(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

	Form 7004 to request an extension of time to file incom	e tax retur	ns.						
	dentification								
Type or	Name of exempt organization, employer, or other filer, see instructions. T				Taxpayer identification number (TIN)				
Print			05 004	6205					
File by the	HOMEWISE, INC.		85-034	6325					
due date for	h for Number, street, and room or suite no. If a P.O. box, see instructions.								
filing your return. See									
instructions.	City, town or post office, state, and ZIP code. For a for SANTA FE, NM 87507	oreign addı	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01			
Applicati		Return				Return			
		Code				Code			
Form 990) or Form 990-EZ	01	Form 4720 (other than individual)			09			
	20 (individual)	03	Form 5227			10			
Form 990		04	Form 6069			11			
)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12			
)-T (trust other than above)	06	Form 5330 (individual)			13			
)-T (corporation)	07	Form 5330 (other than individual)			14			
Form 104		08	rom cooc (calor anali individual)						
	ou enter your Return Code, complete either Part II or Par		Including signature, is applicable	only for an	extension of				
•	e Form 5330.		,	, .e. u					
	pplication is for an extension of time to file Form 5330, y	iou must ei	nter the following information						
	n Name		•						
	n Number								
	n Year Ending (MM/DD/YYYY)								
	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)						
	poks are in the care of DANIEL SLAVIN, CI								
			DING D - SANTA FE,	NM 87	507				
Teleph	none No. 505-795-7599		Fax No.						
-	organization does not have an office or place of business	s in the Uni							
	is for a Group Return, enter the organization's four-digit (
box	. If it is for part of the group, check this box								
1 lre	quest an automatic 6-month extension of time until \mathbf{F}								
	organization named above. The extension is for the orga								
	calendar year 20 or								
X	tax year beginning APR 1	. 20	2.3 , and ending	MAR 3	1.	. 20 24			
			;			_ ,			
2 lfth	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n				
	Change in accounting period								
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax, less						
	/ nonrefundable credits. See instructions.	,		3a	\$	0.			
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	. enter any	refundable credits and		- -				
	imated tax payments made. Include any prior year overp			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa								
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

			EXTENDED TO FEBRUARY 18, 20 Return of Organization Exempt From	25 Income	Гах	OMB No. 1545-0047			
For	_ g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2023			
1.01	Do not enter social security numbers on this form as it may be made public.								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspective									
Α	For th	e 2023 calend	ar year, or tax year beginning ${ m APR}1$, 2023 and ending	<u>M</u> AR 31,	2024				
	Check if applicat	C Name or	organization	D Employe	r identifica	tion number			
	Addr								
	chan Nam	e	WISE, INC.	0E 0	34632	F			
	chan Initia	, <u> </u>	usiness as and street (or P.O. box if mail is not delivered to street address) Room/si			5			
	returi Final	1301	SILER ROAD, BUILDING D		•983-9	473			
	⊥returi termi ated	n	pwn, state or province, country, and ZIP or foreign postal code	G Gross receip		30,845,036.			
	Amer	nded C A NT	A FE, NM 87507	H(a) Is this a					
	Appli tion	^{ica-} F Name a	nd address of principal officer: MICHAEL LOFTIN		ordinates?				
	pend	SAME	AS C ABOVE	H(b) Are all sub	ordinates inclu	uded? Yes No			
<u> </u>	Tax-e>	kempt status:				st. See instructions			
	Webs			H(c) Group					
	Form c art l	of organization: [Summary	X Corporation Trust Association Other L Y	ear of formation: 1	986 M	State of legal domicile : NM			
F	1		e the organization's mission or most significant activities: THE HOME	WTOF MTOO					
e	1		SUCCESSFUL HOMEOWNERS AND STRENGTHEN N						
Activities & Governance	2	Check this bo							
veri	3		ing members of the governing body (Part VI, line 1a)						
ĝ	4		ependent voting members of the governing body (Part VI, line 1b)		···· – – – –	12			
کە بە	5		of individuals employed in calendar year 2023 (Part V, line 2a)			141			
itie	6		of volunteers (estimate if necessary)			12			
ctiv	7 a		d business revenue from Part VIII, column (C), line 12			0.			
Ā	b		business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Yea	r	Current Year			
Ð	8	Contributions	and grants (Part VIII, line 1h)	5,922,		10,296,352.			
nue	9	Program servi	ce revenue (Part VIII, line 2g)	19,194,		19,945,577.			
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	60,	533.	249,985.			
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	05 1 55	0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,177,		30,491,914.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	L,	738.	0.			
	14		to or for members (Part IX, column (A), line 4)	11 640	0.	0.			
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	11,642,	665.	<u>11,378,299.</u> 46,814.			
ens	168		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)963 , 826	50,	005.	40,014.			
Expenses	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	10,048,	800.	12,620,207.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,731,	830.	24,045,320.			
	19		expenses. Subtract line 18 from line 12	3,446,		6,446,594.			
or	G			Beginning of Curre		End of Year			
t Assets (20	Total assets (F	Part X, line 16)	228,547,		241,933,592.			
Ass	21		(Part X, line 26)	147,391,		154,325,165.			
LNet	22	Net assets or	fund balances. Subtract line 21 from line 20	81,155,	880.	87,608,427.			
Pa	art II	Signature	Block						
Unc	ler pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and stat	ements, and to the l	best of my k	nowledge and belief, it is			
true	, corre	ect, and complete	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowle	dge.				

Sign	Signature of officer		Date						
	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	02/12/25 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 8	7110	Phone no. 505-878-7200						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		ige 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.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3	5 5 5 5 5 1	
	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		<u>/ •</u>)
	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.	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
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	10,002,005	
	Form 990 (2	2023)
332002	2 12-21-23)

