

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
HOMESIGHT

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
5117 RAINIER AVENUE S

City or town, state or province, country, and ZIP or foreign postal code  
SEATTLE, WA 98118

F Name and address of principal officer:  
DARRYL SMITH  
5117 RAINIER AVE S  
SEATTLE, WA 98118

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number

D Employer identification number  
94-3117253

E Telephone number  
(206) 760-4227

G Gross receipts \$ 11,460,706

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: HOMESIGHTWA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1990

M State of legal domicile: WA

Part I Summary

|                             |                                                                                                                                                                                                                                                                               |                           |              |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities:<br>PROMOTING SOCIAL AND ECONOMIC EQUITY TO PRESERVE AND ENHANCE ECONOMICALLY AND CULTURALLY DIVERSE COMMUNITIES THROUGH AFFORDABLE HOMEOWNERSHIP, BUSINESS DEVELOPMENT, AND COMMUNITY ADVOCACY. |                           |              |
|                             | 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                         | 10           |
|                             | 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                               | 4                         | 8            |
|                             | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)                                                                                                                                                                                                | 5                         | 44           |
|                             | 6 Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                          | 6                         | 90           |
|                             | 7a Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                       | 7a                        | 0            |
| Revenue                     | b Net unrelated business taxable income from Form 990-T, line 39                                                                                                                                                                                                              | 7b                        |              |
|                             | 8 Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                               | Prior Year                | Current Year |
|                             | 9 Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                | 4,047,161                 | 8,658,041    |
|                             | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                              | 2,837,378                 | 2,730,565    |
|                             | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                   | 54,292                    | 19,172       |
|                             | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                           | 117,375                   | 52,928       |
|                             |                                                                                                                                                                                                                                                                               | 7,056,206                 | 11,460,706   |
| Expenses                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                                           | 11,255                    | 1,266,591    |
|                             | 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                              |                           | 0            |
|                             | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                          | 2,416,025                 | 2,736,211    |
|                             | 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                             | 38,437                    | 23,475       |
|                             | b Total fundraising expenses (Part IX, column (D), line 25) 13,986                                                                                                                                                                                                            |                           |              |
|                             | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                                                                                                               | 3,133,048                 | 1,558,420    |
|                             | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                  | 5,598,765                 | 5,584,697    |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                       | 1,457,441                 | 5,876,009    |
|                             |                                                                                                                                                                                                                                                                               | Beginning of Current Year | End of Year  |
|                             | 20 Total assets (Part X, line 16)                                                                                                                                                                                                                                             | 52,166,168                | 68,176,389   |
|                             | 21 Total liabilities (Part X, line 26)                                                                                                                                                                                                                                        | 8,982,989                 | 19,117,201   |
| Signature Block             | 22 Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                 | 43,183,179                | 49,059,188   |

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

Signature of officer  
DARRYL SMITH EXECUTIVE DIRECTOR  
Type or print name and title

2021-11-09  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name FINNEY NEILL & COMPANY PS  
Firm's address 9757 GREENWOOD AVE N  
SEATTLE, WA 98103

Preparer's signature  
Date 2021-11-12  
Check ☐ if self-employed  
PTIN P01286663  
Firm's EIN 91-1566381  
Phone no. (206) 298-9811

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

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:

HOMESIGHT CREATES AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES THROUGH ITS HOMEBUYER EDUCATION AND LENDING, AND REAL ESTATE DEVELOPMENT PROGRAMS. THESE PROGRAMS PRIMARILY SERVE LOW AND MODERATE INCOME, FIRST-TIME HOMEBUYERS IN SEATTLE, KING, PIERCE, AND SNOHOMISH COUNTIES. HOMESIGHT IS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, CERTIFIED BY THE US DEPARTMENT OF TREASURY, AND IS A WASHINGTON STATE LICENSED CONSUMER LOAN COMPANY

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 \$ 683,706 including grants of \$ ) (Revenue \$ 187,575 )

REAL ESTATE DEVELOPMENT: PART OF HOMESIGHT'S STRATEGY IS TO USE AFFORDABLE COMMERCIAL AND RESIDENTIAL REAL ESTATE DEVELOPMENT TO STIMULATE ECONOMIC GROWTH IN COMMUNITIES WHERE EQUITABLE INVESTMENT IS LAGGING AND BUILD HOUSEHOLD ASSETS FOR LOW INCOME AND FIRST-TIME HOME BUYERS. HOMESIGHT DEVELOPMENT ALSO PROVIDES PROJECT MANAGEMENT SERVICES TO COMMUNITY NONPROFIT ORGANIZATIONS TO ASSIST IN COMMUNITY DEVELOPMENT AND NEIGHBORHOOD REVITALIZATION ACTIVITIES. HOMESIGHT CONTINUES TO MANAGE THE REHAB AND REPLACEMENT OF MOBILE HOMES IN A LOW-INCOME SENIOR COMMUNITY IN PARTNERSHIP WITH THE HOUSING AUTHORITY OF SNOHOMISH COUNTY. HOMESIGHT IS THE LEAD DEVELOPER AND PROJECT MANAGER FOR THE TRANSIT- ORIENTED DEVELOPMENT OF OTHELLO SQUARE IN SEATTLE. HOMESIGHT COMPLETED THE FEASIBILITY AND IMPLEMENTATION PLAN FOR THE PROJECT IN 2017. THE GOALS OF THIS 215 MILLION PROJECT ARE TO PREVENT DISPLACEMENT OF THE HISTORIC RESIDENTS AND BUSINESSES IN THE OTHELLO NEIGHBORHOOD, TO CELEBRATE AND EMBRACE THE HERITAGE OF THE DIFFERENT CULTURES THAT COMPRISE THE SEATTLE COMMUNITY, AND TO PROVIDE TOOLS AND OPPORTUNITIES TO GUARANTEE THE LONG- TERM HEALTH AND SUCCESS OF THE ENTIRE COMMUNITY. WITH THE ASSISTANCE OF SEVERAL COMMUNITY-LED COALITIONS ACTIVELY INVOLVED IN EQUITABLE DEVELOPMENT IN SOUTHEAST SEATTLE, HOMESIGHT HAS BEEN LEADING A DEDICATED AND ROBUST COMMUNITY ENGAGEMENT PROCESS THROUGHOUT THE PROGRAM PLANNING TO ENSURE THAT THE OTHELLO SQUARE BEST MEETS THE NEEDS AND VISION OF THE COMMUNITY. HOMESIGHT SIGNED ALL FOUR PURCHASE AND SALE AGREEMENTS (PSAS) ON THE PROPERTIES IN 2018 FOR THE OTHELLO SQUARE PROJECT WITH THE SEATTLE HOUSING AUTHORITY (SHA). HOMESIGHT ALSO ENTERED INTO ASSIGNMENT AGREEMENTS FOR TWO OF THE PROPERTIES TO BE OWNED AND DEVELOPED AS PART OF THE PROJECT BY TWO LOCAL ORGANIZATIONS. THE ODESSA BROWN CHILDRENS CLINIC AND ORENDA APARTMENTS BUILDING BROKE GROUND IN NOVEMBER 2019 AND THE SALISH ELEMENTARY SCHOOL BROKE GROUND SUBSEQUENT TO YEAR END. BOTH ARE EXPECTED TO BE OPERATIONAL BY FALL OF 2021. PROPERTY PURCHASES FOR REMAINING TWO PSAS WILL BE FINALIZED ONCE ALL CLOSING CONDITIONS ARE MET. HOMESIGHT IS THE DEVELOPER FOR THE LOW-INCOME HOUSING COOPERATIVE WHICH IS SEEKING CONSTRUCTION FINANCING WITH EQUITY FROM LOCAL, STATE AND FEDERAL SOURCE SECURED IN PLACE. THIS PROJECT IS FULLY PERMITTED AND ENTITLED. THE LAST OF THE FOUR BUILDINGS ON THE OTHELLO SQUARE CAMPUS IS THE OPPORTUNITY CENTER. THE ENTITLEMENT AND FUNDRAISING PROCESS IS MORE THAN 50% COMPLETE FOR THE OPPORTUNITY CENTER. COMPLETION OF THE OPPORTUNITY CENTER AT OTHELLO SQUARE IS SLATED FOR 2023.

4b

(Code: ) (Expenses \$ 2,191,133 including grants of \$ ) (Revenue \$ 2,368,129 )

