

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

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

D Employer identification number 94-3117253

E Telephone number (206) 760-4227

G Gross receipts \$ 7,544,080

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

H(c) Group exemption number

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

1 Briefly describe the organization's mission or most significant activities: PROMOTING SOCIAL AND ECONOMIC EQUITY TO PRESERVE AND ENHANCE ECONOMICALLY AND CULTURALLY DIVERSE COMMUNITIES THROUGH AFFORDABLE HOMEOWNERSHIP, BUSINESS DEVELOPMENT, AND COMMUNITY ADVOCACY.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here Signature of officer DARRYL SMITH EXECUTIVE DIRECTOR Date 2024-11-12

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date 2024-11-12 Check if self-employed PTIN P01286663 Firm's name FINNEY NEILL & COMPANY PS Firm's EIN 91-1566381 Firm's address 9757 GREENWOOD AVE N SEATTLE, WA 98103 Phone no. (206) 298-9811

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

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 \$ 552,171 including grants of \$ ) (Revenue \$ 10,500 )

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 REAL ESTATE DEVELOPMENT ALSO PROVIDES PROJECT MANAGEMENT SERVICES TO COMMUNITY NONPROFIT ORGANIZATIONS TO ASSIST IN COMMUNITY DEVELOPMENT AND NEIGHBORHOOD REVITALIZATION ACTIVITIES. HOMESIGHT WAS THE LEAD DEVELOPER AND PROJECT MANAGER FOR THE TRANSIT-ORIENTED DEVELOPMENT OF OTHELLO SQUARE (FORMERLY THE SOUTHEAST ECONOMIC OPPORTUNITY CENTER (SEOC)) IN SEATTLE. HOMESIGHT COMPLETED THE FEASIBILITY AND IMPLEMENTATION PLAN FOR THE PROJECT IN 2017. THE GOALS OF THIS 215M 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 SOUTHEAST 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 CHILDREN'S CLINIC, TINY TOTS OTHELLO SQUARE AND ORENDA APARTMENTS BUILDING BROKE GROUND IN NOVEMBER 2019 AND THE SALISH SEA ELEMENTARY SCHOOL BROKE GROUND IN JULY 2020. BOTH BUILDINGS ARE NOW OPEN AND OPERATING. IN 2021, HOMESIGHT ASSIGNED THE PSA FOR THE 3RD PROPERTY TO COMMUNITY ROOTS HOUSING, A LOCAL AFFORDABLE HOUSING DEVELOPER AND PROVIDER OF AFFORDABLE RENTAL UNITS. THEY WILL DEVELOP THIS PROPERTY AND OWN AND MANAGE THE AFFORDABLE RENTAL UNITS IT WILL CONTAIN. THE BUILDING WILL BE CALLED THE OPPORTUNITY CENTER @ OTHELLO SQUARE AND COMPLETION IS TENTATIVELY SCHEDULED FOR 2028. HOMESIGHT WILL PURCHASE AND BUILD OUT THE 1ST FLOOR AS COMMUNITY-SERVING COMMERCIAL SPACES THAT WILL BE SOLD TO LOCAL COMMUNITY SERVING ORGANIZATIONS. HOMESIGHT WILL RELOCATE ITS OFFICES TO THE OPPORTUNITY CENTER. THE PROPERTY PURCHASE FOR THE 4TH PSA WILL BE FINALIZED ONCE ALL CLOSING CONDITIONS ARE MET. HOMESIGHT IS DEVELOPING A LOW-INCOME LIMITED EQUITY HOUSING COOPERATIVE ON THE 4TH REMAINING PROPERTY CALLED ?LTX? (U-LEX, PRONOUNCED "OH-LEW") @ OTHELLO SQUARE. THE PROJECT IS APPLYING FOR FHA-INSURED CONSTRUCTION FINANCING AND HAS EQUITY FROM LOCAL, STATE AND FEDERAL SOURCES ALREADY SECURED. THIS PROJECT IS FULLY PERMITTED AND ENTITLED AND IS SCHEDULED FOR COMPLETION IN 2026.

