization have local chapters, branches, or affiliates?	10 a		X
	f '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?	10 b		
	las the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise o conflicts?	12 b	х	
	Oid the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Old the organization have a written whistleblower policy?	13	Х	
14	Old the organization have a written document retention and destruction policy?	14	Х	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
ь	Other officers of key employees of the organization	15 b	Х	
	f 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	,		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a axable entity during the year?	16a		X
	f '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 taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b	L	
	on C. Disclosure			
18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	·	– – – iblic	
	nspection Indicate how you make these available Check all that apply.  Own website  Another's website  X Upon request  Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year	ble to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization		<b>.</b>	
-	Keenya Robertson 11501 NW 2nd Ave Miami FL 33168 (3	05) (	6 <u>5</u> 1-	<u> 4673</u>

orm <b>990</b> (2013)	HOUSING OPPORTUNITIE	ES PROJECT FO	OR_EXCELL	ENCE, INC.	65-0108794	Page :
Part VIII Com Inde	pensation of Officers, pendent Contractors	Directors, T	rustees, l	Key Employees,	Highest Compensated Employees	s, and

#### 

- 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 i	nor any rela	ated o	rgan	ızatı	on c	ompe	nsate	ed any current officer, o	director, or trustee	
				(0	;)					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Melanie Garman	1.00									
Chair		Х						0.	0.	0.
(2) Ron Werner	1.00									
Vice Chair		Х						0.	0.	0.
(3) Victor Romano	1.00				'					
Secretary		Х		<u> </u>				0.	0.	0.
_(4)_Marta Navarro	1.00						Ì			
Treasurer	ļ <u>-</u> .	Х	L.					0.	0.	0.
(5) Juan Rojas	1.00									
Director	ļ	X	ļ					0.	0.	0.
(6) Eugene Simmons	1.00									
Director		X	L_				<u> </u>	0.	0.	0.
_(7)_Bradford_Brown	1.00	ļ								
Director	ļ	X	<u> </u>					0.	0.	0.
_(8) William Thompson	1.00	1								
Director	ļ	Х	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
_(9) Karla Gottlieb	1.00									
Director		Х			ļ			0.	0.	0.
(10) Karl Kennedy	1.00									
Director	<u> </u>	X	╙	<u> </u>	Ļ	ļ	ļ	0.	0.	0.
(11) Donna Crump-Butler	1.00				l		Ì			
Director	ļ	Х	_	<u> </u>	L		ļ	0.	0.	0.
(12) Darlene Bell-Alexander	1_00	1								
Director	ļ	X	<u> </u>	<u> </u>	╙	ļ	1	0.	0.	0.
(13) Mary MacNamara	1.00	1								
Director	ļ	Х		↓_	<u> </u>	<u> </u>	_	0.	0.	0.
(14) Keenya Robertson	40.00	1								
President\CEO	<u> </u>			X		Х	$\perp$	124,978.	0.	0.

(A)	(B)	(C) Position						(D)	(E)	loyees	(F)
Name and title	hours per week	box	, unles cer ar	ss pe	rson i Iirecto	s both or/truste	an Be)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou comp fn orga and	timated int of other pensation om the anization direlated anizations
<u>(15)</u>	line)	-	8			ated			,		
7.97											
(16)											
(17)											
(18)											
<u>(19)</u>									<del>-</del>		
(20)						_				<u> </u>	
(21)		ļ									
(22)											
(23)											
(24)											
<u>(25)</u>											
1 b Sub-total		٠	Ч		<u>.                                    </u>		<b>&gt;</b>	124,978.	0.		0.
c Total from continuation sheets to Part VII, Section			•	•	٠		<b>&gt;</b>			Ĺ	
d Total (add lines 1b and 1c)			abo			rece	eive	124,978. d more than \$100,0	0. 000 of reportable co	mpensat	0. tion
Tom the organization I											Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind	or trustee	e, key 		ploy	ee,	or hig	ghes	st compensated en	nployee	. 3	Х
For any individual listed on line 1a, is the sum of reporting organization and related organizations greater the	an \$150,	000?	If Y	'es'	com	plete	Scl	hedule J for			į
5 Did any person listed on line 1a receive or accrue co		on fr	om a	any	unre		org	janization or individ	dual	4	X
for services rendered to the organization? If 'Yes,' co Section B. Independent Contractors	mplete S	chec	iule .	J for	suc	h pei	rson	· · · · · · ·		5	X
Complete this table for your five highest compensate compensation from the organization. Report compensation.	d indepe sation fo	nden r the	t cor	ntrac	ctors	that ar en	rec	eived more than \$" with or within the	100,000 of organization's tax ye	ear	
(A) Name and business addres	is							Description of	f services		C) ensation
2 Total number of independent contractors (including be \$100,000 of compensation from the organization	ut not lin	nited	to th	nose	liste	ed ab	ove	) who received mo	re than		, ,