Form	990	(2023)
	330	

Form 990 (2023) HOMEWISE, INC. Part IV Checklist of Required Schedules

or in quasi-endowments? // "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 10 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "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? // "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? // "Yes," complete Schedule D, Part VIII 11b 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? // "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X 11d X e Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 11a X 11e X 11b X 11e X 11c X 11e X 11d X 11e X 11d X 11e <				Yes	No
2 b the organization engage in direct to indice to pilotic campaign activities on behalf of or in opposition to candidates for public office? // 'Yes,' complete Schedule C, Part // 3 X 3 b the organization engage in direct publical campaign activities, or have a section 501(h) election in effect 3 X 4 Section 501(c)(a) organizations. Duit the organization engage in loobying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(c)(d), 501(c)(d), or 501(c)(d) organization that receives membership dues, assessment, or assist in provide activities as defined in Rev. Proc. 98197 // Yes,' complete Schedule C, Part I 6 X 6 D the organization encode or hold a conservation assessment in uncluding essements to preserve open space. 7 X 7 D the organization maintain any done advised funds or any crustopial account liability, serve as a custopian for amounts in such funds or accounts 7/ Yes,' complete Schedule D, Part I 7 X 8 Did the organization memory or horde crudit consensity, deta management, crudit repair, or debt negatiziton service? 9 X 10 Did the organization report an amount for lark transport organization, clocking part Y, line 12, his to some restricted endowments or in quantamount for investment 5 - offer securities in Part X, line 13, that is 5% or more of its total asests reportan in the strain adv of the tolowing questions is Yes,	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 publics of campaign activities on behalf of or in opposition to candidate for public office? If 'Yes,' complete Schedule C, Part I a X 4 Section 501(p) organizations. Did the organization engage in totbying activities, or have a section 501(p) election in effect of the organization activities (b), 801(b) (b), 501(b) (b), 501(b) (b), 501(b) (b), 501(b) (b), 501(b) (b), 501(b), 501			<u> </u>		
public office? <i>II</i> 'Yes,' complete Schedule <i>C</i> , <i>Part I</i> 3 X 4 Section 501(k) election in effect during the tax yea? <i>II</i> 'Yes,' complete Schedule <i>C</i> , <i>Part II</i> 4 X 5 Is the organization a saction 501(k)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, err similar amounts as defined in Rev Co. B9121 'Yes,' complete Schedule <i>C</i> , <i>Part II</i> 5 6 Did the organization or investment of nuoxins in sact funds or accounts for which dones have the right to provide advise on the distribution or investment of nuoxins in sact funds or accounts <i>II</i> 'Yes,' complete Schedule <i>D</i> , <i>Part I</i> 6 X 7 Did the organization receive or hold a conservation asserves, including asservation asserves, <i>II</i> 'Yes,' complete Schedule <i>D</i> , <i>Part I</i> 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability serve as a custodial rer amounts not tited in Part X, reproduce craft consensing, debt management, craft repair, ordebt regulations services? 9 X 9 Did the organization, directly romogia a related organization, hold asset in amagement, and the part X, line 12, line 130, line 132, line 132, line 132, line 133, line 350 or more of its total asset report an amount for investments - other securities in Part X, line 13, that is 550 or more of its total asset report an amount for investments - other securities in Part X, line 14, line 150, line 124, line 144, X 11a X			2	Х	
4 Section 501(b) operations. Did the organization angue in lobying activities, or have a section 501(b) election in effect during the tax year? // 'Yes,' complete Schedule C, Part II. 4 X 5 Is the organization a section 501(b)(b), 00 501(b)(b), or 501(b), or 501(b)	3				37
during the tax year/(if Yes, "complete Schedule C, Part II 4 X 5 is the organization a section 50 (10(4))) 50 (10(4)) 50 (10(4)) 50 (10(4)) 50 (10(4)) 50 (10(4)) 50 (10(4)) 50 (10(4))) 50 (10(4)) 50			3		<u> </u>
5 Is the organization actions 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197 if "res," complete Schedule C, Part II 5 6 Did the organization maintan any doore advised funds or any similar funds or accounts? // if "res," complete Schedule D, Part I 6 7 XX 8 Did the organization neutron or investment of amounts in such funds or accounts? // if "res," complete Schedule D, Part II 7 XX 9 Did the organization maintan any doore advised in easement, incuting easements to rother similar assets? // "res," complete Schedule D, Part II 7 XX 9 Did the organization requires through a maintan collections of works of at, historical treasures, or other similar assets? // "res," complete Schedule D, Part IV 7 XX 9 Did the organization regort an amount for land, buildings, and equipment in Part X, line 10? // "res," complete Schedule D, Part V 10 X 11 If the organization regort an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "res," complete Schedule D, Part V 11a X 11 If the organization regort 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? // "res," complete Schedule D, Part V 11a	4			37	
similar amounts as defined in Rev. Proc. 88-197 (#Yes," complete Schedule C, Part III. 5 X Did the organization maintain any donor advised funds or ary similar funds or accounts? (# 'Yes," complete Schedule D, Part I 6 X 7 Did the organization maintain acleacion of works or any similar funds or accounts? (# 'Yes," complete Schedule D, Part I 7 X 8 Did the organization maintain acleacion of works of art, historical treasures, or other any complete Schedule D, Part II 8 X 9 Did the organization maintain acleacions of works of art, historical treasures, or other any or the organization services? 9 X 10 Did the organization, anonut in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, complete Schedule D, Part II 8 X 10 Did the organization, anower to any of the following questions is 'Yes," then complete Schedule D, Part X, ins applicable. 10 X 11 If the organization report an amount for lind, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part W 11a X 12 Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part W 11a X 13 Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part W 11a X			4	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 8 X 7 X X 7 X 8 Did the organization meetive not hold a conservation essement, including easements in to preserve open space, the environment, instoric attractures? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization maint collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization maint collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization instructures? If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization same to any of the following questions is "Yes," then complete Schedule D, Part SU, VII, VIII, VIII, X, or X, as applicable. 11 X 11 X 11 If the organization report an amount for investments - organ related in Part X, line 10? If "Yes," complete Schedule D, Part X 11 X 12 Did the organization report an amount for investments - porgan related in Part X, line 10? If "Yes," complete Schedule D, Part X 111 X </td <td>5</td> <td></td> <td></td> <td></td> <td>77</td>	5				77
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization 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, jine 21, for escrow or custodial account liability; serve as a custodian for amounts not directly or through a related organization, hold assets in donor-restricted andownerts or in quasi-andownerts? If "Yes," complete Schedule D, Part IV 8 X 10 Did the organization identity or through a related organization, hold assets in donor-restricted andownerts or in quasi-andownerts? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - order related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - order 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 X 11 X 13 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 114 X			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 Bolt the organization maintain collections of vorts of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 10 Did the organization of an anount 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 answer to any of the following questions in Yes," then complete Schedule D, Part IV. 10 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 11a X 11 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 12 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 VI 11b X 13 Did the organization report an amount for investments for the tax year include a locontote that addressees the organization shall bit of	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 II 7 X 9 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 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 lind, 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 - ropan related in Part X, line 13?, If "Yes," complete Schedule D, Part VIII 11a X 14 Did the organization separate or consolidated financial statements for the tax year 114 X 14 X 114 X 114 X 15 Did the organization separate or consolidated financial statements for the tax year? 114	_		6		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #'Yes, "complete Schedule D, Part VII 8 X 9 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 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 9 X 10 If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Part V, VII, VII, VII, VI, or X, as applicable. 10 X a Did the organization report an amount for innet, buildings, and equipment 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 b Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11a X c Did the organization report an amount for other assets in Part X, line 15? If 'Yes,' complete Schedule D, Part X 11d X d Did the organization include in 16? If 'Yes, 'complete Schedule D, Part X 11d X c Did the organization report	7				v
Schedule D, Part III 8 X 9 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 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 VI 10 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 VII 111 X 13 Did the organization report an amount for investments - orber asset 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 111 X 14 Did the organization report an amount for investments or the tax year include a footnote that addresses the organization silability for uncertain tax positions under FIN 48 (ASC 740?) If 'Yes, 'complete Schedule D, Part X 111 X 14 X Tes, 'a ontypies Schedule D, Part X 122 X 14 X Tes, 'a ontypies Schedule D, Part X 112 <td>_</td> <td></td> <td>7</td> <td></td> <td></td>	_		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, VIII, VII, VII, VIII, VII, VII, VIII, VIIII, VIIIII, VIIII, VIIIII, VIIII, VIIII, VIIII, VIII	8				v
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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 X 15 X 17 Did the organization report on Part IX, column (A), line 3, more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? 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 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 20b 20b 20b 20b </td <td>13</td> <td></td> <td></td> <td>v</td> <td></td>	13			v	
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aumestic government on Fartix, column (A), intensisting res, "Complete Schedule I, Parts I and II	21		01		x
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 Form 990 (2023)
 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		37	
	Schedule J	23	X	
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	~		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	37	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	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	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
01	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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	37		X
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		·····	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6010			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.5	х	
22000	(gambling) winnings to prize winners?	1c		(2023)
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Form	990 (2023) HOMEWISE, INC.		85-0346	325	Р	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	141			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	•	2b	Х	
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		х
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	coun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		. ,	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
6a				6.		х
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u></u>
a	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gins			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	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.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a			1	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a		_ <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					<u> </u>
15				15		x
	excess parachute payment(s) during the year?			15		21
40	If "Yes," see the instructions and file Form 4720, Schedule N.	in	201	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		
<i></i>	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	(0000)
332005	12-21-23			Form	390	(2023)