HOMEBUYER SERVICES & LENDING: HOMESIGHT'S HOMEBUYER EDUCATION AND COUNSELING PROGRAM SERVES NEARLY 1,000 HOUSEHOLDS ANNUALLY, INCLUDING NEW AND EXISTING CUSTOMERS. IN 2019 AND 2018, OF THESE CUSTOMERS, 69% AND 71%, RESPECTIVELY WERE AT OR BELOW 80% PERCENT OF THE AREA MEDIAN INCOME. HOMESIGHT'S MISSION IS TO SERVE PRIMARILY LOW AND MODERATE INCOME FAMILIES WISHING TO PURCHASE THEIR FIRST HOME, BUT AS A HUD-CERTIFIED HOUSING COUNSELING AGENCY, IT CANNOT DISCRIMINATE BASED ON INCOME. ITS HOMEBUYER PROGRAM CONSISTS OF ONE-ONONE COUNSELING, AND NO-COST CLASSES ON ACHIEVING THE DREAM OF HOMEOWNERSHIP, OR AN ONLINE BUYER EDUCATION CURRICULUM FOR A NOMINAL FEE. -- HOMESIGHT DEVELOPED ITS REVOLVING LOAN FUND IN 1991 TO ADDRESS LIMITED ASSISTANCE LOAN RESOURCES AND THE GROWING GAP BETWEEN FAMILY INCOMES AND HOME PRICES. IT OFFERS ASSISTANCE LOANS FUNDED BY PUBLIC AND PRIVATE INVESTMENTS TO PACKAGE HIGHLY COMPETITIVE AMORTIZING OR DEFERRED SECOND LOANS AND DEFERRED THIRD LOANS FOR LOW AND MODERATE INCOME HOMEBUYERS. THIS STRUCTURE ALLOWS HOMESIGHT TO MINIMIZE OR ELIMINATE THE REQUIREMENT FOR PRIVATE MORTGAGE INSURANCE FOR ITS CUSTOMERS THEREBY INCREASING THE BUYING POWER OF LOW AND MODERATE INCOME FIRST-TIME HOMEBUYERS. HOMESIGHT'S FIRST- TIME HOMEBUYER EDUCATION AND LENDING PROGRAMS CREATED 209 AND 111 FIRST- TIME HOMEBUYERS IN THIS MARKET IN 2019 AND 2018, RESPECTIVELY. IN 2017 THE REVOLVING LOAN FUND EXPANDED STATE-WIDE WITH 15% OF LOANS NOW ORIGINATED OUTSIDE THE SEATTLE METRO AREA. -- HOMESIGHT IS A CORRESPONDENT 1ST MORTGAGE LENDER TO THE WASHINGTON STATE HOUSING FINANCE COMMISSION A LOCAL COMMUNITY BANK, AND A NEIGHBORWORKS AMERICA PARTNER. IN 2019 HOMESIGHT ORIGINATED 11.8 MILLION IN 1ST MORTGAGE LOANS WITH ITS CAPITAL PRIMARILY FOR SUBSEQUENT SALE TO THESE LENDERS. THROUGH THESE CHANNELS HOMESIGHT PROVIDES QUALITY, LOW- DOWN-PAYMENT OPTIONS AND MORE FLEXIBLE CASE-BY-CASE UNDERWRITING THAT ALLOWS MANY MORTGAGE-ELIGIBLE CUSTOMERS TO ACCESS CREDIT THAT WOULD NOT BE AVAILABLE TO THEM OTHERWISE. -- IN 2016, HOMESIGHT BEGAN OFFERING A NEW LAYER OF FINANCING IN THE FORM OF FORGIVABLE DOWN PAYMENT ASSISTANCE LOANS WITH 4 MILLION AWARDED THROUGH THE NEIGHBORHOOD LIFT PROGRAM IN 2016. THESE ARE LOANS OF UP TO 7,500 (INCREASED TO 20,000 AS OF MID-2018), FORGIVEN OVER THREE YEARS FOR BUYERS UP TO 100% OF MEDIAN INCOME. THE MAJORITY OF THESE LOANS WILL BE FORGIVEN BY THE END OF 2020. SIMILARLY, HOMESIGHT ORIGINATES FORGIVABLE LOANS FUNDED BY THE FEDERAL HOME LOAN BANK OF DES MOINES. THESE LOANS OF 5,000 TO 7,500 ARE FORGIVEN OVER A 5-YEAR PERIOD. ALL FORGIVABLE LOANS ARE DISCOUNTED AT TIME OF ORIGATION AND ARE NOT REFLECTED IN LOAN CHARGE OFFS. -- WITH A GRANT FROM THE ATTORNEY GENERALS OFFICE IN 2013, HOMESIGHT LAUNCHED A RESCUE LOAN PROGRAM, DESIGNED TO PREVENT FORECLOSURE TO AT RISK HOMEOWNERS. SINCE ITS INCEPTION, HOMESIGHT HAS ORIGINATED 287 FORECLOSURE PREVENTION RESCUE LOANS STATEWIDE VALUED AT OVER 6 MILLION. THESE ARE DEFERRED LOANS WITH AN INTEREST RATE BETWEEN 0-2% DEPENDING ON INCOME. ONLY 11 OF THESE FAMILIES LOST THEIR HOME TO A NEW FORECLOSURE (A 3.8% RATE) AND A SIGNIFICANT AMOUNT OF THESE FUNDS HAVE BEEN REPAID AND RE-LOANED BY HOMESIGHT. HOMESIGHT BEGAN ADMINISTERING A SIMILAR RESCUE LOAN PROGRAM FOR THE CITY OF SEATTLE IN 2019 AND WILL BE ADDING KING AND PIERCE COUNTY IN 2020.

4c

(Code: ) (Expenses \$ 1,609,442 including grants of \$ 1,266,591 ) (Revenue \$ 227,789 )

COMMUNITY DEVELOPMENT: WITH A HISTORY OF CROSS-SECTOR COLLABORATION, EXPERTISE IN POLICY AND ADVOCACY, AND A TRACK RECORD OF EQUITABLE DEVELOPMENT, HOMESIGHT IS RECOGNIZED AS A CATALYTIC COMMUNITY LEADER. FOR 30 YEARS, HOMESIGHT HAS FACILITATED BEAUTIFICATION AND INFRASTRUCTURE IMPROVEMENT PROJECTS, MANAGED THE DEVELOPMENT OF CULTURAL CENTERS, SUPPORTED LOCAL BUSINESS ORGANIZATIONS, AND LED COALITIONS PROMOTING EQUITABLE GROWTH IN SOUTHEAST SEATTLE, THE CITY'S MOST RACIALLY AND ETHNICALLY DIVERSE COMMUNITY. HOMESIGHT ESTABLISHED FOUR COMMUNITY DEVELOPMENT ACTIVITIES: 1) OTHELLO SQUARE COMMUNITY WORK GROUP (FORMERLY SOUTHEAST ECONOMIC OPPORTUNITY CENTER (SEOC)) A GROUP OF RESIDENTS, BUSINESS OWNERS, AND OTHER STAKEHOLDERS UNITED TO ENSURE THAT THE OTHELLO SQUARE REFLECTS THE COMMUNITY'S NEED FOR A CULTURALLY RELEVANT DEVELOPMENT THAT PRIORITIZES EQUITABLE ACCESS TO HOUSING, EDUCATION AND EMPLOYMENT; 2) COMMUNITIES OF OPPORTUNITY A MULTI- YEAR EFFORT WITH MORE THAN 30 COMMUNITY BASED PARTNERS, FUNDED COLLABORATIVELY BY THE SEATTLE FOUNDATION AND THE KING COUNTY BEST STARTS FOR KIDS LEVY PROGRAM, TO IDENTIFY POLICY AND SYSTEMS SOLUTIONS TO IMPROVE HEALTH, HOUSING, AND ECONOMIC OPPORTUNITY, AND COMMUNITY CONNECTIONS IN SOUTHEAST SEATTLE; 3) OTHELLO FARM STAND/BEET BOX A UNIQUE PLACEMAKING PROJECT PROMOTES ENVIRONMENTAL AND NUTRITIONAL EDUCATION THROUGH SUPPORT OF LOCAL FARMERS AND MAKERS, 4) READY TO WORK (RTW) A PARTNERSHIP WITH COMMUNITY BASED ORGANIZATION PARTNERS AND AN ADULT BASIC EDUCATION LEARNING CENTER PROVIDING ELL COURSES AND JOB TRAINING AND PLACEMENT IN SOUTHEAST SEATTLE, IS NOW MERGING OUR PROGRAM WITH TWO OTHER PROGRAMS IN NORTH AND WEST SEATTLE, WHERE HOMESIGHT WILL CONTINUE TO SERVE AS THE LEAD AGENCY PROVIDING ADMINISTRATIVE SUPPORT.

4d

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

4,484,281

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                          | Yes            | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                              | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                            | <b>2</b> Yes   |    |
| <b>3</b> 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                                                                                                                                                                                            | <b>3</b>       | No |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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                                                                                                                                                                             | <b>4</b>       | No |
| <b>5</b> 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                                                                                                                                                     | <b>5</b>       | No |
| <b>6</b> 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                                         | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                               | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | <b>8</b>       | No |
| <b>9</b> 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  | <b>9</b> Yes   |    |
| <b>10</b> 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                                                                                          | <b>10</b>      | No |
| <b>11</b> 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.                                                                                                                                                                                                                                |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                           | <b>11a</b> Yes |    |
| <b>b</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                                                                                          | <b>11b</b>     | No |
| <b>c</b> 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                                                                                          | <b>11c</b> Yes |    |
| <b>d</b> 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                                                                                                         | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                          | <b>11e</b> Yes |    |
| <b>f</b> 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)?                                                                                                                                                                        | <b>11f</b> Yes |    |
| <b>12a</b> If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                    | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                            | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                              | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                   | <b>14a</b>     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                       | <b>14b</b>     | No |
| <b>15</b> 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                                                                                                                                                                                 | <b>15</b>      | No |
| <b>16</b> 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                                                                                                                                                                           | <b>16</b>      | No |
| <b>17</b> 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)                                                                             | <b>17</b> Yes  |    |
| <b>18</b> 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                                                                                                            | <b>18</b>      | No |
| <b>19</b> 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                                                                                                                                      | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                   | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | <b>20b</b>     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                               | <b>21</b> Yes  |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                                                                                             |     |     |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No  |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .                                                                                                                                                                                         | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                                                                                                                              | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .                                                                                                    | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                                                                                   | 24b |     |    |
| 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? . . . . .                                                                                                                                                                                                                                        | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                     | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                                                 | 25a |     | No |
| 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                                                                                                                         | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?                                                                                                          | 26  | Yes |    |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | 27  |     | No |
| 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                              | 28a |     | No |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                   | 28b |     | No |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                     | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .                                                                                                                                                                                                                                                                            | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?                                                                                                                                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                                                                                                          | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                              | 32  |     | No |
| 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?                                                                                                                                                                                                                                              | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .                                                                                                                                                                                                                                          | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                     | 35a |     | No |
| 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 . . . . .                                                                                                                                                                 | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . .                                                                                                                                                       | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                | 38  | Yes |    |