		Check if Schedule O co	ontains a	respo	nse or note to any lir	ne in this Part VIII .			L
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ITS TS	1 a	Federated campaigns		1 a					
RA N	b	Membership dues		1 b	3,935.				
S, G	C	Fundraising events.		1 c	18,495.				
AR.	d	Related organizations .		1 d					
S, G	е	Government grants (contribution	ons)	1 e	653,938.				}
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grasimilar amounts not included a	ants, and	1f					
E 0		Noncash contributions included		Щ.	47,000.				
ANC	_	Total Add lines 1a-1f .		ڊ ⊪-ا	. •	722 260			
<u>_</u>		Total Add inico ra-ii i	• • •		Business Code	723,368.			
EN	2 a	T.t. antion Cott	-1		900099	1 742 552	1 742 552		
Æ	b	Litigation Sett	Tewev	<u> </u>	900099	1,743,553.	1,743,553.	0.	0.
CE									
N.	c بہ			- <b></b>					
4 SE	_								
RA	e	All other program on war							
õ		All other program service							
4		Total Add lines 2a-2f	• • • •			1,743,553.			<u> </u>
	3	Investment income (inclu- other similar amounts)				:			
		•							
	4	Income from investment of	oi tax-exe	empt b	•				
	5	Royalties	(r) Re		▶				
	۰.	O	(1) FC	Bail	(II) Personal				
		Gross rents			<del></del>				[
		Less rental expenses							
		Rental income or (loss)				<u></u>			
	d	Net rental income or (loss			<u> </u>			<del> </del>	
	7 a	Gross amount from sales of assets other than inventory	(ı) Secu	inties	(ii) Other				
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss)			-				
		Net gain or (loss)	·					· · · · ·	<del>                                     </del>
끸		Gross income from funds	aising eve	ents					
EVENUE		(not including \$ of contributions reported	18,4	95.					
<b>E</b>				-)	_				
OTHER RE		See Part IV, line 18.		•	a				
튱		Less direct expenses .		•	b		-		
		Net income or (loss) from Gross income from gamil	ng activiti	es	rents►		<del>.</del> . <u>-</u>		
		See Part IV, line 19	· · · ·		a				
		•			b[			·	
	C	Net income or (loss) from	n gaming :	activit	ies · · ·				
	10 a	Gross sales of inventory, and allowances	less retu	ms 	а				
	t	Less cost of goods sold			ь				
	6	: Net income or (loss) from	n sales of	inven	tory · · · · · · ·				
		Miscellaneous Revenu	18		Business Code				1
	11 a	Other Revenue			900099	28,513.	28,513.	0.	0.
	t								1 <del>-</del>
	c	:						<u> </u>	<del> </del>
		All other revenue							<del> </del>
	e	Total. Add lines 11a-11d	1			28,513.			
		Total revenue. See instr				2,495,434.	1,772,066.	0.	0.
						<u> </u>	1 1 1 1 2 1 0 0 0 .	U.	<u>.                                    </u>

