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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

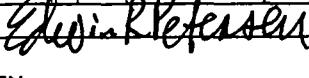
- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning		7/1/2013	and ending	6/30/2014	
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		HOUSING HOPE		94-3060709	
<input type="checkbox"/> Name change		Doing Business As		E Telephone number	
<input type="checkbox"/> Initial return		Number and street (or P O box if mail is not delivered to street address)		94-3060709	
<input type="checkbox"/> Terminated		Room/suite		(425) 347-6556	
<input type="checkbox"/> Amended return		5830 EVERGREEN WAY		98203	
<input type="checkbox"/> Application pending		City or town		State ZIP code	
		EVERETT		WA 98203	
		Foreign country name		Foreign province/state/county	
				Foreign postal code	
				G Gross receipts \$ 7,874,842	
		F Name and address of principal officer		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		EDWIN R PETERSEN 5830 EVERGREEN WAY, EVERETT, WA 98203		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status		<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list (see instructions)		
J Website:					H(c) Group exemption number ►
K Form of organization		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation	1987	M State of legal domicile 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 2013 (Part V, line 2a) 5 130
6	Total number of volunteers (estimate if necessary) 6 617
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
Revenue	
8	Contributions and grants (Part VIII, line 1h) 8 3,204,341
9	Program service revenue (Part VIII, line 2g) 9 3,112,011
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 283,814
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -139,187
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,460,979
Expenses	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 69,038
14	Benefits paid to or for members (Part IX, column (A), line 4) 14 0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 2,914,630
16a	Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
b	Total fundraising expenses (Part IX, column (D), line 25) 16b 405,009
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,899,146
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 6,944,061
19	Revenue less expenses Subtract line 18 from line 12 19 -483,082
Net Assets or Fund Balances	
20	Total assets (Part X, line 16) 20 36,985,284
21	Total liabilities (Part X, line 26) 21 22,480,844
22	Net assets or fund balances Subtract line 21 from line 20 22 14,504,440

## Part II Signature Block

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

Sign Here		Date 02-12-2015
	Signature of officer EDWIN R PETERSEN	Date 02-12-2015
	EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Firm's name Firm's address ►	Preparer's signature Firm's EIN ►	Date Phone no.	Check <input type="checkbox"/> if self-employed PTIN

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990 (2013)

4/17

## Part III

## Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code: ) (Expenses \$ 4,461,095 including grants of \$ 39,901 ) (Revenue \$ 2,709,034 )

SERVICE ENRICHED AFFORDABLE HOUSING: At June 30, 2014, the Agency operated 268 affordable rental units with social services tailored to the 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, 2014, 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.

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4b (Code: ) (Expenses \$ 1,164,147 including grants of \$ 26,440 ) (Revenue \$ 504,225 )

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, 2014, 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.

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4c (Code: ) (Expenses \$ 288,319 including grants of \$ 2,697 ) (Revenue \$ 0 )

EMPLOYMENT PROGRAM: The Agency's social services 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, 2014, 173 clients participated in the Agency's Employment Program.

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

(Expenses \$ 96,173 including grants of \$ 0 ) (Revenue \$ 32,435 )

4e Total program service expenses ► 6,009,734

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

## Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 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

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 25a

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 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

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, Part II, III, or IV, and Part V, line 1

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

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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 11b 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 or note to any line 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>	28
<b>1b</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>	130
<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" to line 3b, 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 <i>See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</i>	<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 as charitable contributions?	<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>10a</b>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>10b</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>11a</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>11b</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>12a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>12b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>13a</b>	
<b>a</b>	Gross income from members or shareholders	<b>13b</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>13c</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>14a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>14b</b>	X
<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>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14b</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

## 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 or note to any line in this Part VI.

## Section A. Governing Body and Management

1a 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.

1b Enter the number of voting members included in line 1a, above, who are independent.

2 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?

3 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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 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

	1a	1b	17	Yes	No
2				X	
3				X	
4				X	
5				X	
6				X	
7a				X	
7b				X	
8a				X	
8b				X	
9				X	

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

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? If "No," go to line 13

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? If "Yes," describe in Schedule O how this was done

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?