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  |  |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                       | 1a  | 384 |  |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | 1b  | 0   |  |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  | Yes |  |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                                                         |  |            |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----|
| <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>  | 44  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)          |  | <b>2b</b>  | Yes |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .                                                                                                                                      |  | <b>3a</b>  | No  |
| <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>  | No  |
| <b>b</b> <del>Enter the name of the foreign country:</del><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |  |            |     |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                |  | <b>5a</b>  | No  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            |  | <b>5b</b>  | No  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                |  | <b>5c</b>  |     |
| <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>6a</b>  | No  |
| <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>6b</b>  |     |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</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>7a</b>  | No  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                   |  | <b>7b</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>7c</b>  | No  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                 |  | <b>7d</b>  |     |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             |  | <b>7e</b>  | No  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                |  | <b>7f</b>  | No  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                  |  | <b>7g</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>7h</b>  |     |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     |  |            |     |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |  |            |     |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          |  | <b>9a</b>  |     |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .                                                                                                                                   |  | <b>9b</b>  |     |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |  |            |     |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                          |  | <b>10a</b> |     |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 |  | <b>10b</b> |     |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |  |            |     |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                         |  | <b>11a</b> |     |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                      |  | <b>11b</b> |     |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                |  |            |     |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                      |  | <b>12b</b> |     |
| <b>13 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? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                  |  | <b>13a</b> |     |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .                                                                         |  | <b>13b</b> |     |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                              |  | <b>13c</b> |     |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                      |  | <b>14a</b> | No  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .                                                                                                                           |  | <b>14b</b> |     |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .                                                                       |  | <b>15</b>  | No  |
| <b>16</b> If the organization is subject to the section 4968 excise tax on net investment income? . . . . .                                                                                                                                          |  | <b>16</b>  | No  |
| If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                            |  |            |     |



Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

|    |                                                                                                                                                                                                                                                                                                        |      | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----|
| 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. | 1a10 |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                     | 1b8  |     |    |
| 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?                                                                                                                                  | 2    |     | No |
| 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?                                                                                    | 3    |     | No |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                       | 4    |     | No |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                             | 5    |     | No |
| 6  | Did the organization have members or stockholders?                                                                                                                                                                                                                                                     | 6    |     | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                     | 7a   |     | No |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                              | 7b   |     | No |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                      |      |     |    |
| a  | The governing body?                                                                                                                                                                                                                                                                                    | 8a   | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                  | 8b   | Yes |    |
| 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                                                                                           | 9    |     | No |

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

|     |                                                                                                                                                                                                                                                                                              | Yes | No  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | 10a | No  |
| 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?                                                                   | 10b |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | 11a | Yes |
| 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                                                                                                                                                                                                      | 12a | Yes |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | 12b | Yes |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | 12c | Yes |
| 13  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13  | Yes |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 14  | Yes |
| 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                                                                                                                                                                                                                       | 15a | Yes |
| b   | Other officers or key employees of the organization                                                                                                                                                                                                                                          | 15b | Yes |
|     | 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?                                                                                                                                        | 16a | No  |
| 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? | 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records:<br>EDDIE ROLDAN 5117 RAINIER AVE S SEATTLE, WA 98118 (206) 760-4227                                                                                                                                                                                                                              |  |

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, or 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.

See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                      |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) DARRYL SMITH<br>.....<br>EXECUTIVE DI            | 40.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 121,156                                                              | 0                                                                         | 8,820                                                                                         |
| (2) ANTHONY TO<br>.....<br>DIRECTOR EME              | 40.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 152,601                                                              | 0                                                                         | 7,111                                                                                         |
| (3) GAYLE SHEA<br>.....<br>INTERIM EXEC              | 40.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 128,945                                                              | 0                                                                         | 317                                                                                           |
| (4) LINDA FLANAGAN FREEBURG<br>.....<br>INTERIM EXEC | 40.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 37,612                                                               | 0                                                                         | 2,034                                                                                         |
| (5) LANA VAHALA-MARCUS<br>.....<br>CFO               | 40.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 26,326                                                               | 0                                                                         | 2,215                                                                                         |
| (6) TOM JACOBI<br>.....<br>CHIEF PORTFO              | 40.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 70,643                                                               | 0                                                                         | 11,372                                                                                        |
| (7) MICHAEL DOTSON<br>.....<br>PRESIDENT             | 2.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) TERRY MILLER<br>.....<br>VICE PRESIDE            | 2.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) ROB LANG<br>.....<br>SECRETARY                   | 2.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) RANDY ROBINSON<br>.....<br>TREASURER (E         | 2.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) REBECCA BRYANT<br>.....<br>BOARD MEMBER         | 1.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) KATRINA FREEBURG<br>.....<br>BOARD MEMBER       | 1.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) MATEO GARIBALDI<br>.....<br>BOARD MEMBER        | 1.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) NADINE MORGAN<br>.....<br>BOARD MEMBER          | 1.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (15) NATALIE HESTER JOHNSON<br>.....<br>BOARD MEMBER | 1.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) LYNN PERKINS<br>.....<br>BOARD MEMBER           | 1.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (17) MICKEY ROSS<br>.....<br>BOARD MEMBER            | 1.00<br>.....<br>0.50                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

|                                                                          |   |         |  |       |
|--------------------------------------------------------------------------|---|---------|--|-------|
| <b>1b Sub-Total . . . . .</b>                                            | ▶ |         |  |       |
| <b>c Total from continuation sheets to Part VII, Section A . . . . .</b> | ▶ |         |  |       |
| <b>d Total (add lines 1b and 1c) . . . . .</b>                           | ▶ | 537,283 |  | 31,86 |

|   |                                                                                                                                                                                                                                                  | Yes | No  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                           |     |     |
|   |                                                                                                                                                                                                                                                  | 3   | No  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i><br>. . . . . |     |     |
|   |                                                                                                                                                                                                                                                  | 4   | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                          |     |     |
|   |                                                                                                                                                                                                                                                  | 5   | No  |

**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.

|   |                                                                                                                                                                      |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 ▶ 7 |  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|



Part VIII

Statement of Revenue

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

|                                                           |                                                          |                                                                                                                                       | (A)<br>Total revenue                                                            | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |        |
|-----------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|--------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                                       | Federated campaigns . . .                                                                                                             | 1a                                                                              |                                                    |                                         |                                                                    |        |
|                                                           | b                                                        | Membership dues . . .                                                                                                                 | 1b                                                                              |                                                    |                                         |                                                                    |        |
|                                                           | c                                                        | Fundraising events . . .                                                                                                              | 1c                                                                              |                                                    |                                         |                                                                    |        |
|                                                           | d                                                        | Related organizations                                                                                                                 | 1d                                                                              |                                                    |                                         |                                                                    |        |
|                                                           | e                                                        | Government grants (contributions)                                                                                                     | 1e                                                                              | 5,128,307                                          |                                         |                                                                    |        |
|                                                           |                                                          |                                                                                                                                       |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | f                                                        | All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                  | 1f                                                                              | 3,529,734                                          |                                         |                                                                    |        |
| g                                                         | Noncash contributions included in<br>lines 1a - 1f:\$    | 1g                                                                                                                                    |                                                                                 |                                                    |                                         |                                                                    |        |
| h Total. Add lines 1a-1f . . . . .                        |                                                          |                                                                                                                                       | 8,658,041                                                                       |                                                    |                                         |                                                                    |        |
| Program Service Revenue                                   |                                                          |                                                                                                                                       | Business Code                                                                   |                                                    |                                         |                                                                    |        |
|                                                           | 2a                                                       | LOAN INTEREST INCOME                                                                                                                  | 522292                                                                          | 1,003,928                                          | 1,003,928                               |                                                                    |        |
|                                                           | b                                                        | RESCUE LOAN DISCOUNT                                                                                                                  | 522292                                                                          | 913,292                                            | 913,292                                 |                                                                    |        |
|                                                           | c                                                        | LOAN & HOMEBUYER SVCS FEES                                                                                                            | 541990                                                                          | 450,349                                            | 450,349                                 |                                                                    |        |
|                                                           | d                                                        | FISCAL AGENT FEES                                                                                                                     | 561000                                                                          | 227,789                                            | 227,789                                 |                                                                    |        |
|                                                           | e                                                        | DEVELOPER FEES                                                                                                                        | 531390                                                                          | 134,647                                            | 134,647                                 |                                                                    |        |
|                                                           | f                                                        | All other program service revenue.                                                                                                    |                                                                                 | 560                                                | 560                                     |                                                                    |        |
| g Total. Add lines 2a-2f. . . . .                         |                                                          |                                                                                                                                       | 2,730,565                                                                       |                                                    |                                         |                                                                    |        |
| Other Revenue                                             | 3                                                        |                                                                                                                                       | Investment income (including dividends, interest, and<br>other similar amounts) | 19,172                                             |                                         |                                                                    | 19,172 |
|                                                           | 4                                                        |                                                                                                                                       | Income from investment of tax-exempt bond proceeds                              |                                                    |                                         |                                                                    |        |
|                                                           | 5                                                        |                                                                                                                                       | Royalties . . . . .                                                             |                                                    |                                         |                                                                    |        |
|                                                           |                                                          |                                                                                                                                       | (i) Real                                                                        | (ii) Personal                                      |                                         |                                                                    |        |
|                                                           | 6a                                                       | Gross rents                                                                                                                           |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | b                                                        | Less: rental<br>expenses                                                                                                              |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | c                                                        | Rental<br>income or<br>(loss)                                                                                                         |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | d                                                        | Net rental income or (loss) . . . . .                                                                                                 |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           |                                                          |                                                                                                                                       | (i) Securities                                                                  | (ii) Other                                         |                                         |                                                                    |        |
|                                                           | 7a                                                       | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                       |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | b                                                        | Less: cost or<br>other basis and<br>sales expenses                                                                                    |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | c                                                        | Gain or (loss)                                                                                                                        |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | d                                                        | Net gain or (loss) . . . . .                                                                                                          |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | 8a                                                       | Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | 8a                                                                              |                                                    |                                         |                                                                    |        |
|                                                           | b                                                        | Less: direct expenses                                                                                                                 | 8b                                                                              |                                                    |                                         |                                                                    |        |
|                                                           | c Net income or (loss) from fundraising events . . . . . |                                                                                                                                       |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | 9a                                                       | Gross income from gaming<br>activities.<br>See Part IV, line 19 . . . . .                                                             | 9a                                                                              |                                                    |                                         |                                                                    |        |
|                                                           | b                                                        | Less: direct expenses                                                                                                                 | 9b                                                                              |                                                    |                                         |                                                                    |        |
|                                                           | c Net income or (loss) from gaming activities . . . . .  |                                                                                                                                       |                                                                                 |                                                    |                                         |                                                                    |        |
|                                                           | 10a                                                      | Gross sales of inventory, less<br>returns and allowances . . .                                                                        | 10a                                                                             |                                                    |                                         |                                                                    |        |
| b                                                         | Less: cost of goods sold                                 | 10b                                                                                                                                   |                                                                                 |                                                    |                                         |                                                                    |        |
| c Net income or (loss) from sales of inventory . . . . .  |                                                          |                                                                                                                                       |                                                                                 |                                                    |                                         |                                                                    |        |
| Miscellaneous Revenue                                     |                                                          | Business Code                                                                                                                         |                                                                                 |                                                    |                                         |                                                                    |        |
| 11a                                                       | OTHER INCOME                                             | 531390                                                                                                                                | 52,928                                                                          | 52,928                                             |                                         |                                                                    |        |
| b                                                         |                                                          |                                                                                                                                       |                                                                                 |                                                    |                                         |                                                                    |        |
| c                                                         |                                                          |                                                                                                                                       |                                                                                 |                                                    |                                         |                                                                    |        |
| d                                                         | All other revenue . . . . .                              |                                                                                                                                       |                                                                                 |                                                    |                                         |                                                                    |        |
| e Total. Add lines 11a-11d . . . . .                      |                                                          |                                                                                                                                       | 52,928                                                                          |                                                    |                                         |                                                                    |        |
| 12 Total revenue. See instructions . . . . .              |                                                          |                                                                                                                                       | 11,460,706                                                                      | 2,783,493                                          |                                         | 19,172                                                             |        |