# 65-0108794

	tion 501(c)(3) and 501(c)(4) organizations must con		her organizations must o	complete column (A)	
	Check if Schedule O contains a res			· · · · ·	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				· Se
2	Grants and other assistance to individuals in the United States See Part IV, line 22			To 1	
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.			5. 5.	
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	124,979.	95,810.	29,169.	0.
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	407,856.	407,856.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10 / / 0,0 0 /		Ţ.,	<u> </u>
9	Other employee benefits	66,272.	43,306.	22,966.	0.
10	Payroll taxes	47,049.	28,107.	18,942.	0.
11	Fees for services (non-employees)				
a	Management		İ		
t	Legal				
•	Accounting	43,558.	0.	43,558.	0.
•	Lobbying	•	_		
•	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column	16,288.	11,129.	5,159.	0.
12	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion	8,237.	2,763.	5,474.	0.
13	Office expenses	68,118.	35,217.	32,901.	0.
14	Information technology	00/110.	30,217.	32,301.	
15	Royalties			· _	
16	Occupancy	6,574.	1,337.	5,237.	0.
17	Travel	16,851.	9,552.	7,299.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		<u>-</u>		
19	Conferences, conventions, and meetings	41,019.	31,735.	9,284.	0.
20	Interest				
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization	20,623.	0.	20,623.	0.
23	Insurance	9,363.	0.	9,363.	0.
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		.1		
	expenses on Schedule O )	01 005	20.000		* * * * * * * * * * * * * * * * * * * *
	Testing Expenses	21.835.	20,049.	1,786.	0.
	Telephone	12,581. 8,936.	6,060. 3,916.	6,521.	0.
	Equipment Rental			5,020.	0.
	Repairs & Maintenance	11,665.	26.	11,639.	0.
	Total functional expenses Add lines 1 through 24e	931,804.	696,863.	234,941.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here	, 604.	090,003.	234,341.	0.

Part X Balance Sheet

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Form 990 (2013)

Check if Schedule O contains a response or note to any line in this Part X . . . . . . . End of year Beginning of year Cash - non-interest-bearing 351,878. 1 1,871,598. Savings and temporary cash investments <u>921,</u>258 2 922,180. 3 3 Pledges and grants receivable, net 251,400 265,387. Accounts receivable, net . 4 4.716 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other 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) Complete Part II of Schedule L 6 ASSETS Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 17,632 9 17,893 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . 10 a 516,655 b Less accumulated depreciation . 10 Ь 137,231 396,251 10 c 379,424. Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 6,986. 7,403 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,950,538 3,463,468. Accounts payable and accrued expenses . . 17 17 31,111 3,641. 18 Grants payable 18 19 Deferred revenue 19 37,570 14,340. Tax-exempt bond liabilities . 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . 23 Unsecured notes and loans payable to unrelated third parties . 24 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. 25 Total liabilities. Add lines 17 through 25. 68,681 26 17,981 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . 27 27 1,881,857 2,003,234. Temporanly restricted net assets . 28 1,442,253. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances. . . 33 881,857 3,445,487 Total liabilities and net assets/fund balances . 950,538 34 3,463,468.

TEEA0111 07/08/13

Form	990 (2013) HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC.	65-0108794	Į	Pą	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.			•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,49	95,4	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9.	31,8	04.
3	Revenue less expenses Subtract line 2 from line 1	. 3	1,5	63,6	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,8	31,8	57.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	· 10	<u>3,4</u>	<u>45,4</u>	<u>87.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	. <u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
t	b Were the organization's financial statements audited by an independent accountant?		2 Ь	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both		'		
	X   Separate basis				اـــــــــــــــــــــــــــــــــــــ
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle 	3 a	х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь	Х	
BAA	· · · · · · · · · · · · · · · · · · ·		Form	990 (2	2013)

### · SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name o	fthe	organization							Employer	identificat	tion number		
HOUS	SIN	G OPPORTUNITI	ES PROJECT FO	R EXCELLENCE, 1	INC.				65-01	08794	1		
Part	Π	Reason for Publi	c Charity Status	(All organizations n	nust co	mplete	this p	art.) S	ee inst	ruction	S.		
The o	gar	ization is not a private	foundation because it	is (For lines 1 through 1	1, check	only on	e box)						
1	Ш	A church, convention o	f churches or associat	ion of churches describe	ed in sec	tion 170	)(b)(1)(A	.)(i).					
2		A school described in s	section 170(b)(1)(A)(i	i). (Attach Schedule E )									
3		A hospital or a coopera	itive hospital service o	rganization described in	section	170(b)(	1)(A)(iii)						
4	П	A medical research org	janization operated in	conjunction with a hospi	tal descr	nbed in s	ection 1	1 <b>70(b)</b> (1	)(A)(iii)	Enter th	e hospital's		
		name, city, and state											
5		An organization operat 170(b)(1)(A)(iv). (Con	ed for the benefit of a plete Part II)	college or university own	ned or op	perated I	oy a gove	ernment	tal unit di	escribed	ın section		
6	Ш			mmental unit described		•	,, ,, ,,	•					
7	끔	in section 170(b)(1)(A	)(vi). (Complete Part			governn	nental ur	nt or fro	m the ge	neral pu	iblic describi	ed	
8	Ц	A community trust des	cnbed in <b>section 170(</b>	<b>b)(1)(A)(vi)</b> . (Complete I	Part II)								
9	Ш	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	$\Box$	An organization organi	zed and operated exc	lusively to test for public	safety. S	See <b>sec</b> l	ion 509	(a)(4).					
11		more publicly supporte	d organizations descri	lusively for the benefit of bed in section 509(a)(1) and complete lines 11e	or section	on 509(a	unctions )(2) See	of, or c sectio	arry out i n <b>509(a</b> )	the purp (3). Che	oses of one ck the box t	or hat	
		a ∏Type I b	Type II c				c	ı 🗍 1	Гуре III -	- Non-fu	inctionally in	tegrate	ed
е		By checking this box, I other than foundation r section 509(a)(2)	certify that the organization	zation is not controlled d an one or more publicly	rectly or supporte	indirect ed organ	ly by one izations	e or mor describe	e disqua ed in sec	lified per tion 509	rsons (a)(1) or		
f		` '' '	eived a written determi	nation from the IRS that	ıs a Typ	e I, Type	II or Ty	pe III su	pporting	organiza	ation,		
g		Since August 17, 2006	, has the organization	accepted any gift or co	ntnbutior	n from a	ny of the	followin	g persor	ns?			
		-								_		Yes	No
		(i) A person who did	rectly or indirectly conf	rols, either alone or toge orted organization?	ther with	n person	s descrit	oed in (i	i) and (iii	)	11 g (i)		
			• • • • • • • • • • • • • • • • • • • •	d in (i) above?		•			• •		. 11 g (ii)		
		` '	•	**						• •			
		, ,		scnbed in (i) or (ii) above supported organization(s		• •				•	11 g (iii)		
<u> </u>					<del>.</del>				Τ''' , ,,,		(vii) Amouni	of mone	
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organiza column (i) your goo docur	ation in ) fisted in verning	(v) Did yo the organi column (i) supp	zation in of your	(vi) la organiza colum organiza	ation in in (i) d in the	sup		stal y
					Yes	No	Yes	No	Yes	No			
(A)													
<u>(B)</u>													
(C)						_		_					
<u>(D)</u>									ļ				
(E)_													
Total													

# 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)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d</b> ) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	847,322.	881,383.	961,045.	930,527.	2,485,101.	6,105,378.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3 .	847,322.	881,383.	961,045.	930,527.	2,485,101.	6,105,378.
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)		. : 2				
6	Public support. Subtract line 5 from line 4 · · · · · · · · · · ·						6,105,378.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	847,322.	881,383.	961,045.	930,527.	2,485,101.	6,105,378.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,307.	11,564.	3,162.	1,968.	10,333.	43,334.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					·	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						6,148,712.
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	
	First five years. If the Form 990 storganization, check this box and s	top here	•	hırd, fourth, or fifth	tax year as a sec		▶ []
	tion C. Computation of Pu						
	Public support percentage for 201		· -	, column (f))		14	99.30%
15	Public support percentage from 20	012 Schedule A, Pa	art It, line 14 .			15	98.69%
16 a	33-1/3% support test — 2013. If and stop here. The organization of						this box ► X
t	33-1/3% support test — 2012. If t and stop here. The organization	the organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/		this box
17 a	10%-facts-and-circumstances to or more, and if the organization method organization meets the facts-a	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Exp	olain in Part IV hov	· _
	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t The organization	st, check this box a qualifies as a pub	and <b>stop here</b> . Exp blicly supported org	olain in Part IV how panization	v the . ▶
18	Private foundation. If the organiz	ration did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	ons ►
BAA						andula A /Form 00	00 000 EZ\ 0040

