

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	or Name of exempt organization or other filer, see instructions.			Taxpaye	Taxpayer identification number (TIN)		
print	HOMEWISE, INC.					46325	
File by the due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, s		tions.		05 05	10525	
instructio		oreign add	ress, see instructions.				
Enter t	he Return Code for the return that this application is for (fil	le a separa	te application for each return)				
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) DANIEL SLAVIN,	07					
 If th If th box 1 1 t t 2 	request an automatic 6-month extension of time until he organization named above. The extension is for the org ▶ calendar year or ▶ X tax year beginning <u>APR 1, 2022</u> If the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta FEBRI anization's , ar check rease	emption Number (GEN), in the names and TINs of the names and the name is a start of the names and the names and the name is a start of the name is a	f this is fo all memb	r the whole o ers the exter npt organizat 	group, check this	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 Iny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.	
	f this application is for Forms 990-PF, 990-T, 4720, or 6068			04	¢	0.	
estimated tax payments made. Include any prior year overpa				3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa Ising EFTPS (Electronic Federal Tax Payment System). Se			3c	3c \$		
Cautio	n: If you are going to make an electronic funds withdrawa				- T	-TE for payment	
instruc	tions.						
LHA	For Privacy Act and Paperwork Reduction Act Notice,	, see instru	uctions.		Form 8	8868 (Rev. 1-2022)	

	•		Retu	rn of O	UBLIC D	isci ion	LOSURE Exemp	COP [•]	y ** o m l i	ncome Tax	c	OMB No. 1545-0047
For	m 9	90			•		-			ept private founda		2022
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									Open to Public			
			ar year, or tax ye		-			and the		IAR 31, 202	23	Inspection
	Check if		organization	ear beginnin	9 AIN I	, 4	022			D Employer ider		ion number
	Addre	le:	C	~							lineat	
	chang Name		WISE, INC							95 024	<	
	_chang _Initial		isiness as	0 h av if mail i					/	85-034		
	return Final return	1301	and street (or P. SILER RO				address)	RC	om/suite	E Telephone nur 505-98		73
_	termir ated Amen	City or to	own, state or pro			oreign	postal code			G Gross receipts \$		25,400,817.
	return	SANT.	A FE, NM			TO				H(a) Is this a grou		
	tion pendi		nd address of pri		MICHAEL	LO	FTIN			for subordina		
	F	empt status:	AS C ABO	_) (inc		40.47/2	ı)(1) or		H(b) Are all subordina		
	Vebsi		HOMEWISE	501(c) () (Ins	ert no.)	4947(a	()(1) or	527	H(c) Group exem		. See instructions
			X Corporation	Trust	Association	ı [Other		I Vear		· · · · · · · · · · · · · · · · · · ·	tate of legal domicile : NM
	art I	Summary				·						
	1		e the organizatio	n's mission o	or most signific:	ant act	ivities: TH	E HO	DMEWI	SE MISSION	I IS	TO HELP
e o	1.	CREATE	SUCCESSFU	JL HOME	OWNERS	AND	STRENG	THE	N NEI	GHBORHOOD	s sc	-
Governance	2	Check this bo								than 25% of its net		
ver	3		ing members of	-		-		-			3	13
									4	13		
Activities &	5						5	159				
itie	6		er of volunteers (estimate if necessary)				6	13				
ctiv	7 a		ted business revenue from Part VIII, column (C), line 12					7a	0.			
_	b	Net unrelated	business taxable	income fron	n Form 990-T, F	Part I, li	ne 11		<u></u>		7b	0.
										Prior Year		Current Year
¢	8	Contributions	and grants (Part	VIII, line 1h)						7,292,23		5,922,605.
Revenue	9	Program servi	ce revenue (Part	VIII, line 2g)						20,350,878		19,194,821.
ev V	10		ome (Part VIII, c							87,81		60,533.
ш.	11	Other revenue	(Part VIII, colum	n (A), lines 5,	6d, 8c, 9c, 10	c, and	11e)				0.	0.
			add lines 8 thro				nn (A), line 1	2)		27,730,92		25,177,959.
	13		nilar amounts pa	(,	(),	,				215,20		1,738.
	14		o or for member								0.	0.
es	15		compensation, o							11,470,32		11,642,627.
Expenses	16a	Professional fu	Indraising fees (F	Part IX, colun	nn (A), line 11e)		~~~			45,19	9.	38,665.
ăX	. b		ng expenses (Pa				955			0 0 0 0 0 0 1	1	10 040 000
ш	1 "		s (Part IX, colum							9,032,74		10,048,800.
			s. Add lines 13-1							20,763,47		21,731,830.
	19	Revenue less	expenses. Subtra	act line 18 fro	om line 12	<u></u>		<u></u>		6,967,458 ginning of Current Ye		3,446,129.
Net Assets or									2	08,179,950		End of Year
SSe	20	Total assets (F							1	30,467,750		228,547,267. 47,391,387.
let A	21		(Part X, line 26)									81,155,880.
		Net assets or f	und balances. S	untract line 2	r_1 trom line 20					77,712,194	±•	01,100,000.
	art II		Block									
	art II					a 20002		dulee er	nd etatoma	ante and to the best o	fmykr	wledge and belief, it is
Und	ler pena	alties of perjury,	declare that I have	e examined this	s return, includin	-				ents, and to the best o has any knowledge.	f my kni	owledge and belief, it is

•										
Here	MICHAEL LOFTIN, CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	PAMELA ALEXANDERSON	PAMELA ALEXANDERSON	11/13/23 self-employed P01218925							
Preparer	Firm's name MOSS ADAMS LLP		Firm's EIN 91-0189318							
Use Only	Firm's address 6565 AMERICAS PAR	KWAY NE STE 600								
	ALBUQUERQUE, NM 87110 Phone no. 505-878-7200									
May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									
~										

12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) HOMEWISE, INC. 85-0346325 Page	2
Par	t 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: THE HOMEWISE MISSION IS TO HELP CREATE SUCCESSFUL HOMEOWNERS AND	_
	STRENGTHEN NEIGHBORHOODS SO THAT INDIVIDUALS AND FAMILIES CAN IMPROVE	—
	THEIR LONG-TERM FINANCIAL WELL-BEING AND QUALITY OF LIFE.	—
	THEIR DONG TERM FINANCIAL WEDD DEING AND COADIII OF DIFE:	—
	Did the exception undertake any configent preasure continue during the year which were not listed on the	—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_
		D
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	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 \$ 16,144,518. including grants of \$ 1,738.) (Revenue \$ 19,194,821.	_)
	HOMEWISE PROVIDES FINANCIAL COUNSELING, PROPERTY DEVELOPMENT,	
	GOVERNMENT PROGRAM ADMINISTRATION, LOW-INTEREST FIXED RATE MORTGAGES,	
	HOME IMPROVEMENT LOANS, REFINANCE LOANS, MORTGAGE LOAN SERVICING, AND	
	REAL ESTATE SALES.	
		_
		_
		_
		—
		—
		—
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		• '
		_
		_
		_
		_
		_
		—
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 16,144,518.	
	Form 990 (202	22)
232002	12-13-22	

Earm	000	(2022)
Form	990	(2022)