Part XIII Governance, Management, and Disclosure. For each "hs" response to line 2 through 7b below, archive the incrumationse, processes, or charge on Schedule O. See instructions. Check if Schedule O. See instructions. Section A. Governing Body and Management. 1a Enter the number of voting members of the governing body at the end of the tax year. 1a 1a Enter the number of voting members of the governing body of the governing body diagated torad authority to an executive committee or similar committee, spalia on Schedule O. 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duries customally performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries customally performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries outstomally performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries customally performed by or under the direct supervision of officers, directors insubers or stockholders? 3 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 4 Did the organization have members, stockholders, or aubiest to approval by members, stockholders, or persons of the than the governing body? 5 Did the organization have members, stockholders, or aubiest the aurens and excelses and stockholders. 7 Bold the organization have memone photopes listed in Part VI, Section A, who cann	0346325		age
Check If Schedule 0 contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body, or If the governing body delogated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent: 11 1b C the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 10 2 Did the organization nedegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 10 2 Did the organization neave members, stockholders, or other persons who had the power to elect or appoint one or more members or tackholders, or other persons who had the power to elect or appoint one or more members of the governing body? 10 3 Did the organization neave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 10 4 Did the organization neave menotes, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 10 5 Both or organization neave menotes, stockholders, or other persons other than the governing body? 10 6 Both or organization neave menotes or the organization reserved to the governing body?	nd for a "No" i	respor	ise
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body, or if the governing body dependence on the section on mittee or similar committee commi			
1a Enter the number of voting members of the governing body at the end of the tax year 1a 1a Enter the number of voting members include on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees 1b 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees 1c 4 Did the organization become aware during the year of a significant diversion of the organization secone aware during the year of a significant diversion of the organization secone aware during the year of a significant diversion of the organization ave members or stockholders? 7 Did the organization nake members or stockholders? 7 Did the organization nake members or stockholders? 7 Did the organization nake members or stockholders? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tollowing: 9 Did the organization nake more avaid of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization contemporaneously document the ange and aidresses an Schedule O 9 Is there any officer, director, strustee, or ke	<u></u>		2
If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain on Schodule 0. ID Enter the number of voting members included on line 1a, above, who are inclependent . ID ID dany officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees an anagement duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employee and a management duties customarily performed by or under the direct supervision of officers directors, trustees, or key employee and a significant diversion of the organization become aware during the year of a significant diversion of the organization setting. ID the organization have members or stocholders? ID the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ID the organization near members or stocholders? ID the organization have members, stockholders, or persons other than the governing body? ID the organization near equival performance of the governing body? ID is there any officer, director, trustee, or key employee listen on any officer, director, trustee, or key employee itself on Part VII, Section A, who cannot be reached at the organization make with application and condities and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? ID the organization have a written policies and procedures governing tould purpose? <td></td> <td></td> <td></td>			
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 Section B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the organization invest in, contribute assets to, or participate in a joint venture and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements? Section 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 Form 9102 (1024 or 1024-A, if applicable), 990, and 990-T (section 5C for public inspection. Indicate how you made these a	9		2
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, High	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.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is to officer and a director/t		s both	n an	compensation	compensation	amount of	
	week			uau		1711 US		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) MICHAEL LOFTIN	40.00									
CEO				Х				274,494.	0.	34,537.
(2) DELORIS PAGE	40.00									
CIO				Х				198,501.	0.	9,305.
(3) KELLY O'DONNELL	40.00									
CHIEF RESEARCH & POLICY OFFICER				Х				175,005.	0.	26,076.
(4) JOHANNA GILLIGAN	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER				Х				161,110.	0.	31,598.
(5) ELENA GONZALES	40.00									
<u>coo</u>				Х				168,501.	0.	20,443.
(6) DANIEL SLAVIN	40.00									
CFO				Х				163,634.	0.	20,043.
(7) RATHI CASEY	40.00									
CHIEF CREATIVE OFFICER				Х				170,302.	0.	0.
(8) AMBROSE PENA	40.00									
QUALIFYING BROKER						X		127,580.	0.	28,845.
(9) SHERYL KASSETAS	40.00									
LENDING OPERATIONS DIRECTOR						X		127,087.	0.	28,818.
(10) EUGENIO CHAVEZ, REAL ESTATE	40.00									
DEV. CONSTRUCTION DIRECTOR						X		133,931.	0.	17,690.
(11) MICHELE ERENBERGER	40.00							100 501		4
SENIOR UNDERWRITER	40.00					X		109,701.	0.	15,762.
(12) JAIME JARAMILLO, REAL ESTATE	40.00							110 070	0	0 050
DEVELOPMENT PLANNING DIRECTOR						X		112,978.	0.	9,852.
(13) KATHERINE ULIBARRI	5.00			37				0	0	0
CHAIR		Х		Х		-		0.	0.	0.
(14) ANNE MESSBARGER-EQUIA	2.50	v		х				0.	0.	0
VICE-CHAIR (15) JOSEPH KUNKEL	2.50	Х		~				0.	0.	0.
	2.50	x		х				0.	0.	0
TREASURER (16) MARISSA RUYLE	2 50	~		Λ				0.	0.	0.
	2.50	x		х				0.	0.	n
SECRETARY (17) AGNES NOONAN	1.50	^		Λ		-		0.	0.	0.
BOARD MEMBER	L . 50	x						0.	0.	0.
		Λ						0.	υ.	Form 990 (2023)
332007 12-21-23										Form 330 (2023)

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2023.05050 HOMEWISE, INC.

9

Form 990 (2023) HOMEWISE ,	INC.								85-03	3 <u>46</u> 2	325 I	-age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(10		Posi				Reportable	Reportable		Estima	ted
	hours per	box	, unles	ss per	son i	than c s both	an	compensation	compensation	n	amoun	t of
	week	offi	cer an	ıd a di	recto	r/trust	ee)	from	from related		othe	r
	(list any	ector						the	organizations		compens	ation
	hours for	or dir	e.			ated		organization	(W-2/1099-MIS	C/	from t	
	related	Istee	truste		æ	pens		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	ial tru	onal		oloye	ee com		1099-NEC)			and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organiza	lions
(18) AMANDA KOCON	1.50	-	드	õ	Ke	e Hi	R					
BOARD MEMBER	1.30	x						0.		0.		0.
(19) ANDREW SPINGLER	1.50							```				
BOARD MEMBER		x						0.		0.		0.
(20) DAVID DELGADO	1.50											
BOARD MEMBER		x						0.		0.		0.
(21) JADE RIVERA	1.50											
BOARD MEMBER		x						0.		0.		0.
(22) JOSUE OLIVARES	1.50											
BOARD MEMBER		х						0.		0.		0.
(23) PAUL VOGEL	1.50											
BOARD MEMBER		Х						0.		0.		0.
(24) SHELLE VANETTEN DE SANCHEZ	1.50											
BOARD MEMBER		Х						0.		0.		0.
										$ \rightarrow $		
								1 0 2 2 0 2 4		0.	242 0	0
1b Subtotal								1,922,824.		0.	242,9	
c Total from continuation sheets to Part VI								0.		0.	242 0	$\frac{0}{10000000000000000000000000000000000$
d Total (add lines 1b and 1c)											242,9	.69.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1 7
compensation from the organization											Yes	<u>17</u>
• Did the second incline list and former officer										ſ	Tes	
3 Did the organization list any former officer,	-		•	•	-		~					v
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su											· V	
and related organizations greater than \$150	,		'								4 X	-
5 Did any person listed on line 1a receive or a					-			•			-	x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	<u>ich r</u>	pers	on .				<u></u>	5	
1 Complete this table for your five highest cor	monoptod ind	lono	ndor	at or	ntro	otor	0 +1	ast received more than ¢	100 000 of comp		ion from	
the organization. Report compensation for t	-	-								ensat		
(A)	ne calendar ye	sai e	nuii	iy w			.1 111	(B)			(C)	
אן Name and business	address							Description of s	ervices	С	ompensati	on
TQM, LLC, 9798 COORS BLVD		G	C								I	
ALBUQUERQUE, NM 87114		0	ς,					CONSTRUCTION		4	,439,5	66.
RICHARDSON & RICHARDSON,	TNC							001101110011011			/ 100 / 5	
		17	6					CONSTRUCTION		3	,966,6	62.
PO BOX 36627, ALBUQUERQUE, NM 87176 CONSTRUCTION JP BUILDERS, 1018 CERRO VISTA RD SW,									<u>,,,,,,,</u>			
ALBUQUERQUE, NM 87105							CONSTRUCTION		2	,080,5	527.	
LOPEZ LANDSCAPE AND CONST	RUCTION											
51 SUNRISE RD, SANTA FE, NM 87507 CONSTRUCTION						1	,683,3	42.				
RODRIGUEZ & SONS CONSTRUCTION LLC												
2813 DAIL CIRCLE, SANTA F			07					CONSTRUCTION		1	,672,9	139.
2 Total number of independent contractors (ir				t to t	thos	e lis			ore than		. , .	
\$100.000 of compensation from the organiz	-				15			·				