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 )

Sect	ion A. Public Support							
	far year (or fiscal yr beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')							
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6).							
Sec	tion B. Total Support			1		,		
Calen	dar year (or fiscal yr beginning ın) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
c	Add lines 10a and 10b						1	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							•
13	Total Support. (Add ins 9,10c, 11 and 12)				l		T	
$\overline{}$	First five years. If the Form 990 is organization, check this box and s			third, fourth, or fifth	tax year as a sec	tion 501(c)(3	).	▶
Sec	tion C. Computation of Pu							
15	Public support percentage for 201	• • •	•			•	15	<u></u>
16	Public support percentage from 20	012 Schedule A, Pa	art III, line 15				16	<b>%</b>
Sec	tion D. Computation of Inv	estment Inco	me Percentag	e				
17	Investment income percentage for	2013 (line 10c, co	lumn (f) divided by	y line 13, column (i	7))		17	ક
18	Investment income percentage fro	m 2012 Schedule	A, Part III, line 17				18	8
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check t	the organization of his box and <b>stop</b> h	lid not check the b i <b>ere</b> . The organiza	ox on line 14, and ition qualifies as a	line 15 is more tha publicly supported	n 33-1/3%, a organization	ind line	17 ▶ □
	33-1/3% support tests - 2012. If tine 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganization qualifie	es as a publicly sup	ported organ	nizatior	o, and o · · · · · ▶ []
20	Private foundation. If the organiz	ation did not checl	a box on line 14,	19a, or 19b, check	this box and see	instructions.		▶ 🗌

Schedule A	(Form 990 or 990-EZ) 2013	HOUSING OPPOR	RTUNITIES PROJEC	T FOR EXCELLEN	CE, INC.	65-0108794	Page 4
Pari IV	Supplemental Information 17b, and Part III, line (See instructions).	tion. Provide the	ne explanations r	equired by Part	II. line 10:	Part II, line 17a	
		<b>-</b>					<del>-</del>
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Schedule A (Form 990 or 990-EZ) 2013

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#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC 65-0108794 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 Total number at end of year Aggregate contributions to (during year) . . Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 2 a a Total number of conservation easements . . 2 b **b** Total acreage restricted by conservation easements . c Number of conservation easements on a certified historic structure included in (a) . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Pantille Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . 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 ▶ \$ 