4b (Code: ) (Expenses \$ 2,277,926 including grants of \$ ) (Revenue \$ 1,708,268 )

HOMEBUYER SERVICES & LENDING: HOMESIGHT'S HOMEBUYER EDUCATION AND COUNSELING PROGRAMS SERVE NEARLY 350 HOUSEHOLDS ANNUALLY, INCLUDING NEW AND EXISTING CUSTOMERS. IN 2023 AND 2022, OF THESE CUSTOMERS, 85% AND 64% 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-ON-ONE 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 THE GROWING GAP BETWEEN FAMILY INCOMES AND HOME PRICES. IT OFFERS PURCHASE 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 FHA OR PRIVATE MORTGAGE INSURANCE FOR ITS CUSTOMERS THEREBY INCREASING THE BUYING POWER OF LOW- AND MODERATE-INCOME FIRST-TIME HOMEBUYERS. -- HOMESIGHT IS A "CORRESPONDENT" 1ST MORTGAGE LENDER TO THE WASHINGTON STATE HOUSING FINANCE COMMISSION, A LOCAL COMMUNITY BANK, AND A NEIGHBORWORKS AMERICA PARTNER. IN 2023 AND 2022, HOMESIGHT ORIGINATED OVER 16.7 MILLION AND 18.5 MILLION IN 1ST MORTGAGE LOANS WITH ITS CAPITAL PRIMARILY FOR SUBSEQUENT SALE TO THESE LENDERS. THROUGH THESE CHANNELS HOMESIGHT PROVIDES QUALITY, LOW-INTEREST 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 2020, HOMESIGHT WAS APPROVED BY THE US DEPARTMENT OF TREASURY - CDFI FUND TO EXPAND THE TARGET MARKET TO AFRICAN AMERICANS (AA) IN KING, PIERCE, AND SNOHOMISH COUNTIES. SINCE THIS ADDITION, HOMESIGHT HAS FOUGHT AGAINST REDLINING AND GENTRIFICATION OF AA'S IN THE SEATTLE AREA BY INTRODUCING LENDING PROGRAMS SUCH AS THE SAM SMITH HI NEIGHBOR HOMEOWNERSHIP FUND (SSHNHF) AND THE SOCIAL JUSTICE (SJ) DPA PROGRAM. THE SSHNHF HELPS AA'S BETWEEN 80-120% AREA MEDIAN INCOME, PURCHASE HOMES ACROSS WASHINGTON STATE BY OFFERING DOWN PAYMENT ASSISTANCE UP TO 20,000 AT 3% DEFERRED FOR 30 YEARS. HOMESIGHT HAS PARTNERED WITH WINDERMERE, US BANK, AND NAREB TO PIONEER THIS INNOVATIVE PROGRAM. AS HOUSING PRICES CONTINUE TO SKYROCKET AND INTEREST RATES CREEP UP, HOMESIGHT HAS MADE IT A MISSION TO SUPPORT BIPOC COMMUNITIES. HOMESIGHT IS SUPPORTING BIPOC FIRST TIME HOME BUYERS BY OFFERING THE SOCIAL JUSTICE DPA PROGRAM. THE PROGRAM INCLUDES 10,000 DEFERRED DOWN PAYMENT ASSISTANCE AT 0% FOR 30 YEARS. THE 3 MILLION \$J DPA FUND WILL HELP 300 BIPOC FAMILIES PURCHASE HOMES IN WASHINGTON STATE. IN 2021, HOMESIGHT LAUNCHED A COUPLE OF DIFFERENT MORTGAGE LOANS PROGRAMS TO FURTHER SUPPORT BIPOC COMMUNITIES. HOMESIGHT NOW OFFERS A VISTA (ITIN) LOAN PROGRAM AND A SHARIA COMPLIANT LOAN PROGRAM. THE VISTA LOAN IS AIMED AT HELPING THOSE WITHOUT TRADITIONAL SOCIAL SECURITY NUMBERS PURCHASE HOMES. THE VISTA LOAN PROGRAM ONLY REQUIRES A 5% DOWN PAYMENT BY THE BORROWER. THIS IS MUCH FRIENDLIER THAN THE OTHER ITIN PROGRAMS AROUND WHICH REQUIRE 10-30% DOWN. HOMESIGHT WAS ALSO APPROVED BY THE WASHINGTON STATE HOUSING FINANCE COMMISSION TO FUND AND SELL SHARIA COMPLIANT FIRST MORTGAGES. THERE IS A LARGE ISLAMIC POPULATION IN SEATTLE THAT NEED SUPPORT IN PURCHASING FIRST HOMES. HOMESIGHT WAS EXCLUSIVELY APPROVED BY THE WSHFC TO OFFER THESE LOANS. HOMESIGHT PARTNERED WITH IJARA CDC TO OFFER THIS INNOVATIVE, INTEREST FREE AND SHARIA COMPLIANT LOANS. TOGETHER WITH OUR PARTNERS WE HOPE TO MAKE A DIFFERENCE FOR FIRST-TIME HOMEBUYERS IN THIS EVER-CHALLENGING HOUSING MARKET IN WASHINGTON STATE.