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a													X	
10b														
11a														
12a													X	
12b													X	
12c													X	
13													X	
14													X	
15a													X	
15b													X	
16a													X	
16b														

## Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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  Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JANICE NISHIKAWA c/o 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) SARAH DUNCAN PRESIDENT	1.00 0.00	X		X					
(2) PATTY DEGROOTT VICE PRESIDENT	1.00 0.00	X		X					
(3) TODD MORROW SECRETARY	1.00 0.00	X		X					
(4) NORMAN PARKER TREASURER	1.00 0.00	X		X					
(5) JOHN CHAMBERS E BRANCH PRES	1.00 0.00	X							
(6) ROBERT WALKER BOARD MEMBER	1.00 0.00	X							
(7) JILL MCKINNIE BOARD MEMBER	1.00 0.00	X							
(8) ANDREW BALLARD BOARD MEMBER	1.00 0.00	X							
(9) KATHY BURGOYNE BOARD MEMBER	1.00 0.00	X							
(10) VIKKI STRAND BOARD MEMBER	1.00 0.00	X							
(11) LEAH SCHEDIN BOARD MEMBER	1.00 0.00	X							
(12) NIK HALLADAY BOARD MEMBER	1.00 0.00	X							
(13) BUD ALKIRE BOARD MEMBER	1.00 0.00	X							
(14) PAT SISNEROS BOARD MEMBER	1.00 0.00	X							

## Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual or director	Institutional trustee	Officer	Key employee	Highest compensated			
(15) HEATHER LOGAN	1 00								
BOARD MEMBER	0 00	X							
(16) LAURA BRENT	1 00								
BOARD MEMBER	1 00	X							
(17) HAROLD DASH	1 00								
BOARD MEMBER	0 00	X							
(18) EDWIN R PETERSEN	18 00								
EXECUTIVE DIRECTOR	22 00		X				61,577	69,873	3,259
(19) FRED SAFSTROM	23 00								
DEPUTY EXEC DIR	17 00		X				61,648	41,538	
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total							123,225	111,411	3,259
c Total from continuation sheets to Part VII, Section A							0	0	0
d Total (add lines 1b and 1c)							123,225	111,411	3,259
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization			►	2					

	Yes	No
3	X	
4	X	
5	X	

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COAST REAL ESTATE SERVIC 2829 RUCKER AVE, STE 100, EVERETT, WA 982	PROPERTY MANAGEMEN	447,218
		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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 0 1b 0 1c 374,430 1d 0 1e 924,722 1f 2,526,097 \$ 1,523,798 ► 3,825,249			
Program Service Revenue	2a PROGRAM FEES b RENTS c MGT FEES d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 624410 507,351 531110 2,726,343 531310 12,000 0 0 0 ► 3,245,694			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 374,430 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a OTHER REVENUE b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	(i) Real 0 (ii) Personal 0 (i) Securities 0 (ii) Other 407,550 0 137,443 0 270,107 ► 270,107 a 0 b 59,601 ► -59,601 a 0 b 0 ► 0 a 0 b 0 ► 0 900099 5,937 0 0 0 ► 5,937 ► 7,677,798 3,912,150 0 0	390,412 390,412 0 0 0 ► 390,412		