Schedule D (Form 990) 2013 HOUSIN	G OPPORTUNITI	ES PROJECT FOR	EXCELLENCE,	INC.	65-0108	794	Page 2
Part III Organizations Maintai	ning Collectio	ons of Art, Histo	orical Treasi	ures, or	Other Similar Ass	ets (conti	nued)
<ol> <li>Using the organization's acquisition items (check all that apply)</li> </ol>	, accession, and o	ther records, check	any of the follow	ving that ar	re a significant use of its	collection	
a Public exhibition		d 🔲 Loan	or exchange pro	grams			
b Scholarly research		e Other	· ·				
c Preservation for future generat	ions						
4 Provide a description of the organiz Part XIII		·		-			
5 During the year, did the organizatio to be sold to raise funds rather than	to be maintained	as part of the organ	ization's collecti	on?		Yes	No
Escrow and Custodia line 9, or reported an ar	Arrangement mount on Form	s. Complete if t 990, Part X, lin	he organizati e 21.	on answ	ered 'Yes' to Form	990, Part	IV,
1 a Is the organization an agent, truste on Form 990, Part X?				other asse	ets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and comp	olete the following ta	able		<del></del>		
					<del> </del>	Amount	
c Beginning balance	• •		•	•	1c		
• ,			-	•	. 1d		
e Distributions during the year			•		1 e		-
f Ending balance	• •				. <u>  1f </u>	T	1 1
2 a Did the organization include an am					· · · · · · · · <u>· · · · · · · · · · · </u>	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII Check he	ere if the explantion	has been provid	ded in Part	XIII		
DE 4W.   Endowment Europe C	amplata if the	rachization and	word Vos'	to Form I	000 Port IV line 10	·	
Part V Endowment Funds. C				years back	(d) Three years back	(e) Four y	nare hack
1 a Beginning of year balance	(a) Current year	(b) Prior yea	(C) 1WO	years back	(u) Three years back	(e) roury	cais back
• • •						-	
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the current year	end balance (line 1	g, column (a)) h	eld as			
a Board designated or quasi-endowr	nent ►	8					
<b>b</b> Permanent endowment ►	<del></del>						
c Temporarily restricted endowment	<u> </u>	ક					
The percentages in lines 2a, 2b, ar		100%					
3 a Are there endowment funds not in organization by			t are held and a	dministere	d for the	Ye	s No
(i) unrelated organizations .	_					3a(i)	
•						3a(ii)	
b If 'Yes' to 3a(ii), are the related org						3b	
4 Describe in Part XIII the intended it							
		ation's endowment	iunus		<del></del>		
Land, Buildings, and Complete if the organiz		d 'Vac' to Form (	000 Part IV	lino 11a	See Form 000 Pa	rt V Juno 1	10
			<del>,</del>		<del></del>		
Description of property	(a) C	Cost or other basis (investment)	(b) Cost or basis (oth	ner)	(c) Accumulated depreciation	( <b>d</b> ) Book	
1 a Land			<del>                                     </del>				12,128.
<b>b</b> Buildings			297	,925.	48,801.		19,124.
c Leasehold improvements	·		<b>_</b>		88,430.		<u>38,430.</u>
d Equipment	· · · · <u> </u>	<del></del>	106	,602.		10	06,602.
e Other.			<u> </u>			<del>.</del>	
Total. Add lines 1a through 1e (Column	(d) must equal Fo	rm 990, Part X, colu	ımn (B), line 10(	c))			79,424.
BAA					Sched	ule <b>D</b> (Form	990) 2013

Part VII		- Other Securities.	Weeks Essen 000 F	Don't IV / Line 44h Coo Form 0/	00 Dark V. lina 40
(a) Desc		e organization answered egory (including name of security)	(b) Book value	Part IV, line 11b. See Form 99 (c) Method of valuation Cost or	
	al derivatives .		(a) Book toldo	(C) Method of Valuation Cost of	Cha-or-year market value
	-held equity interest		1		
(3) Other	-neid equity interest	<b>5</b>		<u> </u>	
			-	-	<del></del>
(A) (D)					
(B) (O)	<b>-</b>				
<u>(C)</u>			_		<del></del>
(D)			_		
<u>(E)</u>			_		<del></del>
<u>(F)</u>			_		
<u>(G)</u>	<del>-</del>		_		
<u>(H)</u>			_		
<u>(I)</u>	_ ~		_		
		990, Part X, column (B) line 12)	<u> </u>	<u> </u>	
Part VIII	Investments -	- Program Related.	Naa' ta Farra 000	Dort IV June 44a Can Farm Of	00 Dad V line 40
	(a) Description of			Part IV, line 11c. See Form 99	
	(a) Description of	investment type	(b) Book value	(c) Method of valuation Cost or	end-or-year market value
(1)					
(2)					
(3)			<u> </u>		
(4)	· · · · · · · · · · · · · · · · · · ·				
(5)		<del></del>			
(6)					
(7)					
(8)					
(9)					
(10)					
			<u> </u>		
Part IX	Other Assets.		Waa' ta Farm 000	Dest N/ line 11d See Feet 0	00 Dad V line 45
	Complete ii the		o res lo romi 990, i Description	Part IV, line 11d. See Form 9	(b) Book value
(1)		(a) L	Description		(b) book value
(2)					
(3)				<del></del>	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Co	lumn (b) must equa	l Form 990, Part X, column (B	), line 15.)		. ▶
Part X	Other Liabiliti	es.		· · · · · · · · · · · · · · · · · · ·	
	Complete if the or	ganization answered 'Yes' to		11e or 11f. See Form 990, Part X, lin	ie 25
		otion of liability	(b) Book value		
	ral income taxes				
(2)					
(3)					
(4)					
(5)				<del></del>	
(6)			<del></del>		
(7)					
(8)					
(9)					
(10)					
(11)					
		990, Part X, column (B) line 25)	. •		
				ancial statements that reports the organization	on's liability for uncertain
tax positions	under FIN 48 (ASC 740)	Check here if the text of the footno	te has been provided in Part XI	III	X