Form 990 (2022) HOMEWISE, INC. Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)[g) or 4947(c)[t] (other than a private brunciation? 1 X 2 Is the organization required to complete Schedule 0, Schedule 0 (Contributions? See instructions 1 X 2 Is the organization required to complete Schedule 0, Part 1 3 X 3 Section 501(c) organizations or advised Link 0 or advised to rais organization regonization regoni rais morule for riskis complete Schedule D, Part V				Yes	No
2 b the organization engage in direct or indices policial campaign activities on behalt of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 3 b the organization engage in direct or indicate policial campaign activities on behalt of or in opposition to candidates for direct policies of the second schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Do the organization engage in lobbying activities, or have a section 501(b) election effect. 4 X 5 is the organization assettion 501(c)(4). 501(c)(5), or 501(c)(6) granization that receives membership dues, assessment, or similar anotation and the organization encodes on the distribution or investment of a mounts in such funds or accounts? If Yes, "complete Schedule D, Part I 6 X 7 X To the organization encodes or divert of units and the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, "complete Schedule D, Part I 7 X 8 Did the organization maintain collections of works of art, historical treasure, or other similar assets? If Yes, "complete Schedule D, Part II 8 X 9 Did the organization mount in Part X, ine 21, for escrew or custodial account flability, serve as a custodian for amounts in a schedule part X, ine 12, histories Part X, ine 13, histories Part X, ine 14, histor Part X, ine 14, histories Part X, ine 14, histor	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Old the organization engage in direct or indirect patitical campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(b) organizations. Did the organization ingage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Did the organization matchina modern advocation that receives membership dues, assessments, or animar anounts as defined in Rev. Proc. 98197 If "Yes," complete Schedule C, Part II 6 X 6 Did the organization matchina modern advocation assemnt, including easimemits to preverve open space. The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X 9 Did the organization requere through a related organization, hold assets in donorrestricted endowments or in usais endownextics? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization report an amount for lowing questions is "Yes," then complete Schedule D, Parts V, VII, VII, VI, VI, X, as applicable. 7 X 9 Did the organization report an amount for lowing questions is "Yes," then complete Schedule D, Parts V, VII, VII, VI, VI, X, as applicable. 7 X 9 Did the organization report an amount for investments - program related in Part X, line 10, Part X, line					
public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(kg) organization. Bit the organization engage in hobying activities, or have a section 501(k) elicition in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 501(k)(A) 501(k)(S) or 501(2	Х	
4 Section 501(Q3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(h), 501(k), 07 50(k),	3				
during the taxy var/life X-charging Schedule C, Part II 4 X is the organization a section Soft(K) 501(K) 501(K) 501(K) 1001(K) 10			3		<u> </u>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smillar amounts as defined in Rev. Proc. 98:197. If "Yes," complete Schedule C, Part II. 5 X 6 Did the organization maintain any doore advised funds or accounts? If "Yes," complete Schedule D, Part II. 6 X 7 XX 8 Did the organization neither any doore advised in easement, including easements to preserve open space, the environment, historic structure? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization regress or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 8 X 9 Did the organization regress or any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization regres anown to related in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 0 Did the organization regort an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 11 Did the organization regort an amount fo	4				37
similar amounts as defined in Rev. Proc. 88-192 (#Yes," complete Schedule C, Part III. 5 X O Ibit the organization maintain any donor advised funds or argoning finds of accounts? (# 'Yes," complete Schedule D, Part I 6 X 7 Did the organization maintain collections of which funds or accounts? (# 'Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? (# 'Yes," complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? (# 'Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part V 11a X 10 Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes," complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes," complete Schedule D, Part V 11a			4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II X X	5				37
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 7, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 50, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andowments? 10 X 11 If the organization report an amount for least, line 102. If Yes, " complete Schedule D, Part V 11 X 11 Did the organization report an amount for investments - order in related in Part X, line 10? If Yes, " complete Schedule D, Part X 11 X 11 Did the organization report an amount for investments for the tax yent inves," complete Schedule D, Part X 1			5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. Y X 8 X 9 Did the organization maintain collections of voris of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 X 9 Did the organization or portion a mount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments or ther taxy sea' include a loctotet ant addited in Consclitated, independent audited financial statements for the tax year / If 'Yes,' complete Schedule	6				v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andowments? (if "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments or the tax year include a bondown that addresses the organization report an amount for them sasts in Part X, line 12? If "Yes," complete Schedule D, Part VI 11d X 14 Did the organization separate, independent audited financial statements for the tax year? 11d X 11 X 11d X 11d X 12 Did the organization	_		6		
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B X B Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide redit counseling, debt management, credit repair, or debt negotiation services? 9 X ID Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 9 X ID Did the organization shows of an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X III Did the organization report an amount for land, buildings, and equipment in Part X, line 12, If at is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 111 X IIII Did the organization report an amount for threasets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 116 X IIII Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 116 X IIII Did the organization include if in Part X, line 14, Part A (SC) 740? If "Yes," complete Schedule D, Part X 118 X IIII <t< td=""><td>7</td><td></td><td>_</td><td></td><td>v</td></t<>	7		_		v
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, fore secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 111 X 13 X Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 111 X 14 X Did the organization report an amount for investments for the tax year include a foothore that addresses the organization separate or consolidated financial statements for the tax year? 111 X 14 X Did the organization school described in section 170(b)(1/k)(0)? If 'Yes,' complete Schedule D, Part X 111 X 15 X the organization school describe in section 170(b)(1/k)(0)? If 'Yes,' c	_		7		
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	8				v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If "Yes," complete Schedule D, Part IV 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, should assets in donor-restricted endowments 10 X 12 If the organization, directly or through a related organization, should assets in donor-restricted endowments 10 X 13 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X 15 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11t X 16 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11t X 17 Did the organization neared or consolidated f	_		8		<u> </u>
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VII, VX, or X, as applicable. 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 13 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 14 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11 X 15 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 X 16 Did the organization separate or consolidated financial statements for the tax year? 11 X 16 Did the organization included in consolidated, independent audited financial statements for the tax year? III X <t< td=""><td>9</td><td></td><td></td><td></td><td></td></t<>	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,'' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,				77	
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11a X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X c) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X d) Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11e X e) Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X e) Did the organization separate, independent audited financial statements for the tax year? 11f X 12a Did the organization asserd "No" to line 12a, then completing Schedule D, Part X and XII 12a X 13b the organization netwice activities outside of the United States? 13a X 14b X 12a X 15b X 13a X 16b			9	Δ	
11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, VX, or X, as applicable. 11 In the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI 11a X Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI 11b X C Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c X Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11d X Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X Did the organization separate or consolidated financial statements for the tax year? Indicate Schedule D, Part X 11t X 12b Did the organization asparate or consolidated, independent audited financial statements for the tax year? 11t X 12c Was the organization asparate or consolidated, independent audited financial statements for the tax year? 11t X 13 Sthorganization aspoarate, indep	10				37
as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI 11b X c Did the organization report an amount for investments - orgoram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? If "yes," complete Schedule D, Part X 11e X 12a Did the organization is separate, independent audited financial statements for the tax year? 11f X 12b Did the organization as chool described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule D, Part X 11d X 13 Is the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for origon individuals? If "yes," complete Schedule C, Parts II and IV 12a			10		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11c X d Did the organization report an amount for other lassets in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X f Did the organization separate or consolidated financial statements for the tax year? 11t X 12a Mas the organization included in consolidated, independent audited financial statements for the tax year? 11t X 13 Is the organization neavered 'No' to line 12a, then completing Schedule E 12a X 14a X 11a X 15 Did the organization navered 'No' to line 12a, then completing Schedule E 13a X 14b X 11a X </td <td>11</td> <td></td> <td></td> <td></td> <td></td>	11				
Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization neucled in consolidated, independent audited financial statements for the tax year? 11f X 13 Is the organization neaved "No" to line 12a, then completing Schedule D, Part X and XII is optional 13 X 14a Did the organization neave agregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a X 14b X 11d X 11d <td< td=""><td></td><td>••</td><td></td><td></td><td></td></td<>		••			
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // ryes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // ryes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // ryes," complete Schedule D, Part X, line 25? // ryes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? /// ryes," complete Schedule D, Part X 11d X f Did the organization isbability for uncertain tax positions under FIN 48 (ASC 740)? // ryes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a Schedule D, Part X I and XII Was the organization aschool described in section 170(b)(1)(A)(ii)? 17 *Yes," complete Schedule D, Part X I and XII is optional 113 X 13 Is the organization manutain an office, employees, or agents outside of the United States? 12a X 14b Did the organization nexport on Part X,	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
assets reported in Part X, line 16? /f *Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? /f *Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f *Yes," complete Schedule D, Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f *Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 15?, if *Yes," complete Schedule D, Part X 11e X 12b Did the organization report an amount for other liabilities in Part X, line 16? /f *Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization nakitain an office, employees, or agents outside of the United States? 12a X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? /f *Yes," complete Schedule E 13a X 14a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign organization? /f *Yes, "complete Schedule E, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, mo	_		11a	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 13 Is the organization naintain an office, employees, or agents outside of the United States? 14a X 14a Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 14 Did the organization report on Part IX, column (A), line 3, more than \$5	b				37
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization otabin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X AII is optional 12b X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a Did the organization naw aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 16 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II<			11b		
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization os separate, independent audited financial statements for the tax year? If "Yes," and if the organization aswerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 11d X 12a Was the organization aschool described in section 170(b(1)/k)(ii)? If "Yes," complete Schedule E 13 X 13a Is the organization aschool described in section 170(b(1)/k)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV 16 X 17 X 11d X 11d X 18 Did the organization report more	С				37
Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 12a X 13 Ste organization a school described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E 13 X 14a Did the organization nawered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 11e X 15 Did the organization nawered "No" to line 12a, then complete Schedule E 13 X 14a Did the organization nawered "No" to line 12a, then complete Schedule E 13 X 14a Did the organization nawered "No" to line 12a, then complete Schedule E 13 X 14a Did the organization neort on Part IX, column (A), line 3, more than \$5,000 of m grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign individua	_		11c		<u> </u>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 11e X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If 'X 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14a Did the organization report on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part X, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising	d			77	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13a X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 17 Did the organization report more than \$15,000 o					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services			11e	Δ	
12a Did the organization obtain separate, independent audited financial statements for the tax year? // f' Yes, " complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? // f' Yes, " and if the organization aswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization navered asymptotic schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 17 </td <td>t</td> <td></td> <td></td> <td>v</td> <td></td>	t			v	
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 113 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 114a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report at total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," <td></td> <td></td> <td>111</td> <td>~</td> <td></td>			111	~	
b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 11 Is the organization askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X	12a				v
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report nave aggregate revenues or expenses of more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 16 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19			12a		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. 18 X 19 Did the organization operate one or more than \$15,000 of grass income from gaming activities on Part VIII, lines 9a? If "Yes," 19 X 20a X 20b 20a X 20a X 19 Did the organization operate one or more hospital facilitie	b			v	
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from graming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a X 20a X 20a X <td></td> <td></td> <td></td> <td>Δ</td> <td>v</td>				Δ	v
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20a 20a 20a 20a 20a 19 X 20a 20b 20b 20a					
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X 20a X 20b 20a X			14a		
or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X	α				
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X			4.4%		v
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a X Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X	45		140		
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X	15		45		v
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 20b	16		15		<u> </u>
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b 21 21 X 	0		40		v
column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 18 X 19 Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 20a X	47		10		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> " <i>Yes</i> ," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> " <i>Yes</i> ," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> " <i>Yes</i> ," <i>complete Schedule H</i> 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17		47	Y	
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X	10			~	<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 X	10		10		y
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	10	Did the examination report more than \$15,000 of second income from coming activities on Dart VIII. line 0-0, is well and	0		
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19		10		v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	00-				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II			200		<u> </u>
addition of the second se	21		04		x
				990	