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 ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21<br>. . . . .                                                                                                                        | 791,551               | 791,551                         |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22<br>. . . . .                                                                                                                                                   | 475,040               | 475,040                         |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.<br>. . . . .                                                                                           |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members<br>. . . . .                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                       | 550,181               | 274,845                         | 275,336                                |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)<br>. . . . .                                                                               |                       |                                 |                                        |                             |
| 7 Other salaries and wages . . . . .                                                                                                                                                                                                       | 1,704,479             | 1,271,567                       | 423,220                                | 9,692                       |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)<br>. . . . .                                                                                                                          | 33,508                | 26,959                          | 6,549                                  |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                        | 259,165               | 184,410                         | 73,930                                 | 825                         |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                 | 188,878               | 129,962                         | 58,139                                 | 777                         |
| 11 Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| b Legal . . . . .                                                                                                                                                                                                                          | 43,662                | 43,512                          | 150                                    |                             |
| c Accounting . . . . .                                                                                                                                                                                                                     | 43,138                | 33,722                          | 9,416                                  |                             |
| d Lobbying . . . . .                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                  | 23,475                |                                 |                                        | 23,475                      |
| f Investment management fees . . . . .                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                               | 302,796               | 159,270                         | 164,476                                | -20,950                     |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                               | 70,789                | 59,615                          | 11,174                                 |                             |
| 14 Information technology . . . . .                                                                                                                                                                                                        | 78,069                | 60,767                          | 17,302                                 |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                     | 117,046               | 97,577                          | 19,469                                 |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                        | 5,071                 | 5,883                           | -812                                   |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                        | 68,145                | 66,669                          | 1,461                                  | 15                          |
| 20 Interest . . . . .                                                                                                                                                                                                                      | 110,231               | 110,231                         |                                        |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                     | 56,743                | 55,942                          | 801                                    |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                     | 27,760                | 12,122                          | 15,638                                 |                             |
| 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 COMMUNITY DEVELOPMENT                                                                                                                                                                                                                    | 396,006               | 396,006                         |                                        |                             |
| b DISCOUNT ON LOANS REC                                                                                                                                                                                                                    | 118,332               | 118,332                         |                                        |                             |
| c LENDING COSTS                                                                                                                                                                                                                            | 65,861                | 65,861                          |                                        |                             |
| d STAFF TRAINING                                                                                                                                                                                                                           | 24,914                | 17,977                          | 6,937                                  |                             |
| e All other expenses                                                                                                                                                                                                                       | 29,857                | 26,461                          | 3,244                                  | 152                         |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                      | 5,584,697             | 4,484,281                       | 1,086,430                              | 13,986                      |
| 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 IX

☐

|                             |                                                                                                                               |                                                                                                                                                                                                                      |            | (A)               |            | (B)         |         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|------------|-------------|---------|
|                             |                                                                                                                               |                                                                                                                                                                                                                      |            | Beginning of year |            | End of year |         |
| Assets                      | 1                                                                                                                             | Cash—non-interest-bearing . . . . .                                                                                                                                                                                  |            | 10,143,221        | 1          | 5,762,836   |         |
|                             | 2                                                                                                                             | Savings and temporary cash investments . . . . .                                                                                                                                                                     |            | 4,682,402         | 2          | 6,908,260   |         |
|                             | 3                                                                                                                             | Pledges and grants receivable, net . . . . .                                                                                                                                                                         |            | 650,711           | 3          | 1,326,813   |         |
|                             | 4                                                                                                                             | Accounts receivable, net . . . . .                                                                                                                                                                                   |            | 39,505            | 4          | 199,686     |         |
|                             | 5                                                                                                                             | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |            | 352,268           | 5          | 349,382     |         |
|                             | 6                                                                                                                             | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                          |            |                   | 6          |             |         |
|                             | 7                                                                                                                             | Notes and loans receivable, net . . . . .                                                                                                                                                                            |            |                   | 7          |             |         |
|                             | 8                                                                                                                             | Inventories for sale or use . . . . .                                                                                                                                                                                |            |                   | 8          |             |         |
|                             | 9                                                                                                                             | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                      |            | 55,199            | 9          | 64,865      |         |
|                             | 10a                                                                                                                           | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                        | 10a        | 933,871           |            |             |         |
|                             | b                                                                                                                             | Less: accumulated depreciation . . . . .                                                                                                                                                                             | 10b        | 585,085           | 403,593    | 10c         | 348,786 |
|                             | 11                                                                                                                            | Investments—publicly traded securities . . . . .                                                                                                                                                                     |            |                   | 11         |             |         |
|                             | 12                                                                                                                            | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |            | 55,100            | 12         | 61,700      |         |
|                             | 13                                                                                                                            | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          |            | 26,916,584        | 13         | 29,154,615  |         |
|                             | 14                                                                                                                            | Intangible assets . . . . .                                                                                                                                                                                          |            |                   | 14         |             |         |
|                             | 15                                                                                                                            | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         |            | 8,867,585         | 15         | 23,999,446  |         |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 33) . . . . .                                                           |                                                                                                                                                                                                                      | 52,166,168 | 16                | 68,176,389 |             |         |
| Liabilities                 | 17                                                                                                                            | Accounts payable and accrued expenses . . . . .                                                                                                                                                                      |            | 536,110           | 17         | 437,709     |         |
|                             | 18                                                                                                                            | Grants payable . . . . .                                                                                                                                                                                             |            |                   | 18         |             |         |
|                             | 19                                                                                                                            | Deferred revenue . . . . .                                                                                                                                                                                           |            | 5,664,554         | 19         | 5,158,232   |         |
|                             | 20                                                                                                                            | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |            |                   | 20         |             |         |
|                             | 21                                                                                                                            | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                      |            | 66,118            | 21         | 3,258,799   |         |
|                             | 22                                                                                                                            | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |            |                   | 22         |             |         |
|                             | 23                                                                                                                            | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |            | 2,603,750         | 23         | 10,174,138  |         |
|                             | 24                                                                                                                            | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |            |                   | 24         |             |         |
|                             | 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 . . . . .                                    |            | 112,457           | 25         | 88,323      |         |
|                             | 26                                                                                                                            | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                 |            | 8,982,989         | 26         | 19,117,201  |         |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. |                                                                                                                                                                                                                      |            |                   |            |             |         |
|                             | 27                                                                                                                            | Net assets without donor restrictions . . . . .                                                                                                                                                                      |            | 25,335,324        | 27         | 25,224,866  |         |
|                             | 28                                                                                                                            | Net assets with donor restrictions . . . . .                                                                                                                                                                         |            | 17,847,855        | 28         | 23,834,322  |         |
|                             | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.          |                                                                                                                                                                                                                      |            |                   |            |             |         |
|                             | 29                                                                                                                            | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |            |                   | 29         |             |         |
|                             | 30                                                                                                                            | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |            |                   | 30         |             |         |
|                             | 31                                                                                                                            | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                           |            |                   | 31         |             |         |
|                             | 32                                                                                                                            | Total net assets or fund balances . . . . .                                                                                                                                                                          |            | 43,183,179        | 32         | 49,059,188  |         |
|                             | 33                                                                                                                            | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                             |            | 52,166,168        | 33         | 68,176,389  |         |

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  | 11,460,706 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 5,584,697  |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 5,876,009  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 43,183,179 |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  |            |
| 6  | Donated services and use of facilities                                                                         | 6  |            |
| 7  | Investment expenses                                                                                            | 7  |            |
| 8  | Prior period adjustments                                                                                       | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                           | 9  |            |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | 10 | 49,059,188 |

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 _____<br>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?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| b Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     | Yes |    |
| 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?                                                                                                                                                                                                                                                                  | Yes |    |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                      | Yes |    |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

HOMESIGHT

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

94-3117253

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 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10

☐

An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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.)