	-0108794	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,516,681.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	.	
b Donated services and use of facilities		
c Recovenes of prior year grants	.	
d Other (Describe in Part XIII )	.	
e Add lines 2a through 2d	2 e	21,247.
3 Subtract line 2e from line 1	3	2,495,434.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	.  .	
b Other (Describe in Part XIII )	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	<del></del>	2 405 424
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	_	2,495,434.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a	Retuiii.	
	Τ	050 051
1 Total expenses and losses per audited financial statements	1	953,051.
a Donated services and use of facilities		
c Other losses · · · · · · · · · · · · · · · · · ·		
d Other (Describe in Part XIII )	-	
e Add lines 2a through 2d	2 e	21,247.
3 Subtract line 2e from line 1	3	931,804.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		2017001.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	931,804.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	al information	•
into 4, 1 dit X, into 2, 1 dit X, into 20 dito 40, dito 1 dit XII, into 20 dito 40. Also complete dits part to provide dity addition	iai iiiioiiiialioi	
Pt X Line 2 HOPE, INC. RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN	I_TAX_POS	SITION ONLY
	N MILL BE	E_SUSTAINED
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ON_EXAMINATION_BY_TAXING_AUTHORITIES,_BASED_O_N_THE_TH	<u> </u>	MERITS
OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN T HE FI	CNANCTAT	CTATEMENTS
Or_ine rosilion: ine ina demerits Recognized in i ne ri	-INVINCTUTE	SIVIEWENIS
FROM SUCH POSITION ARE MEASURED BASED ON THE LARGEST I	BENEETT	ארו יהמעיד
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SETTLEMENT.		

Schedule D (Form 990) 2013

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Part XIII Supplementa	al Information (continued)	65-0108/94	Page 5
	MANAGEMENT EVALUATED HOPE, INC'S TAX POSITIONS AND	CONCLUDED THAT	<del>-</del>
	HOPE, INC. HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT RE	QUIRE_ADJUSTMENT_T	O THE
	FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF TH	IIS_GUIDANCEGENEP	KALLY,
	HOPE, INC. IS NO LONGER SUBJECT TO INCOME TAX EXAM	INATIONS BY U.S.	
	FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEAR	ARS BEFORE 2011 _	_WHIC
	IS THE STANDARD STATUTE OF LIMITATIONS PERIOD.	·	
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#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the omanization

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

65-0108794 HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC Pt VI, Line 11b Our independent accountant prepares the tax return and submits it to the President/CEO for review. The President/CEO submits the return to the members of the Finance and Audit Committees for secondary review. Once approved by the \_Committees, the return is then submitted to the full Board of Directors for final approval and documentation, before it is filed with the IRS. Pt VI, Line 12c HOPE, Inc. monitors and enforces its conflict of interest policy by having employees sign an annual conflict of interest disclosure form. Failure to disclose any actual or potential conflict of interest would result \_\_\_\_\_\_in disciplinary action including dismissal. Pt\_VI, Line 15a \_ The salary of the President/CEO is determined by the Board of Directors, and Pt\_VI, Line 15b \_ is based on performance documented in annual evaluation by the Executive Committee, and ratified by the full Board of Directors. The Board of Directors has authorized the President/CEO to establish the salary of the Vice President based on performance documented in annual evaluation. The Board's approval thereto is made in the approval of the organization annual budget. Pt VI, Line 19 Documents are made available upon request, in hard copy, via U.S. mail or if \_desired, by electronic mail. \_\_\_ Pt VI, Line 6 Hope, Inc.'s governing body consists of thirteen (13) Directors. Pt\_VI, Line\_7a \_\_ HOPE, Inc.'s governing body includes four (4) Executive Committee Members\_ who are responsible for electing one or more members of the governing body. Schedule O (Form 990 or 990-EZ) 2013