232003 12-13-22

Form	990	(2022)
	330	

Form 990 (2022) HOMEWISE, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
-	Schedule K. If "No," go to line 25a	24a		<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
С	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
.	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	აა	- 23	
54		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			X
38	38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5722			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 990	 (2022)
232004	I 12-13-22	LOLU	550	(2022)

Form	990 (2022) HOMEWISE, INC.	85-0346	5325	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 159	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).				37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?	I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				x
-					<u> </u>
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				<u> </u>
8					
_	sponsoring organization have excess business holdings at any time during the year?				<u> </u>
					<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	<u>11a</u>	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.41			
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
L.	Note: See the instructions for additional information the organization must report on Schedule O.				
a	Enter the amount of reserves the organization is required to maintain by the states in which the	125			
~	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	~ 0	14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
15			15		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	income?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		
17	If "Yes," complete Form 4720, Schedule O.	ivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active traction that would result in the imposition of an avoing tax under particip 4051, 4052, or 40522		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
000005	If "Yes," complete Form 6069.		Eoro	1 990	(2022)
232005	12-13-22		FUIII	, 550	(2022)

18091113 146892 617535

	HOMEWISE, INC. TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	hrough	85–03 7b below, and fo			age ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C				espoi	136
	Check if Schedule O contains a response or note to any line in this Part VI					Σ
Sec	tion A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with ar	ny other			
	officer, director, trustee, or key employee?			. 2		2
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		2
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		2
6	Did the organization have members or stockholders?			. 6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or			
	more members of the governing body?			. 7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockhold	ders, or			
	persons other than the governing body?			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at	the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		2
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	Code.)		-	
					Yes	1
10a	Did the organization have local chapters, branches, or affiliates?			. 10 a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10 b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	filing the form?	11a	Х	
b	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			12a	Х	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?	12 b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," de	scribe			
	on Schedule O how this was done			. 12c	Х	L
13	Did the organization have a written whistleblower policy?			. 13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official				Х	
b	Other officers or key employees of the organization			. 15 b		2
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wit	ha			
	taxable entity during the year?			. 16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	rticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	S			
	exempt status with respect to such arrangements?			16b	Х	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>NM</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-1	r (section 501(c))(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	n on Sch	nedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest policy,	and finan	cial	
	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 boo	oks and	records			
	DANIEL SLAVIN, CFO - 505-795-7599					
	1301 SILER ROAD, BUILDING D, SANTA FE, NM 87507					
32006	5 12-13-22			Form	990 9	(20
	8					
€11	.13 146892 617535 2022.05000 HOMEWISE	. IN	C.		61	75

5_1

Form 990 (2022) HOMEWISE, INC.	85-0346325	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe	est 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 List all of the organization's current officers, directors, trustees (whether individuals or organization) 	.					

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

		l	mza			ipor	louit		· ·	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per		, unles cer an					compensation	compensation	amount of
	week			uau		1/		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ordi	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		Vold	t con	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL LOFTIN	40.00	-	<u> </u>	0	×	프 ə	Ē			
CEO	40.00			х				293,809.	0.	32,504.
(2) LAURA ALTOMARE	40.00			Δ				255,005.	0.	52,5040
PRESIDENT (THRU 12/16/22)	40.00			х				213,507.	0.	29,534.
(3) CLARENCE SIMMONS	40.00			Λ				213,307.	0.	29,354.
CFO (THRU 03/31/23)	40.00			х				194,834.	0.	27,272.
(4) DANIEL SLAVIN, CHIEF REAL	40.00			Δ				194,034.	0.	21,212.
ESTATE DEV. OFFICER AND DEPUTY CFO	40.00			х				174,622.	0.	26,429.
(5) KELLY O'DONNELL	40.00							1/1/0220	0.	20,425.
CHIEF RESEARCH & POLICY OFFICER	40.00			х				175,986.	0.	13,039.
(6) ELENA GONZALES	40.00			Δ				175,500.	0.	15,055
C00	40.00			х				164,328.	0.	18,329.
(7) JOHANNA GILLIGAN	40.00							101/0201		10/0201
CHIEF EXTERNAL AFFAIRS OFFICER				х				147,369.	0.	26,789.
(8) AMBROSE PENA	40.00									2077030
QUALIFYING BROKER						x		134,999.	0.	26,261.
(9) JILL COOK	40.00									
COO (THRU 07/29/22)				х				144,295.	0.	10,589.
(10) AARON FOWLER	40.00									
QUALIFYING BROKER (THRU 03/16/23)						x		134,762.	0.	18,656.
(11) EUGENIO CHAVEZ, REAL ESTATE	40.00									
DEV. CONSTRUCTION DIRECTOR						x		130,239.	0.	16,169.
(12) SHERYL KASSETAS	40.00									
LENDING OPERATIONS DIRECTOR						x		117,609.	0.	24,734.
(13) GLORIA CHAVEZ	40.00									
REAL ESTATE SALES MANAGER						X		110,623.	0.	17,548.
(14) LINA PAGE	40.00									
SENIOR DIR, COMMS. (THRU 12/31/22)				Х				126,550.	0.	0.
(15) KATHERINE ULIBARRI	5.00									
CHAIR		Х		Х				0.	0.	0.
(16) ANNE MESSBARGER-EQUIA	2.50									
VICE-CHAIR		Х		Х				0.	0.	0.
(17) JOSEPH KUNKEL	2.50									
TREASURER		Х		х				0.	0.	0.
232007 12 13 22										Form 990 (2022)

9

232007 12-13-22

Form 990 (2022)