4c (Code: ) (Expenses \$ 1,365,578 including grants of \$ 698,015 ) (Revenue \$ 356,851 )

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 OVER 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 THREE COMMUNITY DEVELOPMENT ACTIVITIES IN 2023: 1) ESSENTIAL SOUTHEAST SEATTLE COOPERATIVE (ESES). AT THE START OF THE COVID- 19 PANDEMIC, THIS PROGRAM WAS DEVELOPED TO PROVIDE AN ONLINE DIRECTORY OF SMALL, INDEPENDENTLY OWNED BUSINESSES LOCATED IN SOUTHEAST SEATTLE THAT WERE OPEN FOR BUSINESS AND DEEMED ESSENTIAL BY WASHINGTON STATE. AS THE PANDEMIC PROGRESSED AND THE NEED BECAME APPARENT, ESES WAS TRANSFORMED INTO AN ONLINE MARKETPLACE REPRESENTING OVER 2,000 BUSINESSES AND SERVING MORE THAN 30,000 CONSUMERS. IN ADDITION TO THE ONLINE MARKETPLACE ESES COLLECTIVE DESIGNED AND IMPLEMENTED A DIGITAL ACCESS AND EDUCATION PROGRAM TO COACH SMALL BIPOC OWNED BUSINESSES TO BE MORE COMPETITIVE IN THE DIGITAL MARKETPLACE; 2) NONPROFIT DELIVERY APP - POST COVID 19 PANDEMIC HAS INSTIGATED CONSUMER BEHAVIORAL CHANGE OF ON-DEMAND FOOD DELIVERY. EXISTING DELIVERY OPTIONS ARE FINANCIALLY UNSUSTAINABLE FOR BUSINESS OWNERS AND DRIVERS AND OFFER LOW ATTENTION TO UNIQUE BIPOC NEEDS. AN ALTERNATIVE DELIVERY OPTION WILL CAPTURE MARKET DEMANDS AND SERVE DESIRED NEEDS TO LOCAL ECOSYSTEM. A HYPER LOCAL DELIVERY APP WITH REDUCED COMMISSION, HIGHER DRIVER PAYOUT AND CURATED RESOURCES IS THE SOLUTION WE ARE SEEKING. 3) READY TO WORK (RTW) - RTW IS A PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS AND AN ADULT BASIC EDUCATION COMMUNITY-BASED PROVIDING ESL COURSES AND JOB TRAINING AND PLACEMENT IN SOUTHEAST SEATTLE. THE RTW PARTNERSHIP, IS NOW MERGING WITH TWO OTHER BASIC EDUCATION PROGRAMS IN NORTH AND WEST SEATTLE, WHERE HOMESIGHT WILL CONTINUE TO SERVE AS THE LEAD AGENCY PROVIDING ADMINISTRATIVE SUPPORT. THE PARTNERS ARE ADDING NEW PATHWAYS TO THE PROGRAM SUCH AS THE CHILDCARE COHORT THROUGH THE IMAGINE INSTITUTE. IT HAS PROVEN SUCCESSFUL WITH 100% GRADUATION RATE AND 85% EMPLOYMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,195,675

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-e for questions 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [ ]

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question/Description, Answer Field, and Yes/No/Amount. Rows include questions 2a through 17 regarding employee reporting, foreign accounts, tax shelter transactions, charitable contributions, and organizational compliance.

