

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	
AMT	
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Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-030481

Report for the Fiscal Period:

Beginning 01/01/2020

& Ending 12/31/2020

MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:
☒ Copy of IRS Return
☒ Audited Financial Statements
☐ Copy of Form IFC
☐ \$15.00 Annual Report Filing Fee
☐ \$100.00 Late Report Filing Fee

Federal ID # 36-3876660

Are contributions to the organization tax deductible?

☒ Yes ☐ No

Date Organization was created:

MO DAY YR
08/07/1992

LEGAL NAME HOUSING FORWARD MAIL ADDRESS 1851 S 9TH AVENUE CITY, STATE MAYWOOD, IL ZIP CODE 60153	Year-end amounts A) ASSETS A) \$ 2,635,243. B) LIABILITIES B) \$ 1,651,909. C) NET ASSETS C) \$ 983,334.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	25.859% D) \$ 2,997,535.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	73.529% E) \$ 8,523,265.
F) OTHER REVENUES	0.612% F) \$ 70,924.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 % G) \$ 11,591,724.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	
H) OPERATING CHARITABLE PROGRAM EXPENSE	74.680% H) \$ 8,382,584.
I) EDUCATION PROGRAM SERVICE EXPENSE	% I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	74.680% J) \$ 8,382,584.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	11.226% K) \$ 1,260,043.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	85.906% L) \$ 9,642,627.
M) MANAGEMENT AND GENERAL EXPENSE	10.280% M) \$ 1,153,880.
N) FUNDRAISING EXPENSE	3.814% N) \$ 428,124.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 % O) \$ 11,224,631.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)	
PROFESSIONAL FUNDRAISERS:	
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 % P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	% Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	% R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:	
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:	
T) NAME, TITLE: <u>LYNDA SCHUELER, EXECUTIVE DIRECTOR</u>	T) \$ 146,513.
U) NAME, TITLE: <u>JANE HOULE, CHIEF FINANCIAL OFFICER</u>	U) \$ 103,011.
V) NAME, TITLE: <u>ERIK JOHNSON, DIR DEVELOPMENT & COMMUNICATIONS</u>	V) \$ 102,612.
V. CHARITABLE PROGRAM DESCRIPTION:	
W) DESCRIPTION: <u>MOVING FROM HOUSING CRISIS TO HOUSING STABILITY</u>	W) # 111
X) DESCRIPTION:	X) #
Y) DESCRIPTION:	Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>BYLINE BANK, 180 N LASALLE STREET, CHICAGO, IL 60601</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>LYNDA SCHUELER - 708-338-1724</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

HEIDI VANCE

PRESIDENT or TRUSTEE (PRINT NAME)

CHRISTOPHER PARKER

TREASURER or TRUSTEE (PRINT NAME)

RON MARKLUND

PREPARER (PRINT NAME)

Heidi Vance 9/24/21
SIGNATURE DATE

Chris Parker 9/29/21
SIGNATURE DATE

Ron Marklund 9/21/21
SIGNATURE DATE



**Dugan &
Lopatka**

Certified Public Accountants
4320 WINFIELD ROAD, SUITE 450
WARRENVILLE, IL 60555
630 665 4440
duganlopatka.com

TWO AND ONE-HALF MONTHS EXTENSION REQUEST

August 18, 2021

Office of the Attorney General
Charitable Trust and Solicitations Bureau
Attn: Annual Report Section
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601-3175

RE: Housing Forward
Registration Number: CO# 01-030481
Period Ending: December 31, 2020

Dear Sir/Madam:

We are requesting an additional extension of two and one-half months to file the AG990-IL on behalf of the above referenced client. Additional time is required to gather the necessary information so that a complete and accurate tax return may be filed. Enclosed, please find a completed "draft" Illinois Charitable Organization Annual Report that contains preliminary figures and may be amended when the complete filing is submitted, draft financial statements, a copy of the sixty-day extension request filed with your office and a copy of the six month extension request filed with the Internal Revenue Service. We appreciate your prompt attention to this matter.

Please call should you have any questions.

Sincerely,

DUGAN & LOPATKA

Ronald A. Marklund

RAM:lsv
Enclosures



**Dugan &
Lopatka**

Certified Public Accountants
4320 WINFIELD ROAD, SUITE 450
WARRENVILLE, IL 60555
630 665 4440
duganlopatka.com

SIXTY DAY EXTENSION REQUEST

June 15, 2021

Office of the Attorney General
Charitable Trust and Solicitations Bureau
Attn: Annual Report Section
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601-3175

RE: Housing Forward
Registration Number: CO# 01-030481
Period Ending: December 31, 2020

Dear Sir/Madam:

We are requesting a sixty-day extension to file the AG990-IL on behalf of the above-referenced client. Additional time is required to gather the necessary information so that a complete and accurate tax return may be filed. Please find a check payable in the amount of \$15 towards the annual filing fee. We appreciate your prompt attention to this matter and apologize for any inconvenience this may have caused.