332008 12-21-23

		Check if Schedule O c					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
Ĕ	с	Fundraising events		1c						
ar F		–								
Ē	е	Government grants (contri	butio	ons) 1e		7,186,297.				
2	f	All other contributions, gifts, g	grant	s, and						
TUe		similar amounts not included	abov	e 1f		3,110,055.				
D	g	Noncash contributions included in I	ines 1	a-1f 1g	\$	517,564.				
an	h	Total. Add lines 1a-1f					10,296,352.			
						Business Code				
	2 a		RVI	CING		522292	8,073,596.	8,073,596.		
Ð	b	HOME SALES, NET				532000	5,449,997.	5,449,997.		
enu	С	COMMISSIONS				531390	2,833,689.	2,833,689.		
ev	d					522292	2,433,459.	2,433,459.		
Hevenue	-	MORTGAGE SERVICING R				531390	710,435.	710,435.		
		All other program service r				531390	444,401.	444,401.		
+		Total. Add lines 2a-2f					19,945,577.			
	3	Investment income (includ	ing c	dividends, i	ntere	est, and	160 107			1.00
						····· -	168,107.			168,
	4	Income from investment o		-		Г				
	5	Royalties	·····	(i) Rea		(ii) Personal				
	•	0			1	(II) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss) Gross amount from sales of		(i) Securi		(ii) Other				
	<i>i</i> a	assets other than inventory	7a			435,000.				
	h	Less: cost or other basis	7a							
	5	and sales expenses	7b			353,122.				
	c		7c			81,878.				
		Net gain or (loss)	<u> </u>			· · · · · · · · · · · · · · · · · · ·	81,878.			81,
		Gross income from fundraisin								,
	•	including \$								
		contributions reported on								
		Part IV, line 18		·	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from f			nts					
	9 a	Gross income from gaming	g act	ivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from g	gami	ng activitie	s					
	10 a	Gross sales of inventory, le	ess r	eturns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from s	sales	of invento	ry					
						Business Code				
Kevenue	11 a									
(ent	b					 				
lev	С					 				
	Ь	All other revenue								1
1		Total. Add lines 11a-11d								

HOMEWISE, INC.

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	Grieck il Schedule O contains a respor			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	1,940,593.	1,562,899.	294,331.	83,363.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,202,349.	5,689,856.	1,080,352.	432,141.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	567,336.	448,196.	85,100.	34,040.
9	Other employee benefits	979,640.	773,916.	146,946.	58,778.
10	Payroll taxes	688,381.	543,821.	103,257.	41,303.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	198,877.	167,758.	20,917.	10,202.
С	Accounting	113,409.		113,409.	
	Lobbying	35,000.	35,000.		
е	Professional fundraising services. See Part IV, line 17	46,814.			46,814.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		007 010		
	column (A), amount, list line 11g expenses on Sch 0.)	576,960.	237,813.	264,624.	74,523.
12	Advertising and promotion	227,564.	87,312.	056 601	140,252.
13	Office expenses	444,448.	175,063.	256,681.	12,704.
14	Information technology	664,207.	198,783.	463,753.	1,671.
15	Royalties		100 007	02 025	24 050
16		226,890. 108,793.	108,907. 29,836.	93,025. 76,945.	<u>24,958.</u> 2,012.
17	Travel	108,793.	29,030.	/0,945.	2,012.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,413,231.	3,413,231.		
20	Interest	J, HIJ, 4JI.	J, HIJ, 4JI.		
21	Payments to affiliates Depreciation, depletion, and amortization	1,116,972.	559,495.	557,477.	
22 23		528,303.	555, 255.	528,303.	
23 24	Other expenses. Itemize expenses not covered	520,505.		520,505.	
27	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.) CAPITAL GRANT EXPENSE	3,145,255.	3,145,255.		
a b	CLIENT SUPPORT SERVICES	910,160.	910,160.		
D C	PROFESSIONAL DEVELOPMEN	153,929.	60,455.	92,409.	1,065.
c d	CARRYING COSTS AND OTHE	141,469.	141,469.	52,2070	±,003•
	All other expenses	614,740.	614,740.		
25	Total functional expenses. Add lines 1 through 24e	24,045,320.	18,903,965.	4,177,529.	963,826.
26	Joint costs. Complete this line only if the organization	,510,5200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200,0200
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
-					

Form 990 (2023)

HOMEWISE, INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

332010 12-21-23

13 2023.05050 HOMEWISE, INC.

		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,137,947.	1	6,896,658.
	2	Savings and temporary cash investments			13,352,461.	2	10,037,876.
	3	Pledges and grants receivable, net			1,345,386.	3	1,348,378.
	4	Accounts receivable, net			2,558,477.	4	4,421,896.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes			17,445.	5	15,918.
	6	Loans and other receivables from other disqualit	fied per				
		under section 4958(f)(1)), and persons described		6			
ŝ	7	Notes and loans receivable, net			127,019,497.	7	143,708,436.
Assets	8	Inventories for sale or use				8	
As	9				739,953.	9	710,080.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	20,160,138.			
	b	Less: accumulated depreciation	10b	5,102,020.	10,296,508.	10c	15,058,118.
	11	Investments - publicly traded securities			11	1,446.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	60,079,593.	15	59,734,786.		
	16	Total assets. Add lines 1 through 15 (must equa			228,547,267.	16	241,933,592.
	17	Accounts payable and accrued expenses			4,525,484.	17	4,624,977.
	18	Grants payable		18			
	19	Deferred revenue	5,244,911.	19	3,505,565.		
	20	Tax-exempt bond liabilities				20	4 01 - 00 6
	21	Escrow or custodial account liability. Complete I			4,586,222.	21	4,917,386.
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela			96,798,376. 28,421,238.	23	93,858,468.
	24	Unsecured notes and loans payable to unrelated			20,421,230.	24	41,086,082.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			7,815,156.	05	6,332,687.
	00	of Schedule D			147,391,387.	25 26	154,325,165.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			147,351,307.	20	134,323,103.
Se		and complete lines 27, 28, 32, and 33.					
nce	27				78,096,993.	27	84 791 412.
Fund Balances	28				3,058,887.	28	84,791,412. 2,817,015.
Ыd	20	Organizations that do not follow FASB ASC 9		ock here	5705070074	20	2,01,,0130
Fun		and complete lines 29 through 33.	50, che				
ŗ	29	Capital stock or trust principal, or current funds				29	
Net Assets or	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
let ,	32	Total net assets or fund balances			81,155,880.	32	87,608,427.
2	33	Total liabilities and net assets/fund balances			228,547,267.	33	241,933,592.
					· · · ·		– – – – – – – – – –

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet HOMEWISE, INC.

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

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VIII, column (A), line 25) 2 24, 045, 3200. 2 Revenue less expenses. Subtract line 2 from line 1 3 6, 4466, 594. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 81, 155, 880. 5 Donated services and use of facilities 5 5, 953. 6 6 7 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8 7 Part XII Financial Statements and Reporting 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepare the form 990: Cash X Accrual Other 2 X <th></th> <th>1990 (2023) HOMEWISE, INC.</th> <th><u>85-</u></th> <th>0346325</th> <th>Pa</th> <th>_{ige} 12</th>		1990 (2023) HOMEWISE, INC.	<u>85-</u>	0346325	Pa	_{ige} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 30, 491, 914. 2 Total expenses (must equal Part IX, column (A), line 25) 2 24, 045, 320. 3 Revenue less expenses. Subtract line 2 from line 1 3 6, 446, 594. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 81, 155, 880. 5 Stypes 5, 953. 6 6 7 Investment expenses 6 7 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 87, 608, 427. Part XII Financial Statements and Reporting	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 24,045,320. 3 Revenue less expenses. Subtract line 2 from line 1 3 6,446,594. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 81,155,880. 5 Net unrealized gains (losses) on investments 6 7 6 7 6 7 7 7 6 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 87,608,427. Check if Schedule 0 contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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 Consolidated basis Both consolidated and separate basis 2b X If 'Yes,'' tokic A a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separ		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
2 Total expenses (must equal Part IX, column (A), line 25) 2 24,045,320. 3 Revenue less expenses. Subtract line 2 from line 1 3 6,446,594. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 81,155,880. 5 Net unrealized gains (losses) on investments 6 7 6 7 6 7 7 7 6 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 87,608,427. Check if Schedule 0 contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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 Consolidated basis Both consolidated and separate basis 2b X If 'Yes,'' tokic A a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separ						
3 Revenue less expenses. Subtract line 2 from line 1 3 6,446,594. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 81,155,880. 5 0.5,953. 6 7 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 87,608,427. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2a X X 1 ft "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 consol	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 81,155,880. 5 Net unrealized gains (losses) on investments 5 5,953. 6 0 6 7 8 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 87, 608, 427. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 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 O. 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 Both consolidated and separate basis, consolidated basis, or both: 2b X If "Yes," the cas a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b </th <th>2</th> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>2</td> <td></td> <td></td> <td></td>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 5,953. 6 6 7 7 8 6 7 8 7 8 9 9 0.1 9 0.1 10 87 ror period adjustments 8 9 9 0.1 9 0.1 10 Net assets or fund balances (explain on Schedule O) 9 0.1 10 87 r, 608, 427. 10 87 r, 608, 427. Part XII	3	Revenue less expenses. Subtract line 2 from line 1	3			
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7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Mere the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Separate basis I Onsolidated basis, or both: Separate basis Separate basis I If "Yes," check a box below to indicate whether the financial statements for the year	5	Net unrealized gains (losses) on investments	5		<u>5,9</u>	<u>53.</u>
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10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 87,608,427. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B) 10 87,608,427. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
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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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	t		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Inspection