**Part IX Statement of Functional Expenses***Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*Check if Schedule O contains a response or note to any line in this Part IX 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	69,038	69,038		
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	124,615	10,177	81,038	33,400
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	2,362,947	1,744,998	406,531	211,418
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,197	12,807	4,559	2,831
9 Other employee benefits	269,138	217,399	35,144	16,595
10 Payroll taxes	233,125	171,103	41,442	20,580
11 Fees for services (non-employees)				
a Management	447,218	447,218		
b Legal	8,182	8,182		
c Accounting	31,327	24,794	3,976	2,557
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )	62,401	53,751	7,300	1,350
12 Advertising and promotion	19,971	3,340	302	16,329
13 Office expenses	39,888	13,513	3,349	23,026
14 Information technology	131,620	103,491	21,852	6,277
15 Royalties	0			
16 Occupancy	541,627	526,262	3,271	12,094
17 Travel	73,417	67,726	3,701	1,990
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	11,411	7,497	1,946	1,968
20 Interest	772,552	745,087	21,396	6,069
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,007,312	1,006,669	643	0
23 Insurance	134,537	130,550	1,427	2,560
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	247,560	207,535	11,698	28,327
b REPAIRS & MAINTENANCE	318,718	313,913	3,076	1,729
c SMALL TOOLS & EQUIPMENT	73,998	73,916	82	
d TAXES & LICENSES	24,799	25,531	162	-894
e All other expenses	49,253	25,237	7,213	16,803
25 Total functional expenses. Add lines 1 through 24e	7,074,851	6,009,734	660,108	405,009
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	271,051	1	335,066
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	356,459	3	156,995
	4 Accounts receivable, net	232,638	4	28,482
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net	1,150,712	7	1,426,093
	8 Inventories for sale or use	585,000	8	585,010
	9 Prepaid expenses and deferred charges	124,072	9	140,289
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 38,208,413		
	b Less accumulated depreciation	10b 7,342,694	10c 30,170,431	30,865,719
	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		4,094,921 15	5,684,748
	16 Total assets. Add lines 1 through 15 (must equal line 34)		36,985,284 16	39,222,402
Liabilities	17 Accounts payable and accrued expenses		699,165 17	548,276
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	21,449,777	23	22,649,696
	24 Unsecured notes and loans payable to unrelated third parties	331,902	24	349,881
	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		22,480,844 26	23,547,853
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,899,098	27	8,044,749
	28 Temporarily restricted net assets	6,890,380	28	6,772,468
	29 Permanently restricted net assets	714,962	29	857,332
	Organizations that do not follow SFAS 117 (ASC958), 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	14,504,440	33	15,674,549
	34 Total liabilities and net assets/fund balances	36,985,284	34	39,222,402

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,677,798
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,074,851
3	Revenue less expenses Subtract line 2 from line 1	3	602,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,504,440
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	567,162
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,674,549

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		
		3a	X
		3b	X

**Public Charity Status and Public Support**

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
94-3060709

Name of the organization  
**HOUSING HOPE**

**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—Non-functionally integrated
  - 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?

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

**h Provide the following information about the supported organization(s)**

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,580,829	2,770,703	2,269,785	2,500,341	2,459,148	12,580,806
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	2,580,829	2,770,703	2,269,785	2,500,341	2,459,148	12,580,806
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						12,580,806

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,580,829	2,770,703	2,269,785	2,500,341	2,459,148	12,580,806
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,027,357	2,533,267	2,777,761	3,311,104	3,576,505	14,225,994
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 <b>Total support.</b> Add lines 7 through 10	1,370,976	1,088,483	3,131,402	649,772	1,372,038	7,612,671
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>						

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	36.55%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	43.23%
16a <b>33 1/3% support test—2013.</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—2012.</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—2013.</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—2012.</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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	0.00%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests—2013. 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 33 1/3% support tests—2012. 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"/>
20 Private foundation. 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.** 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 2009 - UNUSUAL IN-KIND CONTRIBUTION OF NET ASSESSED VALUE TRANSFERRED AT CONCLUSION OF TAX CREDIT PARTNERSHIP 2010 - UNUSUAL CONTRIBUTION OF RECLASS OF FORGIVABLE LOANS 2011 - UNUSUAL CONTRIBUTIONS OF RECLASS OF FORGIVABLE LOANS AND ASSUMPTION OF NET ASSETS OF TAX CREDIT ENTITY UPON ITS COMPLETION 2012 - CASUAL SALES AND UNUSUAL CONTRIBUTION OF RECLASS OF FORGIVABLE LOANS 2013 - ASSUMPTION OF NET ASSETS OF TAX CREDIT ENTITY UPON ITS COMPLETION AND REDUCTION OF PURCHASE PRICE OF LAND

**SCHEDULE D**  
**(Form 990)****Supplemental Financial Statements**

OMB No 1545-0047

**2013**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

HOUSING HOPE

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.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

Complete if the organization answered "Yes" 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 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	► \$
(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 XIII

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	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 XIII. Check here if the explanation has been provided in Part XIII