Form 990 (2022) HOMEWISE, INC. 85-0346325 Page 8											
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			_ (0				(D)	(E)		(F)
Name and title	Average	(do		Posi heck i		than o	ne	Reportable	Reportable		Estimated
	hours per	box,	unles	ss per	son is	s both r/trust	an	compensation	compensation		amount of
	week			uau	rector	rusi	ee)	from	from related		other
	(list any hours for	director						the	organizations		compensation
	related	or di	ee			ated		organization	(W-2/1099-MISC	′	from the
	organizations	ustee	trus		ee	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and related
	below	dual ti	itiona	~	nploy	st cor yee	-	· · · · ·			organizations
	line)	Individual trustee or	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				organizationio
(18) MARISSA RUYLE	2.50	_	_		_					+	
SECRETARY		Х		Х				0.).	0.
(19) ERIKA CAMPOS	1.50										
BOARD MEMBER		Х						0.	C).	0.
(20) SHELLE VANETTEN DE SANCHEZ	1.50										
BOARD MEMBER		Х						0.	0).	0.
(21) AGNES NOONAN	1.50										
BOARD MEMBER		Х						0.	0).	0.
(22) PAUL VOGEL	1.50										
BOARD MEMBER		Х						0.).	0.
(23) JADE RIVERA	1.50										
BOARD MEMBER		Х						0.	0).	0.
(24) JOSUE OLIVARES	1.50										0
BOARD MEMBER	1 50	Х						0.	Ĺ).	0.
(25) AMANDA KOCON	1.50	37							· · · · · · · · · · · · · · · · · · ·		0
BOARD MEMBER	1 50	Х						0.).	0.
(26) ANDREW SPINGLER	1.50	x						0	· · · · ·		0
BOARD MEMBER		Λ						0.).	<u> </u>
1b Subtotal								2,263,532.).	287,853.
c Total from continuation sheets to Part VI								0.2,263,532.			287,853.
d Total (add lines 1b and 1c)										/•	207,055.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	o ac	ove)) who	o re	eceived more than \$100,	000 of reportable		16
compensation nom the organization											Yes No
3 Did the organization list any former officer,	director trust	oo k		mnl		or	hia	hest compensated emp	lovee on		
c i	-		-	•					•	- 17	з Х
line 1a? If "Yes," complete Schedule J for setFor any individual listed on line 1a, is the su										• -	3 21
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										- 17	4 X
5 Did any person listed on line 1a receive or a	,		•							F	4 21
rendered to the organization? If "Yes." com	-				-			-		- 17	5 X
Section B. Independent Contractors	Diele Scheduie	<u>, J 10</u>	or su		Jersc	511 .				<u></u>	5 11
1 Complete this table for your five highest con	mpensated ind	ene	nder	nt co	ontra	octor	s tł	nat received more than \$	100 000 of comper	nsatic	on from
the organization. Report compensation for t	-	-									
(A)	,			3				(B)			(C)
Name and business	address							Description of s	ervices	Cor	mpensation
LITTLE BUBBA'S CONSTRUCTI	ON LLC										
523 PARKLAND VIEW NW, ALE		Е,	N	М	871	12()	CONSTRUCTION		5,	144,096.
TQM, LLC, 9798 COORS BLVD	NW BLD	G	C,								
						CONSTRUCTION		5,	061,317.		
SPARLING CONSTRUCTION, INC											
						CONSTRUCTION		3,	374,375.		
LOWE-BO HOMES, LLC											
PO BOX 94385, ALBUQUERQUE	<u>, NM 8</u> 7	19	9					CONSTRUCTION		1,	772,668.
PLATINUM SKY CONSTRUCTION	, INC										
3831 THOMAS CT. UNIT A, S							-	CONSTRUCTION		1,	662,377.
\$100,000 of compensation from the organiz	ation			<u></u>	$\frac{13}{31}$) 					000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

232008 12-13-22

Form 990 HOMEWISE Part VII Section A Officers Directors T									85-034	6325
		nplo	yee			ligh	est (
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	, .			ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	iy)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	9			ated		(W-2/1099-MISC)		organization
	related	stee	ruste			pens				and related
	organizations	al tru	nalt		lo ye	luo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
27) DAVID DELGADO	1.50									
OARD MEMBER		Х						0.	0.	0
		_								
		-								
						-				
			-	-	-	-				
						-				
otal to Part VII, Section A, line 1c										

232201 04-01-22

		Check if Schedule O c					(A) Total revenue	(B) Related or exempt		(D) Revenue exclu
							Total revenue		business revenue	from tax un sections 512
lts	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
Am		Fundraising events								
ilar				1d		5 200 101				
Sim		Government grants (contri				5,300,121.				
er	f	All other contributions, gifts,				622,484.				
Oth	-	similar amounts not included				022,404.				
pu	-	Noncash contributions included in I Total. Add lines 1a-1f	lines 1	a-1f 1g \$			5,922,605.			
a		Total. Add lines Ta-11	<u></u>	<u></u>		Business Code	5,522,003.			
	2 a	LOAN INTEREST AND SE	ERVI	CING		522292	6,905,274.	6,905,274.		
Revenue	_	HOME SALES, NET				532000	6,727,535.	6,727,535.		
anc	c	ORIGINATION FEES				522292	2,299,962.	2,299,962.		
sver	d	COMMISSIONS			_	531390	2,141,659.	2,141,659.		
Re	-	MORTGAGE SERVICING F	RIGH	TS	_	531390	756,111.	756,111.		
	-	All other program service			_	531390	364,280.	364,280.		
							19,194,821.			
	3	Investment income (includ								
		other similar amounts)					59,464.			59,
	other similar amounts) Income from investment of tax-exempt bond proceeds					roceeds				
	5	Royalties	. <u></u>							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses \dots	6b							
	с	Rental income or (loss)	6c							
		Net rental income or (loss)	·····							
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a			223,927.				
	b	Less: cost or other basis				000.050				
		and sales expenses	7b			222,858.				
2		Gain or (loss)	7c			1,069.	1,069.			1,0
		Net gain or (loss)					1,009.			±,
	8 a	Gross income from fundraisir including \$	•							
'		contributions reported on								
		Part IV, line 18		-	8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from t								
		Gross income from gamin		•						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory, l								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	of inventor	/					
						Business Code				
e	11 a				_	ļļ				
Revenue	b					ļļ				
Sev	С					ļ ļ				
-		All other revenue								
	-	Total. Add lines 11a-11d								

Form 990 (2022)

HOMEWISE, INC.

Form 990 (2022) HOMEWISE, INC. Part IX Statement of Functional Expenses

	rt IX Statement of Functional Expense				
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 500	1 = 2 0		
	individuals. See Part IV, line 22	1,738.	1,738.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,833,649.	1,166,745.	527,404.	139,500.
6	Compensation not included above to disqualified	1,000,040.	1,100,745.	527, 101.	155,500.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,781,325.	6,431,330.	868,918.	481,077.
8	Pension plan accruals and contributions (include	,,	.,,	,	
-	section 401(k) and 403(b) employer contributions)	454,378.	284,080.	153,627.	16,671.
9	Other employee benefits	837,297.	523,314.	153,627. 272,393.	<u> 16,671.</u> 41,590.
10	Payroll taxes	735,978.	429,037.	258,816.	48,125.
11	Fees for services (nonemployees):				
а	Management	527,265.		527,265.	
b	Legal	105,049.	55,227.	22,788.	27,034.
с	Accounting	95,417.		95,417.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	38,665.			38,665.
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	451,337.	338,503.		110 001
12	Advertising and promotion	257,249.	530,505.	257,249.	112,834.
13	Office expenses Information technology	371,984.	33,784.	337,852.	348.
14 15		571,504.	55,7040	557,052.	540.
15 16	Royalties Occupancy	255,764.	122,767.	104,863.	28,134.
17	Travel	81,721.	8,949.	59,529.	13,243.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,057,530.	2,941,384.	116,146.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,155,501.	653,696.	501,805.	
23	Insurance	483,944.	105,328.	378,616.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CAPITAL GRANT EXPENSE	1,453,768.	1,453,768.		
b	CLIENT SUPPORT SERVICES	821,059.	821,059.		
с	CARRYING COSTS AND OTHE	199,767.	192,582.	7,185.	
d	PROFESSIONAL DEVELOPMEN	167,606.	64,458.	94,929.	8,219.
е	All other expenses	563,839.	516,769.	47,070.	
25	Total functional expenses. Add lines 1 through 24e	21,731,830.	16,144,518.	4,631,872.	955,440.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

232010 12-13-22

18091113 146892 617535

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

617535_1

Form 990 (2022)

85-0346325 Page 11

I UIIII	330 (00	VOIDO Taye
Par	tХ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,114,063.	1	13,137,947.
	2	Savings and temporary cash investments	23,860,974.	2	13,352,461.
	3	Pledges and grants receivable, net	799,780.	3	1,345,386.
	4	Accounts receivable, net	3,750,284.	4	2,558,477.
	5	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	18,531.	5	17,445.
	6	Loans and other receivables from other disgualified persons (as defined		-	,
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net	107,117,726.	7	127,019,497.
ssets	8	Inventories for sale or use	13,672.	8	0.
S			450 167	_	

HOMEWISE, INC.