Nam	me of the organization Employer identification number									
			WISE, INC.						5-0346325	
Pa	rtI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch				n 170(b)(1	l)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support fr	om gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	or section a	509(a)(2).	See section 5	5 09(a)(3) . C	Check the box on	
		lines 12a through 12d that						-		
а		Type I. A supporting orga		-	• • • •	-				
		the supported organization			majority o	f the direc	tors or trustee	es of the su	pporting	
		organization. You must c	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	-							
С		☐ Type III functionally inte	• • • •					ly integrate	d with,	
	_	its supported organization		-						
d		J Type III non-functionally		• •				-		
		that is not functionally int	•	o ,	•		•	an attentiv	eness	
_		requirement (see instructi		-				I. T		
е		Check this box if the orga					Type I, Type I	і, туре ш		
	Ento	functionally integrated, or er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.				
		vide the following information	•	d organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)	
Tota	1									

Schedule A	Form 990) 202
Schedule A	LOUIII 220) 202.

HOMEWISE, INC.

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.)

260	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	5983505.	10100965.	7292238.	5922605.	10296352.	<u>39595665.</u>			
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		1010005	B 000000	5000605	100000000				
	Total. Add lines 1 through 3	5983505.	10100965.	7292238.	5922605.	10296352.	39595665.			
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,						2001760			
•	column (f)						2991768.			
	Public support. Subtract line 5 from line 4.						36603897.			
		(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	(6) Tatal			
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019 5983505	<u>(b)2020</u> 10100965.	(c) 2021 7292238.	(d) 2022	(e) 2023 10296352.	(f) Total			
	Gross income from interest,	35035051	101009090	1252250.	5522005.		555556651			
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	31,274.	4,934.	7,992.	59,464.	168,107.	271,771.			
9	Net income from unrelated business	51,271		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55,101.	100,107.	2/1,//10			
3	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						39867436.			
	Gross receipts from related activities,	etc. (see instruction	ons)				,945,015.			
	First 5 years. If the Form 990 is for th	•	,							
	organization, check this box and sto									
Sec	ction C. Computation of Publi									
	Public support percentage for 2023 (I			column (f))		14	91.81 %			
	Public support percentage from 2022		-			15	95.32 %			
	33 1/3% support test - 2023. If the o					ore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation			
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization					
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or			
	more, and if the organization meets the	he facts-and-circun	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the				
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s			
						Schedule A	(Form 990) 2023			

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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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
l.	3 received from disqualified persons						
D	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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgai	nization,
Sec	ction C. Computation of Public	ic Support Per	rcentage				
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ine 13, column (f))	1	17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23			, <u></u> , <u>_</u> , <u></u>			dule A (Form 990) 2023
			17	1		22.10	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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.)

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	(Form 990) 2023		INC
Part IV	Supporting Orga	anizations (continued	1)

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's onicers,				
directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)					
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported				
	organization, describe how the powers to appoint and/or remove 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.				
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				

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Supe	i viseu.	0	ieu liie sul	JDUILIIIQ	uganization.	
Section	C. Ty	pe II Su	pporting	j Orga	anizations	

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)	

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 organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is the parent of e	ach 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 instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.*

Yes No
Yes No
Yes
No

Schedule A (Form 990) 2023

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion 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		
Sect	ion 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		
е	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		
Sect	ion 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 integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

HOMEWISE, INC.

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instructions).

Schedule A (Form 990) 2023

21 2023.05050 HOMEWISE, INC.

Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity 2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	;	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	HOMEWISE	, INC.	85-0346325 _P	'age 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanations required by F 5a, 6, 9a, 9b, 9c, 11a, 11b, and IV, Section E, lines 1c, 2a, 2b,	Part II, line 10; Part II, line 17a or 17b; Part III, line 12; d 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V omplete this part for any additional information.	,
	(
332028 12-21-2	3		22	Schedule A (Form 990) 2023

13090212 146892 617535

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

85-0346325

HOMEWISE,	INC.
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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 totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total 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).

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

Schedule B	(Form	990)	(2023)	
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Name of organization

Employer identification number

HOMEWISE, INC. 85-0346325 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Х Person Payroll 2,478,839. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 1,823,526. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Х Payroll 1,800,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 454,972. Noncash 1 \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 х Person Payroll 767 685. Noncash

		\$ <u>, , , , , , , , , , , , , , , , , ,</u>	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$524,287.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

24 2023.05050 HOMEWISE, INC.

13090212 146892 617535

		\$405,564.	Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 8 </u>		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26-23	······, ···· ··· · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

HOMEWISE, INC.

Name of organization

Part I

(a)

No.

7

Employer identification number

(d)

Type of contribution

85-0346325

Person

(c)

Total contributions

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)			Page 3
Name of o	rganization		Employ	ver identification number
HOMEW	ISE, INC.		85-	-0346325
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
7	42,871 SHARES OF AMCR	_		
		\$405,5	64.	11/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_ _ _ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		_ _ _ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
323453 12-26	5-23			Schedule B (Form 990) (2023)

13090212 146892 617535

617535_1

Name of c	organization		Employer identification number
HOMEW	ISE, INC.		85-0346325
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
323454 12-26	6-23	I	Schedule B (Form 990) (2023)

13090212 146892 617535

SCHEDULE	С
(Form 990)	

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

 Internal Revenue Service
 Go to www.irs.gov/Form990 for instructions and the latest information.
 Inspection

 If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:
 Inspection

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization HOMEWIS	SE, INC.			Emplo	by er identification $85 - 034632$	
Pa	art I-A Complete if the or	ganization is exempt under	er section 501(c)	or is a section 52	27 org	anization.	
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	itures					
		ganization is exempt und					
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955		\$		
	Enter the amount of any excise tax						
	If the organization incurred a section						No
	Was a correction made?					Yes	No
	o If "Yes," describe in Part IV. art I-C Complete if the or	ganization is exempt unde	er section 501(c)	except section 5	501(c)	(3)	
	Enter the amount directly expende						
	Enter the amount of the filing organ		-		Ψ		
_			-		\$		
3	Total exempt function expenditure				•		
	line 17b			·	\$		
4	Did the filing organization file Form	n 1120-POL for this year?					No
5	Enter the names, addresses, and e made payments. For each organiza contributions received that were p political action committee (PAC). If	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organi a separate political org	zation's funds. Also en anization, such as a se	ter the	amount of politica	I
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization filing organization funds. If none, ent	on's	(e) Amount of p contributions rece promptly and d delivered to a se political organiz If none, enter	ived and irectly parate zation.