11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                                |                                                             |    |                                                   |                                                 |

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020



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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                  | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .                                                                                                  | 8,152,257 | 7,355,039 | 6,409,793 | 4,047,161 | 8,658,041 | 34,622,291 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                |           |           |           |           |           |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..                                                                                                |           |           |           |           |           |            |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                             | 8,152,257 | 7,355,039 | 6,409,793 | 4,047,161 | 8,658,041 | 34,622,291 |
| <b>5</b> 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). . . |           |           |           |           |           | 936,514    |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                             |           |           |           |           |           | 33,685,777 |

Section B. Total Support

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                      | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020                 | (f) Total  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|--------------------------|------------|
| <b>7</b> Amounts from line 4. . .                                                                                                                                                                     | 8,152,257 | 7,355,039 | 6,409,793 | 4,047,161 | 8,658,041                | 34,622,291 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                     | 77,663    | 80,630    | 55,089    | 64,464    | 19,172                   | 297,018    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .                                                                                      |           |           |           |           |                          |            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                                                                        |           |           |           |           |                          |            |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                       |           |           |           |           |                          | 34,919,309 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                   |           |           |           |           | <b>12</b>                | 15,418,682 |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |           |           |           |           | <input type="checkbox"/> |            |

Section C. Computation of Public Support Percentage

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                           | <b>14</b>                           | 96.470 % |
| <b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                  | <b>15</b>                           | 98.740 % |
| <b>16a 33 1/3% support test—2020.</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—2019.</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"/>            |          |
| <b>17a 10%-facts-and-circumstances test—2020.</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 VI 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—2019.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/>            |          |
| <b>18 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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<br>(or fiscal year beginning in) ▶                                                                                                                           | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                     |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |          |          |          |          |          |           |
| c Add lines 7a and 7b. .                                                                                                                                                   |          |          |          |          |          |           |
| 8 Public support. (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                                                                |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                                                        | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 Amounts from line 6. . .                                                                                                                                                                                              |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .                                                                                  |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                              |          |          |          |          |          |           |
| c Add lines 10a and 10b.                                                                                                                                                                                                |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                                                         |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .                                                                                                                  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . .                                                                                                                                                                   |          |          |          |          |          |           |
| 14 First 5 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                 |    |  |
|-----------------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 |  |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                                                      |    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) . . . . .                                                                                                                                                                                                    | 17 |  |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . .                                                                                                                                                                                                                           | 18 |  |
| 19a 33 1/3% support tests—2020. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>      |    |  |
| b 33 1/3% support tests—2019. 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 <b>stop here</b> . 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 Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

|                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| 11a                                                                                                                                                                         |     |    |
| b A family member of a person described in 11a above?                                                                                                                       |     |    |
| 11b                                                                                                                                                                         |     |    |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI                                           |     |    |
| 11c                                                                                                                                                                         |     |    |

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                                        |     |    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| 1                                                                                                                                                                                                                                                                                                                                                                      |     |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                              |     |    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.                                                                                        |     |    |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 2 Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                          |  |  |  |
| 2b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                                                                                                                                                                                                                                                                                                               |  |  |  |
| 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |  |
| 3b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |

**Part V**    **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**    ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                        | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                        | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                        | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                        | Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                             |
| <b>5</b>                        | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                        | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b>                        | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>       |                             |

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                         | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>       |                             |
| <b>a</b>                         | Average monthly value of securities                                                                                             | <b>1a</b>      |                             |
| <b>b</b>                         | Average monthly cash balances                                                                                                   | <b>1b</b>      |                             |
| <b>c</b>                         | Fair market value of other non-exempt-use assets                                                                                | <b>1c</b>      |                             |
| <b>d</b>                         | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | <b>1d</b>      |                             |
| <b>e</b>                         | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):                           |                |                             |
| <b>2</b>                         | Acquisition indebtedness applicable to non-exempt use assets                                                                    | <b>2</b>       |                             |
| <b>3</b>                         | Subtract line 2 from line 1d                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                         | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                             |
| <b>5</b>                         | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | <b>5</b>       |                             |
| <b>6</b>                         | Multiply line 5 by 0.035                                                                                                        | <b>6</b>       |                             |
| <b>7</b>                         | Recoveries of prior-year distributions                                                                                          | <b>7</b>       |                             |
| <b>8</b>                         | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | <b>8</b>       |                             |

| Section C - Distributable Amount |                                                                                                                              |          | Current Year |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>1</b>                         | Adjusted net income for prior year (from Section A, line 8, Column A)                                                        | <b>1</b> |              |
| <b>2</b>                         | Enter 85% of line 1                                                                                                          | <b>2</b> |              |
| <b>3</b>                         | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                       | <b>3</b> |              |
| <b>4</b>                         | Enter greater of line 2 or line 3                                                                                            | <b>4</b> |              |
| <b>5</b>                         | Income tax imposed in prior year                                                                                             | <b>5</b> |              |
| <b>6</b>                         | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |              |

**7**    ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |                                                                                                                                           |              | (continued) |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|
| Section D - Distributions                                                      |                                                                                                                                           | Current Year |             |
| 1                                                                              | Amounts paid to supported organizations to accomplish exempt purposes                                                                     | 1            |             |
| 2                                                                              | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     | 2            |             |
| 3                                                                              | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                     | 3            |             |
| 4                                                                              | Amounts paid to acquire exempt-use assets                                                                                                 | 4            |             |
| 5                                                                              | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)                                                    | 5            |             |
| 6                                                                              | Other distributions (describe in Part VI). See instructions                                                                               | 6            |             |
| 7                                                                              | Total annual distributions. Add lines 1 through 6.                                                                                        | 7            |             |
| 8                                                                              | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | 8            |             |
| 9                                                                              | Distributable amount for 2020 from Section C, line 6                                                                                      | 9            |             |
| 10                                                                             | Line 8 amount divided by Line 9 amount                                                                                                    | 10           |             |

| Section E - Distribution Allocations<br>(see instructions)                                                                                                                       | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2020 from Section C, line 6                                                                                                                           |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI ). See instructions.                                                       |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2020:                                                                                                                               |                             |                                        |                                           |
| a From 2015. . . . .                                                                                                                                                             |                             |                                        |                                           |
| b From 2016. . . . .                                                                                                                                                             |                             |                                        |                                           |
| c From 2017. . . . .                                                                                                                                                             |                             |                                        |                                           |
| d From 2018. . . . .                                                                                                                                                             |                             |                                        |                                           |
| e From 2019. . . . .                                                                                                                                                             |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                                                    |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                                   |                             |                                        |                                           |
| h Applied to 2020 distributable amount                                                                                                                                           |                             |                                        |                                           |
| i Carryover from 2015 not applied (see instructions)                                                                                                                             |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                         |                             |                                        |                                           |
| 4 Distributions for 2020 from Section D, line 7: \$                                                                                                                              |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                                   |                             |                                        |                                           |
| b Applied to 2020 distributable amount                                                                                                                                           |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                               |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. |                             |                                        |                                           |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                         |                             |                                        |                                           |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c.                                                                                                                   |                             |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                           |                             |                                        |                                           |
| a Excess from 2016. . . . .                                                                                                                                                      |                             |                                        |                                           |
| b Excess from 2017. . . . .                                                                                                                                                      |                             |                                        |                                           |
| c Excess from 2018. . . . .                                                                                                                                                      |                             |                                        |                                           |
| d Excess from 2019. . . . .                                                                                                                                                      |                             |                                        |                                           |
| e Excess from 2020. . . . .                                                                                                                                                      |                             |                                        |                                           |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
|------------------------------|
|                              |

| Return Reference | Explanation                          |
|------------------|--------------------------------------|
| PART II, LINE 10 | OTHER NON-INVESTMENT EXEMPT INCOME 0 |



## Additional Data

[Return to Form](#)

Software ID:

Software Version:

|                                                                                                              |                                                                                                                                                                                     |                                                     |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service | <b>Schedule of Contributors</b><br><br>▶ Attach to Form 990, 990-EZ, or 990-PF.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. | OMB No. 1545-0047                                   |
|                                                                                                              |                                                                                                                                                                                     | <b>2020</b>                                         |
| Name of the organization<br>HOMESIGHT                                                                        |                                                                                                                                                                                     | <b>Employer identification number</b><br>94-3117253 |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                              |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Employer identification number**  
94-3117253

## Part I

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|------------|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

|                                   |                                              |
|-----------------------------------|----------------------------------------------|
| Name of organization<br>HOMESIGHT | Employer identification number<br>94-3117253 |
|-----------------------------------|----------------------------------------------|

**Part II**      **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |

|                                   |                                              |
|-----------------------------------|----------------------------------------------|
| Name of organization<br>HOMESIGHT | Employer identification number<br>94-3117253 |
|-----------------------------------|----------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

|                           |                                       |                                     |                                          |
|---------------------------|---------------------------------------|-------------------------------------|------------------------------------------|
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
|                           |                                       |                                     |                                          |
|                           |                                       |                                     |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
|                           |                                       |                                     |                                          |
|                           |                                       |                                     |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
|                           |                                       |                                     |                                          |
|                           |                                       |                                     |                                          |
| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
|                           |                                       |                                     |                                          |
|                           |                                       |                                     |                                          |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization  
HOMESIGHT

Employer identification number  
94-3117253

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

|                                                     | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . .          |                         |                              |

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? . . . . .

☐ Yes ☐ 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? . . . . .

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a Total number of conservation easements . . . . .

b Total acreage restricted by conservation easements . . . . .

c Number of conservation easements on a certified historic structure included in (a) . . . . .

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .

Held at the End of the Year

2a

2b

2c

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? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

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)? . . . . . ☐ Yes ☐ 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  
(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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 FASB ASC 958 relating to these items:  
a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_  
b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Cat. No.  
52283D

Schedule D (Form 990) 2020

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):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

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" on 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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ 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" on 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 . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Term endowment ▶ .....