	Ŭ						
		trustee, key employee, creator or founder, substa			10 521		10 445
		controlled entity or family member of any of thes			18,531.	5	17,445.
	6	Loans and other receivables from other disqualif	•				
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net			107,117,726.	7	127,019,497.
Assets	8	Inventories for sale or use	13,672.	8	0.		
A	9	Prepaid expenses and deferred charges			452,167.	9	739,953.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,954,811.			
	b	Less: accumulated depreciation	10b	4,658,303.	10,535,870.	10c	10,296,508.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		48,516,883.	15	60,079,593.	
	16	Total assets. Add lines 1 through 15 (must equa	208,179,950.	16	228,547,267.		
	17	Accounts payable and accrued expenses			3,609,492.	17	4,525,484.
	18	Grants payable				18	
	19	Deferred revenue			3,790,495.	19	5,244,911.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	4,119,792.	21	4,586,222.		
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
Ľ	23	Secured mortgages and notes payable to unrela	ted thir	d parties	88,388,872.	23	96,798,376.
	24	Unsecured notes and loans payable to unrelated	l third p	parties	22,920,000.	24	28,421,238.
	25	Other liabilities (including federal income tax, pay	vables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			
		of Schedule D			7,639,105.	25	7,815,156.
	26	Total liabilities. Add lines 17 through 25			130,467,756.	26	147,391,387.
		Organizations that follow FASB ASC 958, che	ck here	X			
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			75,452,677.	27	78,096,993.
Bal	28	Net assets with donor restrictions			2,259,517.	28	3,058,887.
pu		Organizations that do not follow FASB ASC 98					
Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			77,712,194.	32	81,155,880.
~	33	Total liabilities and net assets/fund balances			208,179,950.	33	228,547,267.
	-				· · · · · ·	-	Farm 990 (0000)

Form 990 (2022)

	1990 (2022) HOMEWISE, INC.	85-0	0346325	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,177		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,731		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,446		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,712		
5	Net unrealized gains (losses) on investments	5	-2	2,94	<u>43.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		50	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	81,155	5,88	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		<u>3a</u>	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

SCHEDULE A	١
------------	---

Department of the Treasury

(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.

OMB No. 1545-0047
2022
Open to Public

Internal Reve	enue Service	Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.		Ins	spection		
Name of	the organization								ation number		
	H	OMEWISE, INC.					8	<u>5-034</u>	46325		
Part I	Reason for Pu	blic Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.				
The organ	nization is not a private	foundation because it is: (I	For lines 1 through 12, c	heck only	one box.)						
1	A church, convention	n of churches, or associatio	on of churches described	in sectio	n 170(b)(⁻	1)(A)(i).					
2	A school described in	n section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)							
3	A hospital or a coope	erative hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).					
4	A medical research o	rganization operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hosp	ital's name,		
	city, and state:										
5	An organization oper	ated for the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed 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 X	X 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 de	escribed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural resear	rch organization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college			
	or university or a non	-land-grant college of agric	ulture (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 supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross re	eceipts from		
	activities related to its	s exempt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross	s investment		
	income and unrelated	d business taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the or	ganization a	ifter June	30, 1975.		
	See section 509(a)(2	2). (Complete Part III.)									
11 🛄	An organization orga	nized and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).					
12		nized and operated exclusi	-	-			•				
		ted organizations describe						Check the) box on		
		d that describes the type o					-				
a		ng organization operated, s	-	• • • •	-						
		anization(s) the power to reg		majority c	of the direc	ctors or truste	es of the su	ipporting			
		must complete Part IV, Se									
b 🗌		ng organization supervised				•		-			
	-	ment of the supporting orga		ame perso	ns that co	ntrol or mana	ge the supp	ported			
_	_	u must complete Part IV,									
c 🗌		ly integrated. A supportin					lly integrate	ed with,			
		nization(s) (see instructions	-								
d 🗌		ionally integrated. A supp					-				
		ally integrated. The organiz		-		-	an attentiv	eness/			
_	-	structions). You must cor									
e		ne organization received a				Type I, Type	II, Type III				
		ted, or Type III non-function	nally integrated supporti	ng organiz	ation.						
	er the number of suppo	0									
	(i) Name of supported	mation about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) An	nount of other		
	organization	(, =	(described on lines 1-10	in your governi Yes	ng document? No	support (see i	-		see instructions)		
	-		above (see instructions))	163							
Total											

Schedule A	(Form	000	202
Schedule A		990	12021

HOMEWISE, INC.

85-0346325 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8853155.	5983505.	10100965.	7292238.	5922605.	38152468.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8853155.	5983505.	10100965.	7292238.	5922605.	38152468.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1679808.
	Public support. Subtract line 5 from line 4.						36472660.
Sec	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	8853155.	5983505.	10100965.	7292238.	5922605.	38152468.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	7,088.	31,274.	4,934.	7,992.	59,464.	110,752.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						38263220.
12	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · ·	<u>,359,769.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
_	organization, check this box and stop	<u>o here</u>					<u></u>
	ction C. Computation of Publi		-			I I	
	Public support percentage for 2022 (I					14	95.32 %
						15	94.71 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	on dia not check a l	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

18091113 146892 617535

HOMEWISE, INC.

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.)

Sec	ction A. Public Support		-		1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	inization,
							<u></u>
Sec	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						ation
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		·····
23202	23 12-09-22		1.0			Sche	dule A (Form 990) 2022

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** 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)? *If* "Yes," *explain in* **Part VI** *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** 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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- **10a** 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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

Sched

	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	10		
	5a		
	5b		
	5c		
	00		
	6		
	7		
	-		
	8		
	0		
	9a		
	9b		
	9c		
	10a		
	iua		
	463		
	10b		
ule	A (Forn	n 990)	2022

Schedule A (Form 990) 2022 HO	EWISE, ING
-------------------------------	------------

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a b A family member of a person described on line 11a above? 11b 11b 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c 11c 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body members of the governing body, officers acting in their official capacity, or membership of one or Yes No

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s)</u>).
------------	--	---	---	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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? *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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2022

232025 12-09-22

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must	st complete S	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):			
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 0.85 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-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

HOMEWISE, INC.

85-0346325 Page 6

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

22

2022.05000 HOMEWISE, INC.

HOMEWISE, INC.

Schedule A (Form 990) 2022

85-0346325 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
6	Other distributions (<i>describe in Part VI</i>). See instructions.	····· /	6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9				
	(provide details in Part VI). See instructions.	C I	8				
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022			
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
_3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
с	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	HOMEWISE	, INC.			85-0346325	Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section	formation. Provid es 1, 2, 3b, 3c, 4b, 4c n D, lines 2 and 3; Par	e the explanations ı , 5a, 6, 9a, 9b, 9c, ⁻ t IV, Section E, lines	s 1c, 2a, 2b, 3a, and 3b	t IV, Section B, lines 1 o; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,
	Section D, lines 5, 6, (See instructions.)	and 8; and Part V, Sec	tion E, lines 2, 5, a	nd 6. Also complete th	is part for any additior	nal information.	
232028 12-09-2	20					Schedule A (Form 9	00) 2022
202028 12-09-2				23		Schedule A (FUIII S	JUJ 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

85-	03	46	32	5
				-

HOMEWISE,	INC
-----------	-----

Organization type (check or	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	ganzation		
	ISE, INC.		85-0346325
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
1		- \$ <u>1,736,3</u>	08. Person X Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		- \$\$1,184,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		- \$ <u>824,0</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		- \$\$660,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		- \$\$574,1	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
<u>6</u> 223452 11-15		\$ <u>250,0</u>	00. Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
HOMEW	ISE, INC.		85-0346325
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
7		\$163,94	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		_ \$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

26 2022.05000 HOMEWISE, INC.