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

23

LHA 332041 11-06-23

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

Schedule C (Form 990) 2023	HOMEWISE,	INC.		85-0)346325 Page 2
Part II-A Complete if the orga	anization is exe	empt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
	-		in Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share	, ,	, ,			
B Check [] if the filing organization	ion checked box A	and "limited control" pr	rovisions apply.	<u></u>	
	s on Lobbying Exp itures" means amo	enditures ounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinior	(grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add lin					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c and	d)			
f Lobbying nontaxable amount. Enter	the amount from t	he following table in bo	th columns.		
If the amount on line 1e, column (a) or	(b) is: The lo	bbying nontaxable an	nount is:		
not over \$500,000,	20% c	of the amount on line 1e	e.		
over \$500,000 but not over \$1,000,	000, \$100,	000 plus 15% of the ex	cess over \$500,000.		
over \$1,000,000 but not over \$1,50	0,000, \$175,	000 plus 10% of the ex	cess over \$1,000,000.		
over \$1,500,000 but not over \$17,0	00,000, \$225,	000 plus 5% of the exce	ess over \$1,500,000.		
over \$17,000,000,	\$1,00	0,000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero		or line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this y					Yes No
		veraging Period Unde	.,	f the first schumen h	
(Some organizations the		arate instructions for l		t the five columns b	elow.
	· · ·	enditures During 4-Ye			
	, , ,				
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
			1		1

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(t))
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?	Х		35	5,000.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i			35	5,000.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	a 501(a)//	5) or sec	tion	
Fai	501(c)(6).	1.501(0)(<i>J</i> , 01 Sec		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."			II-A, line	3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		1		
2	expenses for which the section 527(f) tax was paid).	ai			
-			2a		
	Current year Carryover from last year				
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce		····· 🗗		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?	hitou	4		
5	Taxable amount of lobbying and political expenditures. See instructions				
	t IV Supplemental Information				
Provi	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	E ORGANIZATION GAVE \$35,000 TO UNITED FOR AFFORDABLE	HOUSI	ING WH	ICH	
LEI	D THE EFFORT TO PASS THE PROPOSED EXCISE TAX FOR AFF	ORDABI	LE HOU	SING.	
SAI	NTA FE HAD ON THE BALLOT FOR THE NOVEMBER VOTE AN EX	CISE 1	TAX ON	HOMES	3
OVE	ER \$1MM THAT WILL GET AN ADDITIONAL 3% THAT WILL GO	INTO 1	HE		
AFF	FORDABLE HOUSING TRUST FUND.				

332043 11-06-23

SCHEDULE D	Supplementa Complete if the organ			5			<u>MB No. 1</u>	<u>רר</u>
(Form 990)	Part IV, line 6, 7, 8, 9, 10,			2b.			ZU Open to	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990		nd the latest inform	ation.	r		Inspect	
Name of the organiz					Emp			n number
	HOMEWISE, INC.						03463	
	izations Maintaining Donor Advised tion answered "Yes" on Form 990, Part IV, line		er Similar Funds	or Ac	coun	I ts. Com	plete if th	ne
Organiza	tion answered fes on Form 990, Fait IV, line	(a) Donor ac	viced funde		h) Euro	ds and oth		unto
				, (b) Full	us anu ou	ier accou	
	end of year							
	e of contributions to (during year)							
	e of grants from (during year)							
	e at end of year		a hald in denor advir					
-	ation inform all donors and donor advisors in v	-					Yes	
	tion's property, subject to the organization's e					L	1 165	
	ation inform all grantees, donors, and donor ac urposes and not for the benefit of the donor or							
•	rivate benefit?				Ũ		Yes	
	rvation Easements. Complete if the org						165	
	onservation easements held by the organization			r arcrv,				
	ion of land for public use (for example, recreat	· · ·	Preservation c	of a histo	rically	important	land area	а
	n of natural habitat		Preservation of		-	-		A
	ion of open space							
	2a through 2d if the organization held a qualifi	ed conservation cor	tribution in the form	of a cor	nserva	tion easen	nent on th	ne last
day of the tax y								ie Tax Year
	conservation easements				2a			
					2b			
•	servation easements on a certified historic stru				2c			
	servation easements included on line 2c acqui							
	ucture listed in the National Register	•			2d			
	servation easements modified, transferred, rele				zation	during the	tax	
year		, 0, ,	,	U		U		
4 Number of state	es where property subject to conservation eas	ement is located						
5 Does the organi	zation have a written policy regarding the peri	odic monitoring, ins	pection, handling of					
	enforcement of the conservation easements it						Yes	No
6 Staff and volunt	eer hours devoted to monitoring, inspecting, h						ing the y	ear
7 Amount of expe	nses incurred in monitoring, inspecting, handl	ling of violations, and	d enforcing conserva	ation eas	sement	s during t	ne year	
8 Does each cons	servation easement reported on line 2d above	satisfy the requirem	ents of section 170(I	n)(4)(B)(i)			_	
and section 170	0(h)(4)(B)(ii)?					L	Yes	No.
9 In Part XIII, dese	cribe how the organization reports conservation	on easements in its r	evenue and expense	e statem	ent an	d		
balance sheet, a	and include, if applicable, the text of the footn	ote to the organizati	on's financial statem	ents the	t desc	ribes the		
	ccounting for conservation easements.							
	zations Maintaining Collections of	-	reasures, or O	ther S	Imila	r Assets	.	
· · · ·	e if the organization answered "Yes" on Form							
•	on elected, as permitted under FASB ASC 958	· ·					i	
	treasures, or other similar assets held for pub				ce of p	oublic		
	in Part XIII the text of the footnote to its finan							
	on elected, as permitted under FASB ASC 958							
	easures, or other similar assets held for public	exhibition, educatio	n, or research in furt	herance	of put	olic service	,	
	owing amounts relating to these items.							
	cluded on Form 990, Part VIII, line 1					\$		
(ii) Assets inclu	ided in Form 990, Part X					\$		

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X b

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

\$

\$

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Sche	dule D (Form 990) 2023 HOMEWIS						35-03			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical T	reasures, or	Other	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	e following that i	make sig	nificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	c	Loan or e	kchange prograr	n					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they further	the organizatior	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or other	similar a	issets		_		_
	to be sold to raise funds rather than to be m			collection?				Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizati	on answered "Y	es" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	art X, line 21.								
1a	Is the organization an agent, trustee, custod						_	-		-
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					-		
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
t	Ending balance						v	7.4		1
	Did the organization include an amount on F							Yes	X	J No ⊓
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete in								Δ	
		(a) Current year	(b) Prior year	(c) Two years		d) Three y	ears hack	(e) Four	vears	hack
10	Reginning of year balance	(u) ourient you		(0) 110 your			ouro buok	(0) 1 001	youro	buok
1a 5	Beginning of year balance									
0	Contributions									
d	Grants or scholarships									
	Other expenditures for facilities									
e										
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a. column	(a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held	and administere	d for the					
	organization by:	-						[Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI _ Land, Buildings, and Equipm									
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11a.	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investr	.,	st or other is (other)	• •	cumulate reciation	d	(d) Boo	k value	Ð
1a	Land		2	36,484.					6,48	
	Buildings		589. 6,7	17,217.	2,5	69,16	58. 1	4,39	2,63	38.
	Leasehold improvements									
	Equipment			20,609.	2,5	29,82			0,78	
	Other			41,239.		3,02			8,21	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. line 10c. colum	n (B))			1	5,05	8,11	18.

Schedule D (Form 990) 2023

13090212 146892 617535

OMEWISE, INC

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	et value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year marke	et value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of			
	Description	(b) Book	
(1) MORTGAGE SERVICING RIGHTS			4,882.
(2) DEVELOPMENT COSTS			2,356
(3) QUALIFIED LOW INCOME INVES	STMENT- POB		<u>2,182</u>
(4) DEPOSITS			<u>8,975</u>
(5) DEFERRED COMPENSATION INVE	ISTMENT		5,093
(6) OTHER REAL ESTATE OWNED			6,198.
(7) RIGHT OF USE ASSETS			8,516
(8) LOAN RESERVE		22	6,584.
(9)		F0_72	4 700
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. <i>(B)</i>)		4,786.
	on Form 000 Dart IV line	110 or 11f Soc Form 000 Dart V line 25	
Complete if the organization answered "Yes" ((a) Description of liability	on Form 990, Part IV, line	(b) Book	
(1) Federal income taxes		E2	<u> </u>
(2) DUE TO GRANTOR AGENCY	٩		<u>5,519</u>
(3) COMMUNITY INVESTMENT NOTES)		5,560
(4) SECURITY DEPOSITS			1,654
(5) LEASE LIABILITY		16	9,954
(6)			
(7)			
(8)			
(9)			2 607
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))	0,33	2,687

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 HOMEWISE, INC.		85-0346325 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information		

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

PART 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 332054 09-28-23 Schedule D (Form 990) 2023 34

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) 2023

332055 09-28-23

	ment of the Treasury	. .		Attach to Form 990.				o Public
	I Revenue Service	Go to _W	ww.irs.gov/Form	990 for instructions and the latest in	nformation.		Inspec	
Name	e of the organization					Employer	identifica	ation number
ном	MEWISE, INC.					85-034	16325	1
Par			ctivities Out	side the United States. Comple	ete if the organ	ization answe	ered "Ye	s" on
	Form 990, Part							
1	•	•		ds to substantiate the amount of its gra		-		/
	the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	📖 Y	es No
2	For grantmakers. Des	scribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistanc	e outside	e the
	United States.			-	-			
3	Activities per Region. (The following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)			
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in ((f) Total
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the regi		investments
			in the region	recipients located in the region)		(s) in the regi		in the region
	PE (INCLUDING							
ICEL	AND & GREENLAND)	0	1	MANAGERIAL				253,336.
		_						
3 a	Subtotal	0	1					253,336.
b	Total from continuation	ן –						
	sheets to Part I	0	0					0.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

0

1

Schedule F (Form 990) 2023

OMB No. 1545-0047

2023

LHA 332071 11-29-23

and 3b)

SCHEDULE F (Form 990)

c Totals (add lines 3a

253,336.