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (WA); 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: TAMMIE ANDERS 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) 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 EXECUTIVE DI	40.00			X				190,546	0	21,503
(2) TAMMIE ANDERS DIRECTOR OF	40.00					X		137,079	0	14,298
(3) JOE THOMAS HR DIRECTOR	40.00					X		132,361	0	15,903
(4) SEKAI SENWOSRET RD DIRECTOR	40.00					X		129,754	0	15,119
(5) PAMELA MAYO ACCT CONSULT	40.00					X		121,554	0	800
(6) SCOTT KIM DIRECTOR OF	40.00					X		118,927	0	11,675
(7) TERRY MILLER PRESIDENT	2.00	X		X				0	0	0
(8) FRANCINE JOHNSON VICE PRESIDE	2.00	X		X				0	0	0
(9) TALYA MILLER SECRETARY	2.00	X		X				0	0	0
(10) HERMAN TAM TREASURER	1.00	X		X				0	0	0
(11) CRISTINA ALVAREZ RUIZ BOARD MEMBER	1.00	X						0	0	0
(12) RHONDA SMITH-BANCHERO BOARD MEMBER	1.00	X						0	0	0
(13) NICOLE BASCOMB-GREEN BOARD MEMBER	1.00	X						0	0	0
(14) REBECCA BRYANT BOARD MEMBER	1.00	X						0	0	0
(15) JUAN COTTO BOARD MEMBER	1.00	X						0	0	0
(16) KATRINA FREEBURG BOARD MEMBER	1.00	X						0	0	0
(17) NIKITA MATHIS BOARD MEMBER	1.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(18) NADINE MORGAN BOARD MEMBER	1.00 0.50	X						0	0	0	
(19) JONATHAN PEREZ BOARD MEMBER	1.00	X						0	0	0	
(20) ANNA PORKALOB BOARD MEMBER	1.00	X						0	0	0	
(21) MICKEY ROSS BOARD MEMBER	1.00 0.50	X						0	0	0	
(22) JAY SUENO BOARD MEMBER	1.00	X						0	0	0	
(23) STEVE WILLIAMS BOARD MEMBER	1.00 0.50	X						0	0	0	
<b>1b Sub-Total</b>											
<b>1c Total from continuation sheets to Part VII, Section A</b>											
<b>1d Total (add lines 1b and 1c)</b>								830,221			79,298

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		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? *If "Yes," complete Schedule J for such individual*

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JING DAI 331 N 71ST SEATTLE, WA 98103	CONSULTING	125,000
INDIGO ENTERPRISES LLC 26828 MAPLE VLY HWY 308 MAPLE VALLEY, WA 98038	CONTRACTING	102,712

**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 **2**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, gifts, grants, and other similar amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,285,713				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	946,046				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			5,231,759			
<b>Program Service Revenue</b>	<b>2a</b> LOAN INTEREST INCOME	Business Code					
		522292	1,239,732	1,239,732			
	<b>b</b> LOAN & HOMEBUYER SVCS FEES	522292	450,431	450,431			
	<b>c</b> FISCAL AGENT FEES	561000	356,851	356,851			
	<b>d</b> RECOVERY OF BAD DEBT	531390	18,105	18,105			
	<b>e</b> DEVELOPER FEES	522292	10,500	10,500			
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		2,075,619					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		89,483			89,483	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses					
		<b>7c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8b</b> Less: direct expenses . . . . .					
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>9b</b> Less: direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b> REFUNDS & REIMBURSEMENTS	Business Code					
		522292	89,321			89,321	
	<b>b</b> DEVELOPMENT CONSULTING	522292	45,413			45,413	
	<b>c</b> MISCELLANEOUS INCOME	999999	12,485			12,485	
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .		147,219				
<b>12 Total revenue.</b> See instructions . . . . .		7,544,080	2,075,619		236,702		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	698,015	698,015		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	200,000	159,231	40,769	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,793,619	1,651,832	978,304	163,483
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,816	22,435	10,560	821
<b>9</b> Other employee benefits	369,649	245,033	104,314	20,302
<b>10</b> Payroll taxes	287,625	178,623	93,292	15,710
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	92,269	80,698	11,571	
<b>c</b> Accounting	53,587	38,539	15,048	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	387,787	363,331	23,815	641
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	36,919	9,991	26,281	647
<b>14</b> Information technology	137,187	103,005	33,565	617
<b>15</b> Royalties				
<b>16</b> Occupancy	210,558	160,088	50,470	
<b>17</b> Travel	17,504	9,936	7,568	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	30,683	15,911	14,772	
<b>20</b> Interest	132,162	130,484	1,461	217
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	21,806	16,742	5,064	
<b>23</b> Insurance	15,141	10,972	4,169	
<b>24</b> 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.)				
<b>a</b> BAD DEBT EXPENSE	168,553		168,553	
<b>b</b> LENDING COSTS	132,697	132,697		
<b>c</b> PROGRAM COSTS	67,947	66,620	915	412
<b>d</b> STAFF TRAINING	58,999	36,029	22,970	
<b>e</b> All other expenses	68,237	65,463	2,557	217
<b>25 Total functional expenses.</b> Add lines 1 through 24e	6,014,760	4,195,675	1,616,018	203,067
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	6,230,342	<b>1</b>	3,703,478
	<b>2</b> Savings and temporary cash investments . . . . .	7,041,891	<b>2</b>	11,411,160
	<b>3</b> Pledges and grants receivable, net . . . . .	511,942	<b>3</b>	328,177
	<b>4</b> Accounts receivable, net . . . . .	128,403	<b>4</b>	458,495
	<b>5</b> Loans and other receivables from 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	104,974	<b>5</b>	104,974
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	23,305	<b>9</b>	28,015
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 984,594		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 723,434	282,966	<b>10c</b> 261,160
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	74,600	<b>12</b>	37,400
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	34,620,431	<b>13</b>	37,038,750
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	13,291,887	<b>15</b>	13,082,993
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	62,310,741	<b>16</b>	66,454,602	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	487,814	<b>17</b>	393,567
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	5,098,916	<b>19</b>	7,631,588
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	63,355	<b>21</b>	64,855
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,590,167	<b>23</b>	5,711,005
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> 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	233,610	<b>25</b>	287,388	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	11,473,862	<b>26</b>	14,088,403	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	27,033,019	<b>27</b>	26,870,370
	<b>28</b> Net assets with donor restrictions . . . . .	23,803,860	<b>28</b>	25,495,829
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	50,836,879	<b>32</b>	52,366,199	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	62,310,741	<b>33</b>	66,454,602	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,544,080
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,014,760
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,529,320
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	50,836,879
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	52,366,199