Please call should you have any questions.

Sincerely,

DUGAN & LOPATKA

Ronald A. Marklund

RAM:lsv
Enclosure

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**HOUSING FORWARD**

Doing business as

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

1851 S 9TH AVENUE

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

MAYWOOD, IL 60153**F** Name and address of principal officer: **HEIDI VANCE****SAME AS C ABOVE****D** Employer identification number**36-3876660****E** Telephone number**708-338-1724****G** Gross receipts \$ **11,594,332.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.HOUSINGFORWARD.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1992** **M** State of legal domicile: **IL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO TRANSITION PEOPLE FROM HOUSING CRISIS TO HOUSING STABILITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	101
	6 Total number of volunteers (estimate if necessary)	6	1200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,561,074.	11,184,631.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244,562.	214,191.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	435.	-2,146.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,294.	64,996.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,822,365.	11,461,672.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,105,742.	6,351,717.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,987,228.	3,649,381.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	428,124.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	701,060.	1,093,481.
	19 Revenue less expenses. Subtract line 18 from line 12	7,794,030.	11,094,579.
	20 Total assets (Part X, line 16)	28,335.	367,093.
	21 Total liabilities (Part X, line 26)		
Net Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
		1,260,763.	2,635,243.
		644,522.	1,651,909.
		616,241.	983,334.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	HEIDI VANCE, PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RON MARKLUND		
	Firm's name ▶ DUGAN & LOPATKA, CPA'S PC	Firm's EIN ▶ 36-2886485	Check if self-employed <input type="checkbox"/> PTIN P01985511
	Firm's address ▶ 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036	Phone no. 630-665-4440	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

HOUSING FORWARD'S MISSION IS TO TRANSITION PEOPLE FROM HOUSING CRISIS TO HOUSING STABILITY.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,744,131. including grants of \$ 3,615,200.) (Revenue \$ 193,364.)

SUPPORTIVE HOUSING: THE PERMANENT SUPPORTIVE HOUSING - THREE HUD-COC FUNDED PROJECTS - 210 UNITS OF HOUSING, WITH LONG-TERM RENTAL ASSISTANCE AND SUPPORTIVE SERVICES TO INDIVIDUALS WHO ARE HOMELESS AND HAVE DOCUMENTED DISABILITY. 96,098 NIGHTS OF HOUSING PROVIDED. RENTAL HOUSING SUPPORT PROGRAM - IHDA FUNDED, 33 UNITS OF LONG-TERM RENTAL ASSISTANCE. 19,320 NIGHTS OF HOUSING

4b (Code:) (Expenses \$ 2,449,711. including grants of \$ 1,528,916.) (Revenue \$ 10,589.)

INTERIM HOUSING/SHELTER: THE PADS EMERGENCY SHELTER, A ROTATING, CONGREGATE EMERGENCY SHELTER, CLOSED DURING THE COVID-19 PANDEMIC. THE AGENCY MOVED TO A 24/7 NON-CONGREGATE, HOTEL-BASED OPERATION TO KEEP CLIENTS SAFE FROM CONTACTING COVID-19. THE PROGRAM PROVIDED 35,155 NIGHTS OF SHELTER AND 83,964 MEALS IN 2020.

4c (Code:) (Expenses \$ 1,274,052. including grants of \$ 799,093.) (Revenue \$)

RENTAL ASSISTANCE: RAPID RE-HOUSING MINIMIZES THE TRAUMA OF HOMELESSNESS BY DIVERTING INDIVIDUALS AND FAMILIES FROM EMERGENCY SHELTER AND RE-HOUSING THEM AS QUICK AS POSSIBLE. CLIENTS RECEIVED SHORT-TERM (UP TO 3 MONTHS) TO MEDIUM-TERM (4-24 MONTHS) RENTAL SUBSIDIES COUPLED WITH CASE MANAGEMENT, WRAP-AROUND SUPPORTIVE SERVICES, AND ONGOING NON-FINANCIAL STABILITY SERVICES AFTER THE RENTAL ASSISTANCE ENDS TO ENSURE LONG-TERM HOUSING STABILITY. CRITICAL TO THE PROGRAM'S SUCCESS IS OUR PARTNERSHIPS WITH MORE THAN 20 PRIVATE LANDLORDS. ALL OF THE HOUSING FOR RRH IS MARKET-RATE HOUSING PROVIDED THROUGH PRIVATE LANDLORDS. 21,447 NIGHTS OF HOUSING PROVIDED IN 2020. TRANSITION IN PLACE FOR VETERANS - 1 VETERAN SERVED (PROGRAM STARTED DEC 2020)

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

(Expenses \$ 2,044,681. including grants of \$ 408,508.) (Revenue \$ 83,308.)