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Page **2**

85-0346325

Schedule F (Form 990) 2023

Part III Grants and Other Assistance Part III can be duplicated if a			ites. Complete i	t the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

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Schedule F (Form 990) 2023

HOMEWISE, INC.

85-0346325

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

ACCRUAL

332075 11-29-23

13090212 146892 617535

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	ON	1B No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the		2023
Department of the Treasury Internal Revenue Service		Attach to Form 990 c							pen to Public
Name of the organization		to www.irs.gov/Form990 for instruc	ctions	and t	he latest information	n.	Employer		tification number
······	HOMEWIS	E, INC.					85-034		
	ing Activities.	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990	-EZ fi	lers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	s 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	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	X		No
(i) Name and address or entity (fund		(ii) Activity	fundr have c	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount pair or retained b fundraiser ted in col. (i)	^{y)} 1	(vi) Amount paid to (or retained by) organization
SZ CONSULTING LLC -	- 1507	GRANT APPLICATION	Yes	No	-				
RUSSELL ROAD, ALEXA		REVIEW/CONSULTING		X	0.		13,50	0.	-13,500.
MATTHEW SMITH - 110 ALAMEDA STREET, SAN		GRANT WRITING		x	0.		8,31	4	-8,314.
FRIEDMAN ASSOCIATES		GRANT APPLICATION					0,51		0,514.
KNOLLWOOD LN, IOWA		REVIEW/CONSULTING		x	0.		25,00	0.	-25,000.
							46,81		-46,814.
 List all states in whi or licensing. 	ch the organizatio	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from	regi:	stration
NM									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

HOMEWISE, INC.

85-0346325 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē	-	(event type)	(event type)	(total number)	
Revenue	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)			
	11 Net income summary. Subtract line 10 from lin				
Pa	rt III Gaming. Complete if the organization a	nswered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
	\$15,000 on Form 990-EZ, line 6a.				<u> </u>
Revenue	-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				

ഗ	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
_	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc	cts gaming activities:			
	Is the organization licensed to conduct gaming act If "No," explain:				Yes No
IJ					
10a	Were any of the organization's gaming licenses rev	voked, suspended, or te	rminated during the tax	year?	Yes No
b	If "Yes," explain:				

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	HOMEWISE,	INC.	85-0346325 Page 3
	1 1		nonmembers?	
			a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			Yes No
13	Indicate the percentage of gaming			
а	The organization's facility			<u>13a %</u>
b	An outside facility			13b %
14	Enter the name and address of th	e person who prepar	res the organization's gaming/special events books and recor	ds:
	Name			
	Address			
	Address			
15a	Does the organization have a con	tract with a third par	ty from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gam	ing revenue received	by the organization \$ and the ar	nount
	of gaming revenue retained by the	e third party \$ _		
С	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
а	Is the organization required under	state law to make c	haritable distributions from the gaming proceeds to	
b		•	law to be distributed to other exempt organizations or spent	in the
Pa	organization's own exempt activit rt IV Supplemental Infor		ar $\$$ ne explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 0, 0h, 10h
ľů			wide any additional information. See instructions.), and Part III, lines 9, 90, 100,
SC	HEDULE G, PART I,	LINE 2B, I	JIST OF TEN HIGHEST PAID FUNDRA	ISERS:
	· · · · ·			
	·			
<u>(</u>]) NAME OF FUNDRAIS	SER: SZ CON	ISULTING LLC	
/ -				00001
(I) ADDRESS OF FUND	KAISER: 150)7 RUSSELL ROAD, ALEXANDRIA, VA	22301
(I) NAME OF FUNDRAIS	SER: MATTHE	EW SMITH	
<u>, </u>	<u>,</u>			
(I) ADDRESS OF FUNDE	RAISER: 110)3 WEST ALAMEDA STREET, SANTA F	E, NM 87501
			· · ·	
(I) NAME OF FUNDRAIS	SER: FRIEDM	IAN ASSOCIATES LLC	
33208	33 09-13-23		43	Schedule G (Form 990) 2023

Schedule G	G (Form 990)	HOMEWISE	,
Part IV	Sunnlama	ntal Information	

I)	ADDRESS	OF	FUNDRAISER:	1	KNOLLWOOD	LN,	IOWA	CITY,	IA	52245
										Schedule G (Form

INC.

332084 04-01-23

13090212 146892 617535

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	
-	-	Compensated Employees		20	ZJ)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization		Employer i			mber
_		HOMEWISE, INC.	85-0	34632	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		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	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	and of the following the experimetion used to establish the companyation of the experimetion?				
3		ny, of the following the organization used to establish the compensation of the organization's actor. 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 X Compensation survey or study				
	X Form 990 of o		ommittoo			
			Jonninittee			
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	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
	-	eive payment from an equity-based compensation arrangement?				x
-	-	ies 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	งท			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	et earnings of:				
а	The organization?			6a	Х	
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$			
		nes 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 the				
				8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2023

13090212 146892 617535

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.

		(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)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL LOFTIN	(i)	274,494.	0.	0.	21,108.	13,429.	309,031.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DELORIS PAGE	(i)	198,501.	0.	0.	2,462.	6,843.	207,806.	0.
CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KELLY O'DONNELL	(i)	175,005.	0.	0.	14,400.	11,676.	201,081.	0.
CHIEF RESEARCH & POLICY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHANNA GILLIGAN	(i)	161,110.	0.	0.	13,600.	17,998.	192,708.	0.
CHIEF EXTERNAL AFFAIRS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELENA GONZALES	(i)	168,501.	0.	0.	13,600.	6,843.	188,944.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL SLAVIN	(i)	163,634.	0.	0.	13,200.	6,843.	183,677.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RATHI CASEY	(i)	170,302.	0.	0.	0.	0.	170,302.	0.
CHIEF CREATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMBROSE PENA	(i)	127,580.	0.	0.	10,847.	17,998.	156,425.	0.
QUALIFYING BROKER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHERYL KASSETAS	(i)	127,087.	0.	0.	10,820.	17,998.	155,905.	0.
LENDING OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EUGENIO CHAVEZ, REAL ESTATE	(i)	133,931.	0.	0.	10,847.	6,843.	151,621.	0.
DEV. CONSTRUCTION DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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 DURING THE 3/31/25 FISCAL YEAR.