223452 11-15-22

Page **2**

	B (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
HOMEW	ISE, INC.		85-0346325
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	

18091113 146892 617535

Schedule B (Form 990) (2022)

Name of o	rganization		Employer identification number				
HOMEM	ISE, INC.		85-0346325				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in sec	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or l	less for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional s						
`fŕom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	tt				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Faili							
		(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift (c) Use of g		gift (d) Description of how gift is held				
Part I		., .					
-		<i></i>					
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		(c) use of gift					
		(e) Transfer of gift	t				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
ŀ							
223454 11-15	5-22		Schedule B (Form 990) (2				
20404 11-10			Schedule D (FUIII 990) (2				

SCHEDULE (Form 990)	Complete if the or	tal Financial Statements ganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b,	20)22
Department of the Treas Internal Revenue Servic	Go to www.irs.gov/Form	Attach to Form 990. 990 for instructions and the latest informati	- • • · · · ·	to Public
Name of the org		Employer identifica		
	HOMEWISE, INC.		85-034	
	anizations Maintaining Donor Advis		r Accounts. Complete	if the
orga	nization answered "Yes" on Form 990, Part IV,			
		(a) Donor advised funds	(b) Funds and other acc	counts
	er at end of year			
	value of contributions to (during year)			
	value of grants from (during year)			
	value at end of year anization inform all donors and donor advisors i		funde	
-	anization's property, subject to the organization	-		No
	anization inform all grantees, donors, and donor			
for charitab	le purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose co	nferring	
	ble private benefit?			No No
Part II Co	nservation Easements. Complete if the	organization answered "Yes" on Form 990, Pa	ırt IV, line 7.	
1 Purpose(s)	of conservation easements held by the organiza	ation (check all that apply).		
	ervation of land for public use (for example, recr	reation or education)	historically important land a	irea
	ction of natural habitat	Preservation of a	certified historic structure	
	rvation of open space			
•	nes 2a through 2d if the organization held a qua	alified conservation contribution in the form of	A conservation easement of Held at the End of	
day of the t	·			i tile Tax Year
	ge restricted by conservation easements conservation easements on a certified historic s	structure included in (a)		
	conservation easements included in (c) acquired		20	
	cture listed in the National Register		2d	
	conservation easements modified, transferred,			
year			0 0	
4 Number of	states where property subject to conservation e	easement is located		
5 Does the or	ganization have a written policy regarding the p	periodic monitoring, inspection, handling of		
violations, a	nd enforcement of the conservation easements	s it holds?	Yes	No No
6 Staff and vo	olunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conser	vation easements during the	e year
7 Amount of	expenses incurred in monitoring, inspecting, ha	indling of violations, and enforcing conservation	n easements during the yea	r
0				
	conservation easement reported on line 2(d) ab			No
	170(h)(4)(B)(ii)? describe how the organization reports conserva			
	eet, and include, if applicable, the text of the foc	•		
	n's accounting for conservation easements.			
	anizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Similar Assets.	
Com	plete if the organization answered "Yes" on For	rm 990, Part IV, line 8.		
1a If the organ	ization elected, as permitted under FASB ASC	958, not to report in its revenue statement and	balance sheet works	
of art, histo	rical treasures, or other similar assets held for p	public exhibition, education, or research in furt	herance of public	
service, pro	vide in Part XIII the text of the footnote to its fin	nancial statements that describes these items.		
	ization elected, as permitted under FASB ASC			
	al treasures, or other similar assets held for pub	blic exhibition, education, or research in furthe	rance of public service,	
•	following amounts relating to these items:			
	e included on Form 990, Part VIII, line 1			
(II) Assets	included in Form 990, Part X			

a Revenue included on Form 990, Part VIII, line 1
 b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

\$

\$

232051 09-01-22

18091113 146892 617535

Sche	dule D (Form 990) 2022 HOMEWIS							85-03			ige 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	ly of the f	ollowing that	t make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 Loa	an or excl	hange progra	am					
b	Scholarly research	e	e 🗌 Otł	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further th	e organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical treas	sures, or othe	er similar	assets		_		
_	to be sold to raise funds rather than to be ma				lection?				Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the or	ganizatio	n answered '	"Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi							_	_		
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tabl	e:							
									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f Or	Ending balance							V	Yes		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •			X	No
Pa									<u></u>	23	
		(a) Current year	(b) Prio		(c) Two year		(d) Three y	ears back	(e) Four	vears l	back
1a	Beginning of year balance	(1) - 10 - 10 - 10 - 10	(-)	·)	(-)		()		(-,	<i>j</i>	
h	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, c	olumn (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	re held an	nd administer	ed for th	e		-		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sche	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	ds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		ccumulate preciation	ed	(d) Bool	(value	•
1 a	Land			1,15	8,768.				1,158		
b	Buildings	4 4 6 5	388.	6,82	0,001.	2,1	195,50)5.	8,811	L,88	34.
с	Leasehold improvements				9,123.		9,1				0.
	Equipment				0,670.	2,4	423,5 2			7,15	
e	Other				8,861.		30,1			3,70	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. column (</u>	' <u>B), line 1</u> (0c.)			1	0,296	5,50)8.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HOMEWISE

INC.

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) Descrip	Dition of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financi	al derivatives			
. ,	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(</u> (H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.		11a Oca Form 000 Dart V line 10	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	•			
(1)				
(3)				
(4)				
(*) (5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	-	Description		(b) Book value
(1) MC	ORTGAGE SERVICING RIGHTS			4,250,809.
	EVELOPMENT COSTS			30,565,957.
	JALIFIED LOW INCOME INVES			20,312,843
	EPOSITS			8,975.
	FERRED COMPENSATION INVE	COMENT		29,140.
	THER REAL ESTATE OWNED			4,798,573
	GHT OF USE ASSETS			113,296
				115,250.
(8)				
(9) Totol (0.1)		45)		60,079,593.
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)		00,079,393.
	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
	deral income taxes			
	JE TO GRANTOR AGENCY			565,519.
	MMUNITY INVESTMENT NOTES	5		7,076,827
	CURITY DEPOSITS	-		52,658
	CASE LIABILITY			120,152
(6)				
(7)				
(8)				
(9) Tatal (0 (7,815,156.
<u>ι σται. (Co/</u> L	<u>ımn (b) must equal Form 990, Part X, col. (B) line</u>	<u>25.)</u>		<u> </u>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Concauto	D (Form 990) 2022 HOMEWISE, INC.		85-0346325 Page 4				
Part X	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ì.					
1 Tot	al revenue, gains, and other support per audited financial statements	1					
2 Am	ounts included on line 1 but not on Form 990, Part VIII, line 12:						
a Net	unrealized gains (losses) on investments	2a					
b Dor	ated services and use of facilities	2b					
c Red	overies of prior year grants	2c					
d Oth	er (Describe in Part XIII.)	2d					
	l lines 2a through 2d		2e				
3 Sub	tract line 2e from line 1		3				
4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1:						
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4a	_				
b Oth	er (Describe in Part XIII.)	4b					
c Add	l lines 4a and 4b		4c				
5 Tot	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5					
Part X	Reconciliation of Expenses per Audited Financial Statem	• •	Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
	al expenses and losses per audited financial statements		1				
	ounts included on line 1 but not on Form 990, Part IX, line 25:						
a Dor	ated services and use of facilities	2a	_ 1				
b Pric	r year adjustments	_ 2 b					
c Oth	er losses		_				
	er (Describe in Part XIII.)		_				
	l lines 2a through 2d		2e				
3 Sub	tract line 2e from line 1		3				
4 Am	ounts included on Form 990, Part IX, line 25, but not on line 1:						
a Inve	estment expenses not included on Form 990, Part VIII, line 7b		_ 1				
b Oth	er (Describe in Part XIII.)	4b					
c Add	l lines 4a and 4b		4c				
	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						

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

PART IV, LINE 2B:

THE CUSTODIAL ACCOUNT IS MAINTAINED ON BEHALF OF THE CUSTOMERS FOR WHICH
THE ORGANIZATION HANDLES THE ESCROW. MONIES ARE RECEIVED AND HELD ON THE
CUSTOMERS' BEHALF TO BE DISBURSED AT A FUTURE DATE TO PAY THEIR PROPERTY
TAXES AND HOME INSURANCE. THE ESCROWS ARE BALANCED MONTHLY AND THE
ACCOUNTS ARE ANALYZED ANNUALLY. ANY OVERAGES ARE SENT TO THE CUSTOMER. ANY
SHORTAGES ARE COVERED BY INCREASING THE CUSTOMER'S ESCROW PAYMENTS.
PART X, LINE 2:

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION AND IS NOT SUBJECT TO

FEDERAL OR STATE INCOME TAXES, EXCEPT UNRELATED BUSINESS INCOME, IN

ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. UNRELATED 232054 09-01-22 Schedule D (Form 990) 2022 32

BUSINESS INCOME TAX, IF ANY, IS INSIGNIFICANT AND NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE ORGANIZATION FILES AN EXEMPT ORGANIZATION RETURN IN THE U.S. FEDERAL JURISDICTION.