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# SCHEDULE A (Form 990)

## 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.

# 2023

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HOMESIGHT

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).)
- 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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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 on 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		
<b>Total</b>						

**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 (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,047,161	8,658,041	4,828,014	6,201,573	5,231,759	28,966,548
<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	4,047,161	8,658,041	4,828,014	6,201,573	5,231,759	28,966,548
<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) . . .						1,096,711
<b>6 Public support.</b> Subtract line 5 from line 4.						27,869,837

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4. . . . .	4,047,161	8,658,041	4,828,014	6,201,573	5,231,759	28,966,548
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	64,464	19,172	10,778	20,690	89,483	204,587
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .					146,219	146,219
<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						29,317,354

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 13,195,066

**13 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 **stop here** . . . . .

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

**14** Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 95.060 %

**15** Public support percentage for 2022 Schedule A, Part II, line 14 . . . . . **15** 95.360 %

**16a 33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2022.** 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 **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2023.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2022.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support 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 (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 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>15</b> Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

- 19a 33 1/3% support tests-2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box 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) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)			
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b>	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? <i>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.</i>			
<b>b</b>	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b>	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? <i>If "Yes" or "No", provide details in Part VI.</i>			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**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)**1** Net short-term capital gain**1****2** Recoveries of prior-year distributions**2****3** Other gross income (see instructions)**3****4** Add lines 1 through 3**4****5** Depreciation and depletion**5****6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)**6****7** Other expenses (see instructions)**7****8 Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)**8****Section B - Minimum Asset Amount**

(A) Prior Year

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

Current Year

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

- 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018. . . . .			
<b>b</b> From 2019. . . . .			
<b>c</b> From 2020. . . . .			
<b>d</b> From 2021. . . . .			
<b>e</b> From 2022. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> Excess distributions carryover to 2024. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019. . . . .			
<b>b</b> Excess from 2020. . . . .			
<b>c</b> Excess from 2021. . . . .			
<b>d</b> Excess from 2022. . . . .			
<b>e</b> Excess from 2023. . . . .			

**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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

- Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Table with 2 columns: 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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		105,000		105,000
<b>b</b> Buildings . . . . .		583,460	439,180	144,280
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		296,134	284,254	11,880
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				261,160

**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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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: Cost or end-of-year market value
(1) HOMEBUYER LOANS RECEIVABLE	37,038,750	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	37,038,750	

**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) PROJECT CONSTRUCTION COSTS	6,668,835
(2) LOAN INTEREST RECEIVABLE	2,813,929
(3) DUE FROM HSCD	2,176,567
(4) LOANS AVAILABLE FOR SALE	1,278,200
(5) RIGHT OF USE ASSETS	145,462
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	13,082,993