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) 2023

SCHEDULE L		Transaction	าร W	ith	Interested	Persons			ON	OMB No. 1545-0047			
(Form 990)	Complete if t	he organization ans			,		27, 28	Ba,		21	1 2'	S	
		, ,			EZ, Part V, line 38a	or 40b.				2	JĽ	U	
Department of the Treasury nternal Revenue Service	Go	Attac to www.irs.gov/Forn			0 or Form 990-EZ. uctions and the lat	est information.				oen to specti		C	
lame of the organization		-					Emp	loyer	identi	ficatio	on nur	nber	
C C	HOMEWI	SE, INC.					-	-	4632				
Part I Excess I		actions (section 5	01(c)(3),	sectio	on 501(c)(4), and sec	ction 501(c)(29) orgar	nizatio	ns onl	y)				
		n answered "Yes" on											
1		(b) Relationship bet			fied		(d			(d)	d) Corrected?		
(a) Name of disqual	ified person	person and o	rganizati	ion	(0	(c) Description of transaction				Ye	es	No	
[1]													
(2)													
(3)													
(4)													
(5)													
(6)													
2 Enter the amount o section 4958	-	the organization mar	-		-	• •		\$					
3 Enter the amount o													
	_												
Part II Loans to	and/or Fron	n Interested Per	sons										
Complete i		answered "Yes" on	Form 99	~						ninatio			
Completer	t the organizatior		01111 00	0-EZ,	Part V, line 38a, or I	Form 990, Part IV, lin	e 26; d	or if th	e orga	mzauc	n		
,	Ũ	n 990, Part X, line 5, 0	6, or 22.		Part V, line 38a, or I	Form 990, Part IV, lin	e 26; o		0		on		
,	Ũ	n 990, Part X, line 5, o nship (c) Purpose		n to or the	Part V, line 38a, or I (e) Original principal amount	Form 990, Part IV, lin (f) Balance due	e 26; o (g) defa	In	e orga (h) App by boa comm	proved ard or	on (i) W agreer		
reported ar (a) Name of interested person	n amount on Forr (b) Relatio with organi	n 990, Part X, line 5, nship zation of loan	6, or 22. (d) Loar from t organiza To F	n to or the	(e) Original principal amount	(f) Balance due	(g)	In	(h) App by boa	proved ard or	(i) W		
reported ar (a) Name of interested person	n amount on Forr (b) Relatio with organi	n 990, Part X, line 5, nship zation of loan	6, or 22. (d) Loar from t organiza To F	n to or the ition?	(e) Original	, ,	(g) defa	In ult?	(h) App by boa	oroved ard or ittee?	(i) W agreer	nent?	
reported ar (a) Name of interested person (1)ELENA GONZ.	n amount on Forr (b) Relatio with organi	n 990, Part X, line 5, nship zation of loan	6, or 22. (d) Loar from t organiza To F	n to or the ttion? From	(e) Original principal amount	(f) Balance due	(g) defa	In ult? No	(h) Apr by boa comm Yes	oroved ard or ittee?	(i) W agreer Yes	nent?	
reported ar (a) Name of interested person (1)ELENA GONZ. (2)	n amount on Forr (b) Relatio with organi	n 990, Part X, line 5, nship zation of loan	6, or 22. (d) Loar from t organiza To F	n to or the ttion? From	(e) Original principal amount	(f) Balance due	(g) defa	In ult? No	(h) Apr by boa comm Yes	oroved ard or ittee?	(i) W agreer Yes	nent?	
reported ar (a) Name of interested person (1)ELENA GONZ. (2) (3)	n amount on Forr (b) Relatio with organi	n 990, Part X, line 5, nship zation of loan	6, or 22. (d) Loar from t organiza To F	n to or the ttion? From	(e) Original principal amount	(f) Balance due	(g) defa	In ult? No	(h) Apr by boa comm Yes	oroved ard or ittee?	(i) W agreer Yes	nent?	
reported ar (a) Name of	n amount on Forr (b) Relatio with organi	n 990, Part X, line 5, nship zation of loan	6, or 22. (d) Loar from t organiza To F	n to or the ttion? From	(e) Original principal amount	(f) Balance due	(g) defa	In ult? No	(h) Apr by boa comm Yes	oroved ard or ittee?	(i) W agreer Yes	nent?	

(7) (8) (9) (10) 15,918. Total \$

Grants or Assistance Benefiting Interested Persons Part III

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
_(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

Schedule L (F	orm 990) 2023
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HOMEWISE, IN

Part IV Business Transactions Involving Interested Persons

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

ted person (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
			Yes	No
	(b) Relationship between interested person and the organization			rever

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ELENA GONZALES

(C) PURPOSE OF LOAN: HOME IMPROVEMENT LOAN

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Employer identification number

85-0346325

Name of the	organization
-------------	--------------

HOMEWISE, INC.

Pa	rt I	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminir	•	3
1	Art - W	/orks of art							
2		istorical treasures							
3		ractional interests							
4		and publications							
5		ng and household goods							
6		nd other vehicles							
7		and planes							
8		ctual property							
9		ties - Publicly traded	X	1	405,564.	FMV			
10		ties - Closely held stock							
11		ties - Partnership, LLC, or							
	trust ir	nterests							
12	Securi	ties - Miscellaneous							
13		ed conservation contribution -							
	Histori	c structures							
14	Qualifi	ed conservation contribution - Other							
15	Real e	state - Residential	X	1	112,000.	PROPERTY AP	PRAI	SAI	
16	Real e	state - Commercial							
17	Real e	state - Other							
18		tibles							
19		nventory							
20		and medical supplies							
21	Taxide	rmy							
22	Histori	cal artifacts							
23	Scient	ific specimens							
24	Archeo	ological artifacts							
25	Other	()							
26	Other	()							
27	Other	()							
28	Other	()							
29		er of Forms 8283 received by the organi	-					~	
	for whi	ich the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	-	the year, did the organization receive b	-	•••••					
		hold for at least 3 years from the date of		ntribution, and wh	ich isn't required to be used	for			37
		t purposes for the entire holding period	?				30a		X
		," describe the arrangement in Part II.			- f				v
31		he organization have a gift acceptance			•	ions?	31		X
32a		he organization hire or use third parties		-					v
-		butions?					32a		X
b	It "Yes	," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2023

332142 09-11-23

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 SEND 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

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

Schedule O (Form 990) 2023

HOMEWISE, INC.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO, THE

ORGANIZATION'S FINANCIAL INFORMATION AND FORM 990 ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE.

Schedule O (Form 990) 2023

332212 11-14-23

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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

23 Open to Public Inspection

Employer identification number 85-0346325

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

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

Name of the organization

HOMEWISE, INC.

Part I 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
HOMEWISE ORPHEUM, LLC - 82-2505194					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	MIXED USE DEVELOPMENT	NEW MEXICO	51,631.	3,422,858.	HOMEWISE INC.
HOMEWISE RUPPE, LLC - 82-3513689					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	MIXED USE DEVELOPMENT	NEW MEXICO	14,939.	524,244.	HOMEWISE INC.
HOMEWISE MORTGAGE LLC - 45-0931949					
1302 SILER RD, BLDG D					
SANTA FE, NM 87507	MORTGAGE LENDER	NEW MEXICO	909,555.	17,907,886.	HOMEWISE INC.
HOMEWISE CORONADO COMPLEX, LLC - 86-3213990					
1301 SILER RD, BLDG D					
SANTA FE, NM 87507	MIXED USE DEVELOPMENT	NEW MEXICO	22,683.	7,012,427.	HOMEWISE INC.

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 Part II organizations during the tax year.

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

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

Schedule R (Form 990) 2023

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BIG SKY SANTA FE LLC - 85-0346325 1301 SILER RD, BLDG D	_				
SANTA FE, NM 87507	LAND FOR FUTURE DEVELOPMENT	NEW MEXICO	0.	586,972.	HOMEWISE INC.
BUCKMAN DEVELOPMENT LLC - 85-0346325				, -	
1301 SILER RD, BLDG D	-				
SANTA FE, NM 87507	LAND FOR FUTURE DEVELOPMENT	NEW MEXICO	0.	1,557,642.	HOMEWISE INC.
ACCS EXCELLENCE IN EDUCATION, LLC -					
85-0346325, 1301 SILER RD, BLDG D, SANTA FE,	-				
NM 87507	CHARTER SCHOOL	NEW MEXICO	0.	959,671.	HOMEWISE INC.
VOZ EXCELLENCE IN EDUCATION, LLC -					
85-0346325, 1301 SILER RD, BLDG D, SANTA FE,					
NM 87507	CHARTER SCHOOL	NEW MEXICO	42,403.	4,540,030.	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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	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?	Code V-UBI amount in box 20 of Schedule	managir partner	⁹ Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	b
	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	50,987.	5,016,010.		x	N/A	x	95.00%
	7										
	7										
	1										
	1										
	1										
	1										
	I							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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
	-								
									<u> </u>
								'	

Schedule R (Form 990) 2023 HOMEWISE, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)	1d		Х
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)			X
g Sale of assets to related organization(s)	1g		Х
h Purchase of assets from related organization(s)			Х
i Exchange of assets with related organization(s)	11		Х
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)			X
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)			Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses			X
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)			X
s Other transfer of cash or property from related organization(s)			Х

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Schedule R (Form 990) 2023 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)	6	-)	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-LIBI	Genera	l or Percentag
of entity	T finding dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ing woll ownership
,		country)	excluded from tax under sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				res	NO			res	INO	(1011111000)	res	10
											$\left \right $	
		1		1							1	

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

332165 09-28-23

59 2023.05050 HOMEWISE, INC. Schedule R (Form 990) 2023