**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
1a Beginning of year balance	2,437,874	2,308,668	2,369,790	2,049,178	1,711,810
b Contributions	154,857	52,548	427,296	59,712	123,239
c Net investment earnings, gains, and losses	353,057	225,564	2,574	389,286	230,821
d Grants or scholarships					
e Other expenditures for facilities and programs	174,000	130,033	472,500	109,596	
f Administrative expenses	20,409	18,873	18,492	18,790	16,691
g End of year balance	2,751,379	2,437,874	2,308,668	2,369,790	2,049,179

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

a Board designated or quasi-endowment ► 59%

b Permanent endowment ► 29%

c Temporarily restricted endowment ► 12%

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	5,861,555		5,861,555
b	Buildings	0	31,454,574	6,645,841	24,808,733
c	Leasehold improvements	0	0	0	0
d	Equipment	0	892,284	696,853	195,431
e	Other	0	0	0	0
<b>Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>					30,865,719

**Part VII****Investments—Other Securities.**

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

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

**Part VIII****Investments—Program Related.**

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

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

**Part IX****Other Assets.**

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

(a) Description	(b) Book value
(1) ASSETS DESIGNATED BY BOARD FOR L/T ASSETS	1,618,774
(2) ASSETS RESTRICTED BY DONORS FOR INVESTMENT IN L/T ASSETS	303,919
(3) ASSETS RESTRICTED BY DONORS FOR RESERVES	1,474,697
(4) RESTRICTED RESERVES AND DEPOSITS	252,125
(5) FUNDS HELD IN TRUST	146,749
(6) PROJECT DEVELOPMENT COSTS	1,659,559
(7) SHORT-TERM INVESTMENTS	228,925
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)</b>	<b>5,684,748</b>

**Part X****Other Liabilities.**

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

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	7,677,798
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
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 XIII )	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	7,677,798
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	7,677,798

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,074,851
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	7,074,851
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	7,074,851

**Part XIII Supplemental Information**

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

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. THE CHILDHOPE PORTION OF THE ENDOWMENT WAS

CREATED IN 2014 TO PROVIDE ONGOING SUPPORT FOR TOMORROWS HOPE CHILD DEVELOPMENT CENTER

AND TEEN PARENTS



**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 AST COUNTY EVEN (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	273,948	48,803	51,679	374,430
2 Less Contributions	273,948	48,803	51,679	374,430
3 Gross income (line 1 minus line 2)	0	0	0	0
4 Cash prizes			0	0
5 Noncash prizes			0	0
6 Rent/facility costs	4,530	500	0	5,030
7 Food and beverages	41,514	5,154	280	46,948
8 Entertainment			0	0
9 Other direct expenses	6,648	436	539	7,623
10 Direct expense summary Add lines 4 through 9 in column (d)			► (	59,601)
11 Net income summary Subtract line 10 from line 3, column (d)			►	-59,601

**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))
1 Gross revenue				0
2 Cash prizes				0
3 Noncash prizes				0
4 Rent/facility costs				0
5 Other direct expenses				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 Subtract line 7 from line 1, column (d)			►	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?  Yes  No  
b If "No," explain \_\_\_\_\_

.....

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

b If "Yes," explain \_\_\_\_\_

.....

11 Does the organization 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

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

13a	%
13b	%

Name ► .....

Address ► .....

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... 0 and the amount of gaming revenue retained by the third party ► \$ ..... 0

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

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?  Yes  No

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 ► \$ ..... 0

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).OMB No 1545-0047  
**2013**Open to Public  
Inspection

HOUSING HOPE

**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. Part II can be duplicated if additional space is needed.

(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) .....	.....	.....	.....	.....	.....	.....	.....
(2) .....	.....	.....	.....	.....	.....	.....	.....
(3) .....	.....	.....	.....	.....	.....	.....	.....
(4) .....	.....	.....	.....	.....	.....	.....	.....
(5) .....	.....	.....	.....	.....	.....	.....	.....
(6) .....	.....	.....	.....	.....	.....	.....	.....
(7) .....	.....	.....	.....	.....	.....	.....	.....
(8) .....	.....	.....	.....	.....	.....	.....	.....
(9) .....	.....	.....	.....	.....	.....	.....	.....
(10) .....	.....	.....	.....	.....	.....	.....	.....
(11) .....	.....	.....	.....	.....	.....	.....	.....
(12) .....	.....	.....	.....	.....	.....	.....	.....