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE LIABILITY	149,072
INTEREST PAYABLE	123,573
OTHER LIABILITIES	14,743
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	287,388

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	7,544,080
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	7,544,080
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	7,544,080

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	6,014,760
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	6,014,760
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	6,014,760

**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.
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, 2023 AND 2022. HOMESIGHT RECOGNIZES INCOME TAX RELATED INTEREST IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022, HOMESIGHT RECOGNIZED NO INCOME TAX RELATED INTEREST. DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022, HOMESIGHT RECOGNIZED 0 AND 33,880 IN FILING PENALTIES FOR ERRORS ON FORM 1099 FILINGS, WHICH WERE ABATED IN 2024.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Contains 6 rows of data.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
3 Enter total number of other organizations listed in the line 1 table 2

**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)					
(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 J (Form 990)

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization HOMESIGHT

Employer identification number 94-3117253

Part I Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

- a The organization?
b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.



**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.

<b>Return Reference</b>	<b>Explanation</b>
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Schedule L (Form 990)

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Employer identification number

94-3117253

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.

Table with 4 main columns: (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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$ 104,974

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**  
 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
 Attach to Form 990 or 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2023**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Name of the organization  
 HOMESIGHT

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 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 REAL ESTATE DEVELOPMENT ALSO PROVIDES PROJECT MANAGEMENT SERVICES TO COMMUNITY NONPROFIT ORGANIZATIONS TO ASSIST IN COMMUNITY DEVELOPMENT AND NEIGHBORHOOD REVITALIZATION ACTIVITIES. HOMESIGHT WAS THE LEAD DEVELOPER AND PROJECT MANAGER FOR THE TRANSIT- ORIENTED DEVELOPMENT OF OTHELLO SQUARE (FORMERLY THE SOUTHEAST ECONOMIC OPPORTUNITY CENTER (SEOC)) IN SEATTLE. HOMESIGHT COMPLETED THE FEASIBILITY AND IMPLEMENTATION PLAN FOR THE PROJECT IN 2017. THE GOALS OF THIS 215M 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 SOUTHEAST 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 CHILDREN'S CLINIC, TINY TOTS OTHELLO SQUARE AND ORENDA APARTMENTS BUILDING BROKE GROUND IN NOVEMBER 2019 AND THE SALISH SEA ELEMENTARY SCHOOL BROKE GROUND IN JULY 2020. BOTH BUILDINGS ARE NOW OPEN AND OPERATING. IN 2021, HOMESIGHT ASSIGNED THE PSA FOR THE 3RD PROPERTY TO COMMUNITY ROOTS HOUSING, A LOCAL AFFORDABLE HOUSING DEVELOPER AND PROVIDER OF AFFORDABLE RENTAL UNITS. THEY WILL DEVELOP THIS PROPERTY AND OWN AND MANAGE THE AFFORDABLE RENTAL UNITS IT WILL CONTAIN. THE BUILDING