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

3a

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

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

b

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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" on 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 . . . . .                                                                                         |                                      | 105,000                         |                              | 105,000        |
| b Buildings . . . . .                                                                                     |                                      | 547,370                         | 311,129                      | 236,241        |
| c Leasehold improvements                                                                                  |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                     |                                      |                                 |                              |                |
| e Other . . . . .                                                                                         |                                      | 281,501                         | 273,956                      | 7,545          |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 348,786        |

Schedule D (Form 990) 2020



**Part VII**

**Investments—Other Securities.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII**

**Investments—Program Related.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market<br>value |
|-------------------------------------------------------------------|----------------|-----------------------------------------------------------------|
| (1) HOMEBUYER LOANS RECEIVABLE                                    | 29,154,615     | C                                                               |
| (2)                                                               |                |                                                                 |
| (3)                                                               |                |                                                                 |
| (4)                                                               |                |                                                                 |
| (5)                                                               |                |                                                                 |
| (6)                                                               |                |                                                                 |
| (7)                                                               |                |                                                                 |
| (8)                                                               |                |                                                                 |
| (9)                                                               |                |                                                                 |
| (10)                                                              |                |                                                                 |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | 29,154,615     |                                                                 |

**Part IX**

**Other Assets.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                   | (b) Book value |
|-------------------------------------------------------------------|----------------|
| (1) LOANS AVAILABLE FOR SALE                                      | 9,259,329      |
| (2) PROJECT CONSTRUCTION COSTS                                    | 6,097,457      |
| (3) DUE FROM HSCD                                                 | 5,813,298      |
| (4) LOAN INTEREST RECEIVABLE                                      | 2,829,362      |
| (5)                                                               |                |
| (6)                                                               |                |
| (7)                                                               |                |
| (8)                                                               |                |
| (9)                                                               |                |
| (10)                                                              |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 23,999,446     |

**Part X**

**Other Liabilities.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability                                      | (b) Book value |
|-------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                          |                |
| (4)                                                               |                |
| (5)                                                               |                |
| (6)                                                               |                |
| (7)                                                               |                |
| (8)                                                               |                |
| (9)                                                               |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 88,323         |

**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' on Form 990, Part IV, line 12a.

|   |                                                                                           |    |    |            |
|---|-------------------------------------------------------------------------------------------|----|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .        |    | 1  | 11,460,706 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |    |    |            |
| a | Net unrealized gains (losses) on investments . . . . .                                    | 2a |    |            |
| b | Donated services and use of facilities . . . . .                                          | 2b |    |            |
| c | Recoveries of prior year grants . . . . .                                                 | 2c |    |            |
| d | Other (Describe in Part XIII.)<br>. . . . .                                               | 2d |    |            |
| e | Add lines 2a through 2d . . . . .                                                         |    | 2e |            |
| 3 | Subtract line 2e from line 1 . . . . .                                                    |    | 3  | 11,460,706 |
| 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 |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |    | 5  | 11,460,706 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |                                                                                            |    |    |           |
|---|--------------------------------------------------------------------------------------------|----|----|-----------|
| 1 | Total expenses and losses per audited financial statements . . . . .                       |    | 1  | 5,584,697 |
| 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.)<br>. . . . .                                                | 2d |    |           |
| e | Add lines 2a through 2d . . . . .                                                          |    | 2e |           |
| 3 | Subtract line 2e from line 1 . . . . .                                                     |    | 3  | 5,584,697 |
| 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<br>. . . . .              | 4a |    |           |
| b | Other (Describe in Part XIII.)<br>. . . . .                                                | 4b |    |           |
| c | Add lines 4a and 4b . . . . .                                                              |    | 4c |           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |    | 5  | 5,584,697 |

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.

| Return Reference                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PAGE 2, PART IV, LINE 2B | HOMESIGHT ACTS AS FISCAL AGENT FOR SEVERAL LOCAL ORGANIZATIONS ON AN ONGOING BASIS. IN 2020, HOMESIGHT ALSO SERVED IN A FISCAL AGENT CAPACITY IN DISBURSING FEDERAL FUNDS FROM THE CARES COVID RESILIENCY ACT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SCHEDULE D, PAGE 3, PART X           | HOMESIGHT ACCOUNTS FOR TAX POSITIONS IN ACCORDANCE WITH THE RECOGNITION AND INITIAL MEASUREMENT SECTIONS OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION. WITH FEW EXCEPTIONS, HOMESIGHT IS SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE PRIOR THREE YEARS. MANAGEMENT HAS REVIEWED HOMESIGHT'S TAX POSITIONS AND DETERMINED THERE WERE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2020 AND 2019. HOMESIGHT RECOGNIZES INCOME TAX RELATED INTEREST IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. DURING THE YEARS ENDED DECEMBER 31, 2020 AND 2019, HOMESIGHT RECOGNIZED NO INCOME TAX RELATED INTEREST OR PENALTIES. |

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

Name of the organization  
HOMESIGHT

Employer identification number  
94-3117253

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☒ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☒ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)                         | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                                                   |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| 1 FUND CONSULTING LLC<br>1165 N CLARK STREET<br>STE 3000<br><br>CHICAGO, IL 60610 | GRANT APP     |                                                                | No |                                   | 12,950                                                            | -12,950                                           |
| 2 MADELEINE ADELE COHEN<br>123 E WINONA ST<br><br>DULUTH, MN 55803                | GRANT APP     |                                                                | No |                                   | 10,525                                                            | -10,525                                           |
| 3                                                                                 |               |                                                                |    |                                   |                                                                   |                                                   |
| 4                                                                                 |               |                                                                |    |                                   |                                                                   |                                                   |
| 5                                                                                 |               |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                                                 |               |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                                                 |               |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                                                 |               |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                                                 |               |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                                                |               |                                                                |    |                                   |                                                                   |                                                   |
| Total . . . . . ▶                                                                 |               |                                                                |    |                                   | 23,475                                                            | -23,475                                           |

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

WA

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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on 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  | (b) Event #2 | (c)Other events | (d) Total events                |
|-----------------|-----------------------------------------------------------------------------|--------------|--------------|-----------------|---------------------------------|
|                 |                                                                             | (event type) | (event type) | (total number)  | (add col. (a) through col. (c)) |
| Revenue         |                                                                             |              |              |                 |                                 |
|                 | 1 Gross receipts . . . . .                                                  |              |              |                 |                                 |
|                 | 2 Less: Contributions . . . . .                                             |              |              |                 |                                 |
|                 | 3 Gross income (line 1 minus line 2) . . . . .                              |              |              |                 |                                 |
| Direct Expenses | 4 Cash prizes . . . . .                                                     |              |              |                 |                                 |
|                 | 5 Noncash prizes . . . . .                                                  |              |              |                 |                                 |
|                 | 6 Rent/facility costs . . . . .                                             |              |              |                 |                                 |
|                 | 7 Food and beverages . . . . .                                              |              |              |                 |                                 |
|                 | 8 Entertainment . . . . .                                                   |              |              |                 |                                 |
|                 | 9 Other direct expenses . . . . .                                           |              |              |                 |                                 |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |              |              |                 |                                 |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |              |              |                 |                                 |

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

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

9 Enter the state(s) in which the organization conducts gaming activities:\_\_\_\_\_

a Is the organization licensed to conduct 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 conduct 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 conducted in:

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

14

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

Name ▶ -----

Address ▶ -----

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

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

Name ▶ -----

Address ▶ -----

16

Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----.

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_.

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 provide any additional information. See Instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
HOMESIGHT

Employer identification number  
94-3117253

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) LITERARY SOURCE<br>3200 NE 135TH ST<br>SEATTLE,WA 98125                                     | 91-2101208 | 3                               | 100,254                  |                                   |                                                       |                                       | READY TO WORK                      |
| (2) ASIAN COUNSELING & REFERRAL SERVICE<br>3639 MARTIN LUTHER KING JR WAY S<br>SEATTLE,WA 98144 | 91-0916176 | 3                               | 224,508                  |                                   |                                                       |                                       | READY TO WORK                      |
| (3) SOMALI COMMUNITY SERVICES OF SEA<br>8810 RENTON AVE S<br>SEATTLE,WA 98118                   | 91-1746056 | 3                               | 35,690                   |                                   |                                                       |                                       | READY TO WORK                      |
| (4) KANDELIA<br>3829B S EDMUNDS ST 9<br>SEATTLE,WA 98118                                        | 91-1122532 | 3                               | 9,000                    |                                   |                                                       |                                       | COVID-19 EMERGENCY                 |
| (5) NORTHWEST FILM INSTITUTE<br>1515 12TH AVE<br>SEATTLE,WA 98122                               | 91-1702331 | 3                               | 150,749                  |                                   |                                                       |                                       | SPONSORSHIP TRANSFER               |

- 2

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

5
- 3

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1) MORTGAGE ASSISTANCE         | 63                       | 475,040                  |                                  |                                                       |                                       |
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (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.

| Return Reference                   | Explanation                                                                                                                                                                                                                                          |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | ORGANIZATIONS ARE SELECTED BASED UPON ALIGNMENT OF GOALS AND MISSION WITH HOMESIGHT AND THE IMMEDIATE COMMUNITY AND/OR AS DICTATED IN SUBRECIPIENT GRANT AGREEMENTS. DEPENDING ON GRANT REQUIREMENTS, SUBSTANTIATION OF EXPENDIURES MAY BE REQUIRED. |
| SCHEDULE I, PAGE 4, PART IV        | IN 2020, THE ORGANIZATION AWARDED 250,000 OF GRANTS TO SOUTHEAST SEATTLE SMALL BUSINESSES IMPACTED BY THE CORONAVIRUS PANDEMIC. ALL GRANTS WERE 5,000 OR LESS.                                                                                       |



**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

|                                       |                                              |
|---------------------------------------|----------------------------------------------|
| Name of the organization<br>HOMESIGHT | Employer identification number<br>94-3117253 |
|---------------------------------------|----------------------------------------------|

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div> |     |    |
| 1b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                   |     |    |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:<br><div><div>a Receive a severance payment or change-of-control payment? . . . . .</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.<br><br>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                          |     |    |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><div><div>a The organization? . . . . .</div><div>b Any related organization? . . . . .</div></div> If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><div><div>a The organization? . . . . .</div><div>b Any related organization? . . . . .</div></div> If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | No |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

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

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

[illegible]