Schedule D (Form 990) 2022

232055 09-01-22

18091113 146892 617535

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047						
(Form 990)		complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990 of		2022 Open to Public					
Internal Revenue Service		to www.irs.gov/Form990 for instrue	ctions	and tl	he latest informatio	า.		Inspection	
Name of the organization	n HOMEWIS	E, INC.					Employer ide 85-0346	identification number 46325	
	complete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	I filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written of red in Form 990, P d highest paid indir	f X Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
JACKSON WRITING ANI	D RESEARCH		Yes	No					
- 423 QUINCY ST NE	,	GRANT WRITING		X	3,000,000.		12,665.	2,987,335.	
SZ CONSULTING LLC - RUSSELL ROAD, ALEXA		GRANT APPLICATION REVIEW/CONSULTING		x	660,000.		26,000.	634,000.	
Total	ioh the execution	on is registered or licensed to solicit o			3,660,000.	itio	38,665.	3,621,335.	
or licensing.	ich the organizatio	on is registered of licensed to solicit (or has been notified		exempt from re	gistration	
<u>10111</u>									

Schedule G (Form 990) 2022

232081 10-27-22

HOMEWISE, INC.

85-0346325 Page 2

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

		of fundraising event contributions and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
Revenue							
Reve	1	Gross receipts					
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Direct E	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through	9 in column (d)				
_		Net income summary. Subtract line 10 from lin					
Pa	irt I		nswered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than		
Revenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Beve							
	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No	No	No		
	7	Direct expense summary. Add lines 2 through					
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
а	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming ac No," explain:		states?		Yes No	