WILL BE CALLED THE OPPORTUNITY CENTER @ OTHELLO SQUARE AND COMPLETION IS TENTATIVELY SCHEDULED FOR 2028. HOMESIGHT WILL PURCHASE AND BUILD OUT THE 1ST FLOOR AS COMMUNITY-SERVING COMMERCIAL SPACES THAT WILL BE SOLD TO LOCAL COMMUNITY SERVING ORGANIZATIONS. HOMESIGHT WILL RELOCATE ITS OFFICES TO THE OPPORTUNITY CENTER. THE PROPERTY PURCHASE FOR THE 4TH PSA WILL BE FINALIZED ONCE ALL CLOSING CONDITIONS ARE MET. HOMESIGHT IS DEVELOPING A LOW-INCOME LIMITED EQUITY HOUSING COOPERATIVE ON THE 4TH REMAINING PROPERTY CALLED ?L?X? (U-LEX, PRONOUNCED "OH-LEW") @ OTHELLO SQUARE. THE PROJECT IS APPLYING FOR FHA-INSURED CONSTRUCTION FINANCING AND HAS EQUITY FROM LOCAL, STATE AND FEDERAL SOURCES ALREADY SECURED. THIS PROJECT IS FULLY PERMITTED AND ENTITLED AND IS SCHEDULED FOR COMPLETION IN 2026.
FORM 990, PAGE 2, PART III, LINE 4B	HOMEBUYER SERVICES & LENDING: HOMESIGHT'S HOMEBUYER EDUCATION AND COUNSELING PROGRAMS SERVE NEARLY 350 HOUSEHOLDS ANNUALLY, INCLUDING NEW AND EXISTING CUSTOMERS. IN 2023 AND 2022, OF THESE CUSTOMERS, 85% AND 64% 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-ON-ONE 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 THE GROWING GAP BETWEEN FAMILY INCOMES AND HOME PRICES. IT OFFERS PURCHASE 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 FHA OR PRIVATE MORTGAGE INSURANCE FOR ITS CUSTOMERS THEREBY INCREASING THE BUYING POWER OF LOW- AND MODERATE-INCOME FIRST-TIME HOMEBUYERS. -- HOMESIGHT IS A "CORRESPONDENT" 1ST MORTGAGE LENDER TO THE WASHINGTON STATE HOUSING FINANCE COMMISSION, A LOCAL COMMUNITY BANK, AND A NEIGHBORWORKS AMERICA PARTNER. IN 2023 AND 2022, HOMESIGHT ORIGINATED OVER 16.7 MILLION AND 18.5 MILLION IN 1ST MORTGAGE LOANS WITH ITS CAPITAL PRIMARILY FOR SUBSEQUENT SALE TO THESE LENDERS. THROUGH THESE CHANNELS HOMESIGHT PROVIDES QUALITY, LOW-INTEREST 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 2020, HOMESIGHT WAS APPROVED BY THE US DEPARTMENT OF TREASURY - CDFI FUND TO EXPAND THE TARGET MARKET TO AFRICAN AMERICANS (AA) IN KING, PIERCE, AND SNOHOMISH COUNTIES. SINCE THIS ADDITION, HOMESIGHT HAS FOUGHT AGAINST REDLINING AND GENTRIFICATION OF AA'S IN THE SEATTLE AREA BY INTRODUCING LENDING PROGRAMS SUCH AS THE SAM SMITH HI NEIGHBOR HOMEOWNERSHIP FUND (SSHNHF) AND THE SOCIAL JUSTICE (SJ) DPA PROGRAM. THE SSHNHF HELPS AA'S BETWEEN 80-120% AREA MEDIAN INCOME, PURCHASE HOMES ACROSS WASHINGTON STATE BY OFFERING DOWN PAYMENT ASSISTANCE UP TO 20,000 AT 3% DEFERRED FOR 30 YEARS. HOMESIGHT HAS PARTNERED WITH WINDERMERE, US BANK, AND NAREB TO PIONEER THIS INNOVATIVE PROGRAM. AS HOUSING PRICES CONTINUE TO SKYROCKET AND INTEREST RATES CREEP UP, HOMESIGHT HAS MADE IT A MISSION TO SUPPORT BIPOC COMMUNITIES. HOMESIGHT IS SUPPORTING BIPOC FIRST TIME HOME BUYERS BY OFFERING THE SOCIAL JUSTICE DPA PROGRAM. THE PROGRAM INCLUDES 10,000 DEFERRED DOWN PAYMENT ASSISTANCE AT 0% FOR 30 YEARS. THE 3 MILLION SJ DPA FUND WILL HELP 300 BIPOC FAMILIES PURCHASE HOMES IN WASHINGTON STATE. IN 2021, HOMESIGHT LAUNCHED A COUPLE OF DIFFERENT MORTGAGE LOANS PROGRAMS TO FURTHER SUPPORT BIPOC COMMUNITIES. HOMESIGHT NOW OFFERS A VISTA (ITIN) LOAN PROGRAM AND A SHARIA COMPLIANT LOAN PROGRAM. THE VISTA LOAN IS AIMED AT HELPING THOSE WITHOUT TRADITIONAL SOCIAL SECURITY NUMBERS PURCHASE HOMES. THE VISTA LOAN PROGRAM ONLY REQUIRES A 5% DOWN PAYMENT BY THE BORROWER. THIS IS MUCH FRIENDLIER THAN THE OTHER ITIN PROGRAMS AROUND WHICH REQUIRE 10-30% DOWN. HOMESIGHT WAS ALSO APPROVED BY THE WASHINGTON STATE HOUSING FINANCE COMMISSION TO FUND AND SELL SHARIA COMPLIANT FIRST MORTGAGES. THERE IS A LARGE ISLAMIC POPULATION IN SEATTLE THAT NEED SUPPORT IN PURCHASING FIRST HOMES. HOMESIGHT WAS EXCLUSIVELY APPROVED BY THE WSHFC TO OFFER THESE LOANS. HOMESIGHT PARTNERED WITH IJARA CDC TO OFFER THIS INNOVATIVE, INTEREST FREE AND SHARIA COMPLIANT LOANS. TOGETHER WITH OUR PARTNERS WE HOPE TO MAKE A DIFFERENCE FOR FIRST-TIME HOMEBUYERS IN THIS EVER-CHALLENGING HOUSING MARKET IN WASHINGTON STATE.