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.

Schedule I (Form 990) (2013)

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HTA

## HOUSING HOPE

Schedule I (Form 990) (2013)

94-3060709

**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 - SPECIFIC	63	6,273		Book	
2	CLIENT ASSISTANCE - PANTRY	329	4,294		Book	
3	CLIENT ASSISTANCE - CHILDCARE	339	25,423		Book	CLOTHING/HOUSEHOLD GOODS
4	CLIENT ASSISTANCE - FOOD/CLOTHING/OTHER	414	4,445	28,603	FMV	
5						
6						
7						

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE K**  
(Form 990)

**Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

► See separate instructions.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HOUSING HOPE**

**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
<b>A WASHINGTON STATE HOUSING FINANCE</b>	91-1874730		8/19/2011	1,200,000	PARK PLACE TOWNHOMES	Yes	No	Yes
<b>B WASHINGTON STATE HOUSING FINANCE</b>	91-1874730		9/30/2010	1,250,000	MT BAKER VIEW APARTMENT PROJECT	X	X	X
<b>C WASHINGTON STATE HOUSING FINANCE</b>	91-1874730		4/30/2002	860,000	TOMORROWS HOPE CHILDCARE CENTER	X	X	X
<b>D EVERETT HOUSING AUTHORITY</b>	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				3,500
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?	X		X	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X	X

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

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

	A	B	C	D
	Yes	No	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
<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?				X
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	X	X	X	X
<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.	0.00%	0.00%	0.00%	0.00%
<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.	0.00%	0.00%	0.00%	0.00%
<b>6</b> Total of lines 4 and 5	0.00%	0.00%	0.00%	0.00%
<b>7</b> Does the bond issue meet the private security or payment test?	X	X	X	X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X	X	X	X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.				
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?				
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X	X	X	X

**Part IV Arbitrage**

	A	B	C	D
	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X	X	X	X
<b>2</b> If "No" to line 1, did the following apply?				
<b>a</b> Rebate not due yet?	X	X	X	X
<b>b</b> Exception to rebate?	X	X	X	X
<b>c</b> No rebate due?	X	X	X	X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed.				
<b>3</b> Is the bond issue a variable rate issue?	X	X	X	X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	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?				

**Part IV Arbitrage (Continued)**

	A      B      C      D			
	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?				
<b>b</b> Name of provider		X		X
<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>6</b> Were any gross proceeds invested beyond an available temporary period?	X		X	
<b>7</b> Has the organization established written procedures to monitor the requirements of section 1482?	X	X	X	X

**Part V Procedures To Undertake Corrective Action**

Has 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?

	A      B      C      D			
	Yes	No	Yes	No
	X		X	X

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K**  
**(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**HOUSING HOPE**

**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
<b>A EVERETT HOUSING AUTHORITY</b>	91-6000965		1/31/2002	1,804,000	MAPLE LEAF MEADOWS APARTMENTS	Yes	No	Yes
<b>B WASHINGTON STATE HOUSING FINANCE</b>	91-1874730		8/31/2012	1,713,769	WOODS CREEK AND PILCHUCK PLACE PROJECTS	X	X	X
<b>C</b>						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		1,804,000	1,713,769	
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds		9,020	34,275	
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds		1,794,980	1,679,494	
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2003	2012		
	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		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization  
**HOUSING HOPE**

Employer identification number  
**94-3060709**

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

3a Are there any management or service contracts that may result in private business use of bond-financed property?

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?

c Are there any research agreements that may result in private business use of bond-financed property?

d 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?

4 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. ▲

5 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. ▲

6 Total of lines 4 and 5

7 Does the bond issue meet the private security or payment test?

8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?

b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of

c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?

9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?

**Part IV Arbitrage**

1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?

2 If "No" to line 1, did the following apply?

a Rebate not due yet?

b Exception to rebate?

c No rebate due?

If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed.

3 Is the bond issue a variable rate issue?

4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?

b Name of provider

c Term of hedge

d Was the hedge superintegrated?

e Was the hedge terminated?