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|   |                                 |                                                               |                                | Yes            | No |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ . \$ . ▶ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan          | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|------------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                              | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) MICHAEL DOTSON            | BOARD MEMBER                       | PRINCIPAL RESIDENCE MORTGAGE |                                       | X    | 185,000                       | 172,325         |                 | No | Yes                                 |    | Yes                    |    |
| (2) JAMES TO                  | SON OF OFFICER                     | PRINCIPAL RESIDENCE MORTGAGE |                                       | X    | 70,000                        | 70,000          |                 | No | Yes                                 |    | Yes                    |    |
| (3) KATRINA FREEBURG          | BOARD MEMBER                       | PRINCIPAL RESIDENCE MORTGAGE |                                       | X    | 70,000                        | 70,000          |                 | No | Yes                                 |    | Yes                    |    |
| (4) KATRINA FREEBURG          | BOARD MEMBER                       | PRINCIPAL RESIDENCE MORTGAGE |                                       | X    | 25,000                        | 25,000          |                 | No | Yes                                 |    | Yes                    |    |
| (5) KATRINA FREEBURG          | BOARD MEMBER                       | PRINCIPAL RESIDENCE MORTGAGE |                                       | X    | 30,000                        | 12,057          |                 | No | Yes                                 |    | Yes                    |    |
| Total                         |                                    |                              |                                       |      | \$                            | 349,382         |                 |    |                                     |    |                        |    |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
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|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
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## Additional Data

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Software ID:

Software Version:



|                                |            |
|--------------------------------|------------|
| Employer identification number | 94-3117253 |
|--------------------------------|------------|

| Return Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990 - ORGANIZATION'S MISSION   | HOMESIGHT CREATES AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES THROUGH ITS HOMEBUYER EDUCATION AND LENDING, AND REAL ESTATE DEVELOPMENT PROGRAMS. THESE PROGRAMS PRIMARILY SERVE LOW AND MODERATE INCOME, FIRST-TIME HOMEBUYERS IN SEATTLE, KING, PIERCE, AND SNOHOMISH COUNTIES. HOMESIGHT IS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, CERTIFIED BY THE US DEPARTMENT OF TREASURY, AND IS A WASHINGTON STATE LICENSED CONSUMER LOAN COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FORM 990, PAGE 2, PART III, LINE 2  | IN 2020, THE ORGANIZATION RECIVED VARIOUS GRANTS FROM LOCAL ORGANIZATIONS AND GOVERNMENTS TO BE REDISBURSED TO ELIGIBLE SMALL BUSINESSES AND INDIVIDUALS FACING FORECLOSURE TO MITIGATE THE ECONOMIC IMPACT OF THE CORONAVIRUS PANDEMIC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FORM 990, PAGE 2, PART III, LINE 4A | REAL ESTATE DEVELOPMENT: PART OF HOMESIGHT'S STRATEGY IS TO USE AFFORDABLE COMMERCIAL AND RESIDENTIAL REAL ESTATE DEVELOPMENT TO STIMULATE ECONOMIC GROWTH IN COMMUNITIES WHERE EQUITABLE INVESTMENT IS LAGGING AND BUILD HOUSEHOLD ASSETS FOR LOW INCOME AND FIRST-TIME HOME BUYERS. HOMESIGHT DEVELOPMENT ALSO PROVIDES PROJECT MANAGEMENT SERVICES TO COMMUNITY NONPROFIT ORGANIZATIONS TO ASSIST IN COMMUNITY DEVELOPMENT AND NEIGHBORHOOD REVITALIZATION ACTIVITIES. HOMESIGHT CONTINUES TO MANAGE THE REHAB AND REPLACEMENT OF MOBILE HOMES IN A LOW-INCOME SENIOR COMMUNITY IN PARTNERSHIP WITH THE HOUSING AUTHORITY OF SNOHOMISH COUNTY. HOMESIGHT IS THE LEAD DEVELOPER AND PROJECT MANAGER FOR THE TRANSIT- ORIENTED DEVELOPMENT OF OTHELLO SQUARE IN SEATTLE. HOMESIGHT COMPLETED THE FEASIBILITY AND IMPLEMENTATION PLAN FOR THE PROJECT IN 2017. THE GOALS OF THIS 215 MILLION PROJECT ARE TO PREVENT DISPLACEMENT OF THE HISTORIC RESIDENTS AND BUSINESSES IN THE OTHELLO NEIGHBORHOOD, TO CELEBRATE AND EMBRACE THE HERITAGE OF THE DIFFERENT CULTURES THAT COMPRISE THE SE SEATTLE COMMUNITY, AND TO PROVIDE TOOLS AND OPPORTUNITIES TO GUARANTEE THE LONG-TERM HEALTH AND SUCCESS OF THE ENTIRE COMMUNITY. WITH THE ASSISTANCE OF SEVERAL COMMUNITY-LED COALITIONS ACTIVELY INVOLVED IN EQUITABLE DEVELOPMENT IN SOUTHEAST SEATTLE, HOMESIGHT HAS BEEN LEADING A DEDICATED AND ROBUST COMMUNITY ENGAGEMENT PROCESS THROUGHOUT THE PROGRAM PLANNING TO ENSURE THAT THE OTHELLO SQUARE BEST MEETS THE NEEDS AND VISION OF THE COMMUNITY. HOMESIGHT SIGNED ALL FOUR PURCHASE AND SALE AGREEMENTS (PSAS) ON THE PROPERTIES IN 2018 FOR THE OTHELLO SQUARE PROJECT WITH THE SEATTLE HOUSING AUTHORITY (SHA). HOMESIGHT ALSO ENTERED INTO ASSIGNMENT AGREEMENTS FOR TWO OF THE PROPERTIES TO BE OWNED AND DEVELOPED AS PART OF THE PROJECT BY TWO LOCAL ORGANIZATIONS. THE ODESSA BROWN CHILDRENS CLINIC AND ORENDA APARTMENTS BUILDING BROKE GROUND IN NOVEMBER 2019 AND THE SALISH ELEMENTARY SCHOOL BROKE GROUND SUBSEQUENT TO YEAR END. BOTH ARE EXPECTED TO BE OPERATIONAL BY FALL OF 2021. PROPERTY PURCHASES FOR REMAINING TWO PSAS WILL BE FINALIZED ONCE ALL CLOSING CONDITIONS ARE MET. HOMESIGHT IS THE DEVELOPER FOR THE LOW-INCOME HOUSING COOPERATIVE WHICH IS SEEKING CONSTRUCTION FINANCING WITH EQUITY FROM LOCAL, STATE AND FEDERAL SOURCE SECURED IN PLACE. THIS PROJECT IS FULLY PERMITTED AND ENTITLED. THE LAST OF THE FOUR BUILDINGS ON THE OTHELLO SQUARE CAMPUS IS THE OPPORTUNITY CENTER. THE ENTITLEMENT AND FUNDRAISING PROCESS IS MORE THAN 50% COMPLETE FOR THE OPPORTUNITY CENTER. COMPLETION OF THE OPPORTUNITY CENTER AT OTHELLO SQUARE IS SLATED FOR 2023.                                                                                                                                                                                                                |
| FORM 990, PAGE 2, PART III, LINE 4B | HOMEBUYER SERVICES & LENDING: HOMESIGHT'S HOMEBUYER EDUCATION AND COUNSELING PROGRAM SERVES NEARLY 1,000 HOUSEHOLDS ANNUALLY, INCLUDING NEW AND EXISTING CUSTOMERS. IN 2019 AND 2018, OF THESE CUSTOMERS, 69% AND 71%, RESPECTIVELY WERE AT OR BELOW 80% PERCENT OF THE AREA MEDIAN INCOME. HOMESIGHT'S MISSION IS TO SERVE PRIMARILY LOW AND MODERATE INCOME FAMILIES WISHING TO PURCHASE THEIR FIRST HOME, BUT AS A HUD-CERTIFIED HOUSING COUNSELING AGENCY, IT CANNOT DISCRIMINATE BASED ON INCOME. ITS HOMEBUYER PROGRAM CONSISTS OF ONE-ONONE COUNSELING, AND NO-COST CLASSES ON ACHIEVING THE DREAM OF HOMEOWNERSHIP, OR AN ONLINE BUYER EDUCATION CURRICULUM FOR A NOMINAL FEE. – HOMESIGHT DEVELOPED ITS REVOLVING LOAN FUND IN 1991 TO ADDRESS LIMITED ASSISTANCE LOAN RESOURCES AND THE GROWING GAP BETWEEN FAMILY INCOMES AND HOME PRICES. IT OFFERS ASSISTANCE LOANS FUNDED BY PUBLIC AND PRIVATE INVESTMENTS TO PACKAGE HIGHLY COMPETITIVE AMORTIZING OR DEFERRED SECOND LOANS AND DEFERRED THIRD LOANS FOR LOW AND MODERATE INCOME HOMEBUYERS. THIS STRUCTURE ALLOWS HOMESIGHT TO MINIMIZE OR ELIMINATE THE REQUIREMENT FOR PRIVATE MORTGAGE INSURANCE FOR ITS CUSTOMERS THEREBY INCREASING THE BUYING POWER OF LOW AND MODERATE INCOME FIRST-TIME HOMEBUYERS. HOMESIGHT'S FIRST- TIME HOMEBUYER EDUCATION AND LENDING PROGRAMS CREATED 209 AND 111 FIRST- TIME HOMEBUYERS IN THIS MARKET IN 2019 AND 2018, RESPECTIVELY. IN 2017 THE REVOLVING LOAN FUND EXPANDED STATE-WIDE WITH 15% OF LOANS NOW ORIGINATED OUTSIDE THE SEATTLE METRO AREA. – HOMESIGHT IS A CORRESPONDENT 1ST MORTGAGE LENDER TO THE WASHINGTON STATE HOUSING FINANCE COMMISSION A LOCAL COMMUNITY BANK, AND A NEIGHBORWORKS AMERICA PARTNER. IN 2019 HOMESIGHT ORIGINATED 11.8 MILLION IN 1ST MORTGAGE LOANS WITH ITS CAPITAL PRIMARILY FOR SUBSEQUENT SALE TO THESE LENDERS. THROUGH THESE CHANNELS HOMESIGHT PROVIDES QUALITY, LOW- DOWN-PAYMENT OPTIONS AND MORE FLEXIBLE CASE-BY-CASE UNDERWRITING THAT ALLOWS MANY MORTGAGE-ELIGIBLE CUSTOMERS TO ACCESS CREDIT THAT WOULD NOT BE AVAILABLE TO THEM OTHERWISE. – IN 2016, HOMESIGHT BEGAN OFFERING A NEW LAYER OF FINANCING IN THE FORM OF FORGIVABLE DOWN PAYMENT ASSISTANCE LOANS WITH 4 MILLION AWARDED THROUGH THE NEIGHBORHOOD LIFT PROGRAM IN 2016. THESE ARE LOANS OF UP TO 7,500 (INCREASED TO 20,000 AS OF MID-2018), FORGIVEN OVER THREE YEARS FOR BUYERS UP TO 100% OF MEDIAN INCOME. THE MAJORITY OF THESE LOANS WILL BE FORGIVEN BY THE END OF 2020. SIMILARLY, HOMESIGHT ORIGINATES FORGIVABLE LOANS FUNDED BY THE FEDERAL HOME LOAN BANK OF DES MOINES. THESE LOANS OF 5,000 TO 7,500 ARE FORGIVEN OVER A 5-YEAR PERIOD. ALL FORGIVABLE LOANS ARE DISCOUNTED AT TIME OF ORIGATION AND ARE NOT REFLECTED IN LOAN CHARGE OFFS. – WITH A GRANT FROM THE ATTORNEY GENERALS OFFICE IN 2013, HOMESIGHT LAUNCHED A RESCUE LOAN PROGRAM, DESIGNED TO PREVENT FORECLOSURE |