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 OVER 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 THREE COMMUNITY DEVELOPMENT ACTIVITIES IN 2023: 1) ESSENTIAL SOUTHEAST SEATTLE COOPERATIVE (ESES). AT THE START OF THE COVID- 19 PANDEMIC, THIS PROGRAM WAS DEVELOPED TO PROVIDE AN ONLINE DIRECTORY OF SMALL, INDEPENDENTLY OWNED BUSINESSES LOCATED IN SOUTHEAST SEATTLE THAT WERE OPEN FOR BUSINESS AND DEEMED ESSENTIAL BY WASHINGTON STATE. AS THE PANDEMIC PROGRESSED AND THE NEED BECAME APPARENT, ESES WAS TRANSFORMED INTO AN ONLINE MARKETPLACE REPRESENTING OVER 2,000 BUSINESSES AND SERVING MORE THAN 30,000 CONSUMERS. IN ADDITION TO THE ONLINE MARKETPLACE ESES COLLECTIVE DESIGNED AND IMPLEMENTED A DIGITAL ACCESS AND EDUCATION PROGRAM TO COACH SMALL BIPOC OWNED BUSINESSES TO BE MORE COMPETITIVE IN THE DIGITAL MARKETPLACE; 2) NONPROFIT DELIVERY APP - POST COVID 19 PANDEMIC HAS INSTIGATED CONSUMER BEHAVIORAL CHANGE OF ON-DEMAND FOOD DELIVERY. EXISTING DELIVERY OPTIONS ARE FINANCIALLY UNSUSTAINABLE FOR BUSINESS OWNERS AND DRIVERS AND OFFER LOW ATTENTION TO UNIQUE BIPOC NEEDS. AN ALTERNATIVE DELIVERY OPTION WILL CAPTURE MARKET DEMANDS AND SERVE DESIRED NEEDS TO LOCAL ECOSYSTEM. A HYPER LOCAL DELIVERY APP WITH REDUCED COMMISSION, HIGHER DRIVER PAYOUT AND CURATED RESOURCES IS THE SOLUTION WE ARE SEEKING. 3) READY TO WORK (RTW) - RTW IS A PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS AND AN ADULT BASIC EDUCATION COMMUNITY-BASED PROVIDING ESL COURSES AND JOB TRAINING AND PLACEMENT IN SOUTHEAST SEATTLE. THE RTW PARTNERSHIP, IS NOW MERGING WITH TWO OTHER BASIC EDUCATION PROGRAMS IN NORTH AND WEST SEATTLE, WHERE HOMESIGHT WILL CONTINUE TO SERVE AS THE LEAD AGENCY PROVIDING ADMINISTRATIVE SUPPORT. THE PARTNERS ARE ADDING NEW PATHWAYS TO THE PROGRAM SUCH AS THE CHILDCARE COBORT THROUGH THE IMAGINE INSTITUTE. IT HAS PROVEN SUCCESSFUL WITH 100% GRADUATION RATE AND 85% EMPLOYMENT.
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.

<b>Return Reference</b>	<b>Explanation</b>
15B	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.

# SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

# 2023

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HOMESIGHT

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 809 HIAWATHA PLACE LLC 5117 RAINIER AVE S SEATTLE, WA 98188 20-5328278	DEVELOPM'T	WA	41,058		HOMESIGHT
(2) COCO LLC 5117 RAINIER AVE S SEATTLE, WA 98188 32-0583276	DEVELOPM'T	WA		6,085,078	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOMESIGHT COMMUNITY DEVELOPMENT 5117 RAINIER AVE S  SEATTLE, WA 98118 82-4218470	CMTY DEV	WA	501C3	7	HOMESIGHT		No

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

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

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

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

**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>		No
<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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R	SCHEDULE R, PART II, LINE 1: THE ORGANIZATION SHARES THE SAME MAJORITY OF BOARD OF DIRECTORS AS HOMESIGHT COMMUNITY DEVELOPMENT. 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).