**Part IV Arbitrage (Continued)**

	A	B	C	D
	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?				
<b>b</b> Name of provider		X	X	
<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>6</b> Were any gross proceeds invested beyond an available temporary period?				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X		X	

**Part V Procedures To Undertake Corrective Action**

	A	B	C	D
	Yes	No	Yes	No
Has 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?	X		X	
<b>Part VI Supplemental Information.</b> 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

**2013**

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Inspection

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	X		97,772	FMV
6 Cars and other vehicles				
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	X	2	1,340,989	FMV
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	10	4,035	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( OFFICE EQUIP & )	X	6	4,930	FMV
26 Other ► ( SERVICES & EQL )	X	5	33,500	FMV
27 Other ► ( SPECIAL EVENTS )	X	51	42,572	FMV
28 Other ► ( )				
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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

	Yes	No
30a		X
31	X	
32a		X

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOUSING HOPE

**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.

► Information about Schedule O (Form 990 or 990-EZ) and Its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Employer identification number

94-3060709

Form 990, Part III, Line 4d OTHER PROGRAM SERVICES INCLUDE VOLUNTEER PROGRAM 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 AUDITED FINANCIAL 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 RECOMENDATIONS 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 OFFICE OF

THE SECRETARY OF STATE. 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 AND ON THE GUIDESTAR.ORG WEBSITE.

Form 990, Part XI, Line 9: TRANSFERS (TO) AND FROM RELATED TAX-EXEMPT ORGANIZATIONS - SEE

SCHEDULE R FOR DETAILS

**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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

Open to Public  
Inspection

Name of the organization  
**HOUSING HOPE**  
Employer identification number  
94-3060709

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(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> 91-1684582 5830 EVERGREEN WAY EVERETT, WA 98203	LOW INC HSG	WA	501(c)(3)	9	HOUSING HOPE	X
(3) <b>HOPEWORKS SOCIAL ENTR</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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(j) Section 512(b)(13) controlled entity?	
									Yes	No
(1).....										
(2).....										
(3).....										
(4).....										
(5).....										
(6).....										
(7).....										

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

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 Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
		14,400	ACTUAL
(1) HOUSING HOPE PROPERTIES	n	0	ACTUAL
(2) HOUSING HOPE PROPERTIES	s	235,150	ACTUAL
(3) HOUSING HOPE PROPERTIES	s	194,973	ACTUAL
(4) BUILDING CREDITS	n	0	ACTUAL
(5) BUILDING CREDITS	j	6,000	ACTUAL
(6) HOPEWORKS SOCIAL ENTERPR			

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

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

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

**Part V Continuation of Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) HOPEWORKS SOCIAL ENTERPR	l	5,478	ACTUAL
(8) HOPEWORKS SOCIAL ENTERPR	n	0	ACTUAL
(9) HOPEWORKS SOCIAL ENTERPR	q	534,094	ACTUAL
(10) HOPEWORKS SOCIAL ENTERPR	s	137,039	ACTUAL
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**Part X, Line 15 (990) - Other Assets**

	Description	Total:	4,094,921	5,684,748
			Beginning	End
1	ASSETS DESIGNATED BY BOARD FOR L/T ASSETS		1,737,238	1,618,774
2	ASSETS RESTRICTED BY DONORS FOR INVESTMENT IN L/T ASSETS		51,140	303,919
3	ASSETS RESTRICTED BY DONORS FOR RESERVES		1,408,463	1,474,697
4	RESTRICTED RESERVES AND DEPOSITS		284,904	252,125
5	FUNDS HELD IN TRUST		215,816	146,749
6	PROJECT DEVELOPMENT COSTS		397,360	1,659,559
7	SHORT-TERM INVESTMENTS		0	228,925

# 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 smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2012 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 2014 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 I*

<b>Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)</b>	
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 2013	17	974,367
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 2013 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		4,082	5	MM	SL	544
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
h Residential rental property	1/1/2014	1,878,174	27 5 yrs	MM	S/L	31,303
i Nonresidential real property	6/1/2014	395,145	27 5 yrs	MM	S/L	1,098
			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2013 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	1,007,312
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	

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form 4562 (2013)