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

232082 10-27-22

Schedule G (Form 990) 2022

No

Sch	edule G (Form 990) 2022	HOMEWISE,	INC.	85-03	4632	25 Page 3
11	Does the organization conduct ga	ming activities with r	nonmembers?	[Ye	es 🗌 No
12	Is the organization a grantor, bene	eficiary or trustee of a	a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			[Ye	es 🗌 No
13	Indicate the percentage of gaming	g activity conducted i	in:			
а	The organization's facility			L	13a	%
b	An outside facility			L.	13b	%
14	Enter the name and address of th	e person who prepar	es the organization's gaming/special events books and recor	ds:		
	Name					
	Address					
15a	Does the organization have a con	tract with a third part	y from whom the organization receives gaming revenue?	[Ye	es 🗌 No
b	If "Yes," enter the amount of gam	ing revenue received	by the organization \$ and the an	nount		
	of gaming revenue retained by the	e third party \$				
c	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
10	Carning manager mormation.					
	Name					
	Gaming manager compensation	\$				
	Description of some issue must ideal					
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
а	Is the organization required under	state law to make cl	naritable distributions from the gaming proceeds to			
	retain the state gaming license?			[Ye	es 🔄 No
b	Enter the amount of distributions	required under state	law to be distributed to other exempt organizations or spent	in the		
De	organization's own exempt activit					
Ра			e explanations required by Part I, line 2b, columns (iii) and (v) vide any additional information. See instructions.	; and Part I	II, lines	9, 9b, 10b,
~~~			2			
sc	HEDULE G, PART I,	LINE 2B, L	IST OF TEN HIGHEST PAID FUNDRA	ISERS:		
(I	) NAME OF FUNDRALS	SER: JACKSC	N WRITING AND RESEARCH			
<u> </u>	,					
(I	) ADDRESS OF FUNDE	RAISER: 423	QUINCY ST NE, ALBUQUERQUE, NM	8710	8	
			· · · · · ·			
(I	) NAME OF FUNDRAIS	SER: SZ CON	SILTING LLC			
<u>`</u>						
<u>(</u> ]	) ADDRESS OF FUNDE	RAISER: 150	7 RUSSELL ROAD, ALEXANDRIA, VA	2230	1	

617535_1

Failly	Supplemental informatio	(continued)		
_				
				Schedule G (Form 990)

232084 04-01-22

18091113 146892 617535

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		_	20	20	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	بلحج	Inspe		
Nan	e of the organization		Employer i			mber
		HOMEWISE, INC.	85-0	34632	5	
Pa	rt I Question	s Regarding Compensation				T
					Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ur, criei)			
h	If any of the boyes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	3			
-		ector. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant IX Compensation survey or study				
	X Form 990 of o		committee			
		, <u> </u>				
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 re					
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с		eive payment from an equity-based compensation arrangement?		4c		X
		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the re					
а	The organization?			5a		X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ึงท			
	contingent on the n	0				
а	The organization?			<u>6a</u>	X	
	Any related organiz	ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		ies 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	пе			
				8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	) 2022

232111 10-18-22

### 85-0346325

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL LOFTIN	(i)	262,084.	31,725.	0.	21,384.	11,120.	326,313.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA ALTOMARE	(i)	187,856.	25,651.	0.	15,898.	13,636.	243,041.	0.
PRESIDENT (THRU 12/16/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CLARENCE SIMMONS	(i)	171,208.	23,626.	0.	16,152.	11,120.	222,106.	0.
CFO (THRU 03/31/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL SLAVIN, CHIEF REAL	(i)	153,359.	21,263.	0.	14,693.	11,736.	201,051.	0.
ESTATE DEV. OFFICER AND DEPUTY CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY O'DONNELL	(i)	175,986.	0.	0.	3,323.	9,716.	189,025.	0.
CHIEF RESEARCH & POLICY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELENA GONZALES	(i)	145,427.	18,901.	0.	12,668.	5,661.	182,657.	0.
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHANNA GILLIGAN	(i)	127,118.	20,251.	0.	11,836.	14,953.	174,158.	0.
CHIEF EXTERNAL AFFAIRS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMBROSE PENA	(i)	134,999.	0.	0.	11,308.	14,953.	161,260.	0.
QUALIFYING BROKER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JILL COOK	(i)	119,994.	24,301.	0.	10,077.	512.	154,884.	0.
COO (THRU 07/29/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AARON FOWLER	(i)	134,762.	0.	0.	11,062.	7,594.	153,418.	0.
QUALIFYING BROKER (THRU 03/16/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### 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.

PART I, LINE 3:

THE ORGANIZATION USED AN INDEPENDENT COMPENSATION CONSULTANT TO DO A

COMPENSATION STUDY FOR ITS TOP MANAGEMENT OFFICIAL. THIS WAS LAST

COMPLETED IN 2018.

PART I, LINE 6:

THE DIRECTOR-LEVEL INCENTIVE COMPENSATION PLAN USES A CALCULATION OF TOTAL

POOL AVAILABLE FOR DISTRIBUTION TO DIRECTORS BASED ON 15% OF TOTAL SALARIES

OF ALL PARTICIPANTS, SELF SUFFICIENCY RATIO (RATIO OF REVENUE/EXPENSS)

ACHIEVED, AND PERCENTAGE OF SERVICE UNITS COMPLETED.

Schedule J (Form 990) 2022

### (Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047	
-------------------	--

	.U		L
Open	To l	Pub	lic

Department o Internal Rever		Go t	o ww	/w.irs.go					Form 990-EZ. ns and the lat		information.			-	pen To spect		lic
Name of t	he organization													r identi		on nu	mber
		HOMEWIS												463	25		
Part I											n 501(c)(29) orga						
	Complete if t	the organization							ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Na	ame of disqualifi	ed person	(b) ⊦	Relations persor	hip betv 1 and or			ified	(*	c) De	escription of trar	sactio	n			Corre es	
				<b>P</b>		5											No
	the amount of t												•				
JEnter	the amount of	tax, ii aiiy, oii ii	16 2,	above, re	in Dui St	euby		janizai					V				
Part II	Loans to a	and/or Fron	1 Int	ereste	d Pers	ons.											
	Complete if t	the organization	ansv	vered "Ye	es" on F	orm 9	90-EZ,	, Part \	/, line 38a or F	orm	n 990, Part IV, lin	e 26; o	or if th	e orga	nizatic	n	
		amount on Forn		1		ŕ									provod		
	a) Name of rested person	(b) Relation with organi		(c) Pu of lo		from	an to or n the		e) Original cipal amount	(f	) Balance due		) In ault?	(h) App by boa	ard or		/ritten ment <b>?</b>
into		with organi	Lution		Jun		zation?		ipar amount				r	comm		-	
ELENA	GONZALE	S OFFICI	- R	HOME	IMP	То	From X		25,000.		17,445.	Yes	No X	Yes X	No	Yes X	No
	CONDINE						- 23		25,000.		17,113.		- 23	- 23		- 23	
Total									\$	I	17,445.		<u> </u>				1
Part III	Grants or	Assistance	Ber	nefiting	Intere	estec	l Per	sons									
		the organization															
(a) I	Name of interest	ted person		(b) Relati	onship	betwe	en	(	c) Amount of		<b>(d)</b> Type				) Purp		f
				interest the o	ed pers organiza		d		assistance		assistan	се		á	assista	ance	
			+-														
			-														
			+														
			_														
			_														
			-														

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

232131 11-01-22

18091113 146892 617535

Schedule L (Form	1 990) 2022 HOMEWI	SE, INC.		85-0346	325	Page <b>2</b>
Part IV Bus	siness Transactions Involv	ing Interested Persons.				
Com	nplete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
<b>(a)</b> Nan	ne of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's
					Yes	nues?
					res	No
						+
						1
	pplemental Information.					
Prov	vide additional information for respo	onses to questions on Schedule L (see i	nstructions).			
COUPDIII P		TO AND FROM INTERES	יידים סדספיטאי	· .		
SCHEDOLE	L, PARI II, LOANS	IO AND FROM INTERES	IED PERSONS			
(A) NAME	OF PERSON: ELENA	GONZALES				
(C) PURPO	DSE OF LOAN: HOME	IMPROVEMENT LOAN				

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



85-0346325

HOMEWISE, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS AND FAMILIES CAN IMPROVE THEIR LONG-TERM FINANCIAL

WELL-BEING AND QUALITY OF LIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, THE CFO AND

CONTROLLER REVIEW A COPY OF THE DRAFT FORM 990 FOR COMPLETENESS AND

ACCURACY AND THEN SENDS IT TO THE FINANCE COMMITTEE FOR REVIEW. THE FORM

990 IS THEN PRESENTED TO THE BOARD. THE GOVERNING BOARD REVIEWS AND THEN

APPROVES THE FINAL COPY, AT WHICH POINT THE TAX RETURN IS FILED WITH THE

IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW THE

CONFLICT OF INTEREST AGREEMENT ANNUALLY. THEY MUST DOCUMENT ANY CONFLICT

AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. IF A CONFLICT ARISES IN

REGARD TO A BOARD MEMBER, THAT MEMBER IS NOT ALLOWED TO VOTE ON THE

TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE

OFFICER. THIS PROCESS INCLUDES THE USE OF OUTSIDE CONSULTANTS WITH

COMPARABILITY DATA FOR A SIMILARLY QUALIFIED PERSON IN A COMPARABLE

POSITION AT SIMILAR ORGANIZATIONS. ALL DELIBERATIONS AND DECISIONS ARE

DOCUMENTED. THE CEO ESTABLISHES THE COMPENSATION OF OTHER OFFICERS AND KEY

43

EMPLOYEES, SUBJECT TO THE REVIEW OF THE BOARD OF DIRECTORS.

Schedule O (Form 990) 2022 Name of the organization HOMEWISE, INC.		Page 2 Employer identification number 85-0346325
FORM 990, PART VI, SECTION C, LI	INE 19:	
THE FORM 990, GOVERNING DOCUMENT	IS, CONFLICT OF INTEREST PO	LICY AND
FINANCIAL STATEMENTS ARE AVAILAE	BLE TO THE PUBLIC UPON REQU	EST. ALSO, THE
ORGANIZATION'S FINANCIAL INFORMA	ATION AND FORM 990 ARE AVAI	LABLE ON THE
ORGANIZATION'S WEBSITE.		
FORM 990, PART XI, LINE 9, CHANG	GES IN NET ASSETS:	
CHANGE IN NET ASSETS ATTRIBUTABI	LE TO NON-CONTROLLING	
INTEREST		500.
232212 10-28-22		Schedule O (Form 990) 2022
91113 146892 617535	44 2022.05000 HOMEWISE, INC	

617535_1

SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 85 - 0346325

Department of the Treasury Internal Revenue Service Name of the organization

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

HOMEWISE, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
HW CORONADO COMPLEX LLC - 86-3213990					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	MIXED USE DEVELOPMENT	NEW MEXICO	36,819.	7,031,747.	HOMEWISE INC.
HOMEWISE ORPHEUM LLC - 82-2505194					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	MIXED USE DEVELOPMENT	NEW MEXICO	57,144.	3,961,119.	HOMEWISE INC.
HW RUPPE LLC - 82-3513689					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	MIXED USE DEVELOPMENT	NEW MEXICO	26,519.	527,912.	HOMEWISE INC.
HOMEWISE MORTGAGE LLC - 45-0931949					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	MORTGAGE LENDER	NEW MEXICO	965,951.	19,233,495.	HOMEWISE INC.

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN	(b) Primary activity	<b>(c)</b> Legal domicile (state or	(d) Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling
of disregarded entity		foreign country)			entity
BUCKMAN DEVELOPMENT LLC - 85-0346325					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	LAND FOR FUTURE DEVELOPMENT	NEW MEXICO	0.	314,071.	HOMEWISE INC.
BIG SKY SANTA FE LLC - 85-0346325					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	LAND FOR FUTURE DEVELOPMENT	NEW MEXICO	0.	555,475.	HOMEWISE INC.

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.

		Jouri									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	managin partner?	r Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	LEVERAGE LENDER										
HOMEWISE LEVERAGE I LLC -	FOR NEW MARKET										
88-2407944, 1301 SILER RD,	TAX CREDIT										
BLDG D, SANTA FE, NM 87507	PROGRAM	NM	HOMEWISE INC.	RELATED	42,660.	5,280,010.		x	N/A	x	95.00%
	7										
	1										
	1										
	1						1	1	1		1

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.

<b>(b)</b> Primary activity	(state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	end-of-year	(h) Percentage ownership	e (i) Section 512(b)(13) controlled entity?	
	country)						Yes	No
								<u> </u>
								<u> </u>
								+
								┼──
		Primary activity Legal domicile (state or foreign	Primary activity (state or foreign Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling Type of entity (state or foreign foreign cort rust)	Primary activity Legal domicile (state or foreign foreign controlling controlling controlling foreign controlling	Primary activity Legal domicile (state or foreign fore	Primary activity Legal domicile (state or foreign Direct controlling entity foreign Or rust) Direct controlling C corp, S corp, income end-of-year ownership	

## Schedule R (Form 990) 2022 HOMEWISE, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
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	1a	X	
b Gift, grant, or capital contribution to related organization(s)		X	
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)			_
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)	1s		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) HOMEWISE LEVERAGE I LLC	A	37,667.	ACTUAL AMOUNT INVOLVED
(2)			
(3)			
<u>(4)</u>			
(5)			
_(6)			

### Schedule R (Form 990) 2022 HOMEWISE, INC.

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

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

(a)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501( org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											$\square$		

Schedule R (Form 990) 2022

Part VII Supplemental Information

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

232165 09-14-22

50 2022.05000 HOMEWISE, INC. Schedule R (Form 990) 2022