| Return Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | TO AT RISK HOMEOWNERS. SINCE ITS INCEPTION, HOMESIGHT HAS ORIGINATED 287 FORECLOSURE PREVENTION RESCUE LOANS STATEWIDE VALUED AT OVER 6 MILLION. THESE ARE DEFERRED LOANS WITH AN INTEREST RATE BETWEEN 0-2% DEPENDING ON INCOME. ONLY 11 OF THESE FAMILIES LOST THEIR HOME TO A NEW FORECLOSURE (A 3.8% RATE) AND A SIGNIFICANT AMOUNT OF THESE FUNDS HAVE BEEN REPAYED AND RE-LOANED BY HOMESIGHT. HOMESIGHT BEGAN ADMINISTERING A SIMILAR RESCUE LOAN PROGRAM FOR THE CITY OF SEATTLE IN 2019 AND WILL BE ADDING KING AND PIERCE COUNTY IN 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FORM 990, PAGE 2, PART III, LINE 4C | COMMUNITY DEVELOPMENT: WITH A HISTORY OF CROSS-SECTOR COLLABORATION, EXPERTISE IN POLICY AND ADVOCACY, AND A TRACK RECORD OF EQUITABLE DEVELOPMENT, HOMESIGHT IS RECOGNIZED AS A CATALYTIC COMMUNITY LEADER. FOR 30 YEARS, HOMESIGHT HAS FACILITATED BEAUTIFICATION AND INFRASTRUCTURE IMPROVEMENT PROJECTS, MANAGED THE DEVELOPMENT OF CULTURAL CENTERS, SUPPORTED LOCAL BUSINESS ORGANIZATIONS, AND LED COALITIONS PROMOTING EQUITABLE GROWTH IN SOUTHEAST SEATTLE, THE CITY'S MOST RACIALLY AND ETHNICALLY DIVERSE COMMUNITY. HOMESIGHT ESTABLISHED FOUR COMMUNITY DEVELOPMENT ACTIVITIES: 1) OTHELLO SQUARE COMMUNITY WORK GROUP (FORMERLY SOUTHEAST ECONOMIC OPPORTUNITY CENTER (SEOC)) A GROUP OF RESIDENTS, BUSINESS OWNERS, AND OTHER STAKEHOLDERS UNITED TO ENSURE THAT THE OTHELLO SQUARE REFLECTS THE COMMUNITY'S NEED FOR A CULTURALLY RELEVANT DEVELOPMENT THAT PRIORITIZES EQUITABLE ACCESS TO HOUSING, EDUCATION AND EMPLOYMENT; 2) COMMUNITIES OF OPPORTUNITY A MULTI-YEAR EFFORT WITH MORE THAN 30 COMMUNITY-BASED PARTNERS, FUNDED COLLABORATIVELY BY THE SEATTLE FOUNDATION AND THE KING COUNTY BEST STARTS FOR KIDS LEVY PROGRAM, TO IDENTIFY POLICY AND SYSTEMS SOLUTIONS TO IMPROVE HEALTH, HOUSING, AND ECONOMIC OPPORTUNITY, AND COMMUNITY CONNECTIONS IN SOUTHEAST SEATTLE; 3) OTHELLO FARM STAND/BEET BOX A UNIQUE PLACEMAKING PROJECT PROMOTES ENVIRONMENTAL AND NUTRITIONAL EDUCATION THROUGH SUPPORT OF LOCAL FARMERS AND MAKERS, 4) READY TO WORK (RTW) A PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATION PARTNERS AND AN ADULT BASIC EDUCATION LEARNING CENTER PROVIDING ELL COURSES AND JOB TRAINING AND PLACEMENT IN SOUTHEAST SEATTLE, IS NOW MERGING OUR PROGRAM WITH TWO OTHER PROGRAMS IN NORTH AND WEST SEATTLE, WHERE HOMESIGHT WILL CONTINUE TO SERVE AS THE LEAD AGENCY PROVIDING ADMINISTRATIVE SUPPORT. |
| FORM 990, PAGE 6, PART VI, LINE 11B | THE DRAFT FORM 990 IS PROVIDED TO ALL MEMBERS OF THE EXECUTIVE BOARD FOR REVIEW PRIOR TO FILING. IF TIMING ALLOWS, QUESTIONS MAY BE RAISED AT A BOARD MEETING PRIOR TO FILING; IF NOT, THE CFO IS AVAILABLE TO ANSWER ANY AND ALL QUESTIONS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FORM 990, PAGE 6, PART VI, LINE 12C | THE BOARD AND EMPLOYEES COMPLETE A CONFLICTS OF INTEREST STATEMENT ANNUALLY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FORM 990, PAGE 6, PART VI, LINE 15A | THE BOARD PERIODICALLY REVIEWS THE TOP OFFICIAL'S COMPENSATION USING SURVEY DATA TO MAKE MODIFICATIONS AS NECESSARY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FORM 990, PAGE 6, PART VI, LINE 15B | THE MANAGEMENT TEAM PERIODICALLY REVIEWS THE TOP OFFICIAL'S COMPENSATION USING SURVEY DATA TO MAKE MODIFICATIONS AS NECESSARY, AND BUDGETED SALARIES ARE SUBJECT TO BOARD APPROVAL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FORM 990, PAGE 6, PART VI, LINE 19  | THE FINANCIAL STATEMENTS ARE INCLUDED IN HOMESIGHT'S ANNUAL REPORT THAT IS AVAILABLE TO THE PUBLIC. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## Additional Data

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Software ID:

Software Version:

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMESIGHT

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

94-3117253

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|----------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) 809 HIAWATHA PLACE LLC<br>5117 RAINIER AVE S<br>SEATTLE, WA 98188<br>20-5328278          | DEVELOPM'T              | WA                                               | -1,794              |                           | HOMESIGHT                        |
| (2) 17TH AVENUE SW WHITE CENTER LLC<br>5117 RAINIER AVE S<br>SEATTLE, WA 98188<br>26-0275863 | DEVELOPM'T              | WA                                               |                     |                           | HOMESIGHT                        |
| (3) DAVIS PLACE LLC<br>5117 RAINIER AVE S<br>SEATTLE, WA 98188<br>47-5610536                 | DEVELOPM'T              | WA                                               |                     |                           | HOMESIGHT                        |
| (4) COCO LLC<br>5117 RAINIER AVE S<br>SEATTLE, WA 98188<br>32-0583276                        | DEVELOPM'T              | WA                                               | 911,839             | 5,866,925                 | HOMESIGHT                        |
|                                                                                              |                         |                                                  |                     |                           |                                  |
|                                                                                              |                         |                                                  |                     |                           |                                  |

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)<br>Name, address, and EIN of related organization                                           | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                 |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1)HOMESIGHT COMMUNITY DEVELOPMENT<br>5117 RAINIER AVE S<br><br>SEATTLE, WA 98118<br>82-4218470 | CMTY DEV                | WA                                               | 501C3                      | 7                                                   | HOMESIGHT                        |                                              | No |
|                                                                                                 |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                 |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                 |                         |                                                  |                            |                                                     |                                  |                                              |    |
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|                                                                                                 |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

**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)<br>Name, address, and EIN of<br>related organization                            | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|-------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                     |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
| (1)LW II HOMESIGHT LLC<br><br>5117 RAINIER AVE S<br>SEATTLE, WA 98118<br>46-4823390 | LOW INCM                | WA                                                        | N/A                                 |                                                        |                                 |                                           |                                |                                                     | No |
|                                                                                     |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                     |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                     |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                     |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                     |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                                                     |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |

**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) . . . . .

|           |     |    |
|-----------|-----|----|
|           | Yes | No |
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> |     | No |
| <b>1d</b> | Yes |    |
| <b>1e</b> |     | No |
|           |     |    |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
|           |     |    |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> |     | No |
|           |     |    |
| <b>1p</b> |     | No |
| <b>1q</b> |     | No |
|           |     |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

**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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)HOMESIGHT COMMUNITY DEVELOPMENT  | D                                | 5,496,898              | CASH AMOUNT                                  |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

**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.

[illegible]

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation                                                                                                                                                                                                                                                                                      |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R       | SCHEDULE R, PART II, LINE 1: THE ORGANIZATION SHARES THE SAME BOARD OF DIRECTORS AS HOMESIGHT COMMUNITY DEVELOPMENT.<br>SCHEDULE R, PART IV, LINE 1: LW II HOMESIGHT LLC ELECTED TO BE TREATED AS A CORPORATION AND IS 100% OWNED BY HOMESIGHT COMMUNITY DEVELOPMENT (SCHED R, PART II, LINE 1). |

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**