4e Total program service expenses 9,512,575.

Form 990 (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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 Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	194	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part 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 101		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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 organization file a Form 1098-C?		
7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8		
9 Sponsoring organizations maintaining donor advised funds.		
a 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:		
a 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:		
a Gross income from members or shareholders 11a		
b 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 1041?		
b 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.		
a Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a <u>22</u>		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b <u>22</u>		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did 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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
LYNDA SCHUELER - 708-338-1724
1851 S 9TH AVENUE, MAYWOOD, IL 60153

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYNDA SCHUELER EXECUTIVE DIRECTOR	40.00			X				146,513.	0.	11,759.
(2) JANE HOULE CHIEF FINANCIAL OFFICER	40.00				X			103,011.	0.	10,921.
(3) ERIK JOHNSON DIR DEVELOPMENT & COMMUNICATIONS	40.00				X			102,612.	0.	11,291.
(4) JIM HEININGER PRESIDENT	2.00	X		X				0.	0.	0.
(5) HEIDI VANCE FIRST VICE PRESIDENT	2.00	X		X				0.	0.	0.
(6) SARAH E DOLAN SECOND VICE PRESIDENT	2.00	X		X				0.	0.	0.
(7) STEVEN GLASS SECRETARY	2.00	X		X				0.	0.	0.
(8) JOHN CIANCANELLI TREASURER	2.00	X		X				0.	0.	0.
(9) HENRY FULKERSON MEMBER	1.00	X						0.	0.	0.
(10) PEGGY JOHNSON MEMBER	1.00	X						0.	0.	0.
(11) KATHLEEN CLARK MEMBER	1.00	X						0.	0.	0.
(12) MARC KIESELSTEIN MEMBER	1.00	X						0.	0.	0.
(13) TIMOTHY WRZESINSKI MEMBER	1.00	X						0.	0.	0.
(14) REBECCA DAISLEY MEMBER	1.00	X						0.	0.	0.
(15) AARON LEOVITZ MEMBER	1.00	X						0.	0.	0.
(16) EMMANUEL JOHNSON MEMBER	1.00	X						0.	0.	0.
(17) JOHN TULLEY MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BOB HAHN MEMBER	1.00	X						0.	0.	0.
(19) LETISA JONES MEMBER	1.00	X						0.	0.	0.
(20) DESTINY WOODS MEMBER	1.00	X						0.	0.	0.
(21) PAMELA CONLEY EURING MEMBER	1.00	X						0.	0.	0.
(22) PATRICK J HERRON MEMBER	1.00	X						0.	0.	0.
(23) CAMILE LINDSAY KUMI MEMBER	1.00	X						0.	0.	0.
(24) CHRISTOPHER J PARKER MEMBER	1.00	X						0.	0.	0.
(25) DELILAH P STRICKLAND MEMBER	1.00	X						0.	0.	0.
1b Subtotal								352,136.	0.	33,971.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								352,136.	0.	33,971.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	56,784.			
	b	Membership dues	1b				
	c	Fundraising events	1c	155,773.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	8,523,265.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,448,809.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 298,539.			
	h	Total. Add lines 1a-1f		11,184,631.			
	Program Service Revenue	2 a	PROGRAM RENT	Business Code	532000	193,364.	193,364.
b		AMERICORPS HOST SITE		900099	20,827.	20,827.	
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		214,191.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			462.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		2,608.			
	d	Net gain or (loss)		-2,608.			-2,608.
	8 a	Gross income from fundraising events (not including \$ 155,773. of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses		121,978.			
	c	Net income or (loss) from fundraising events		130,052.			
	d	Net gain or (loss)		-8,074.			-8,074.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER	Business Code	900099	73,070.	73,070.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		73,070.			
	12	Total revenue. See instructions		11,461,672.	287,261.	0.	-10,220.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 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 ...	1,260,043.	1,260,043.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,091,674.	5,091,674.		
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	158,272.	71,223.	47,481.	39,568.
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	2,848,579.	1,782,121.	832,901.	233,557.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,121.	16,152.	6,937.	32.
9 Other employee benefits	393,745.	261,588.	117,255.	14,902.
10 Payroll taxes	225,664.	179,829.	21,869.	23,966.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,716.	13,227.	1,649.	2,840.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	105,977.	79,129.	9,861.	16,987.
12 Advertising and promotion				
13 Office expenses	147,131.	93,268.	14,319.	39,544.
14 Information technology	74,343.	55,508.	6,919.	11,916.
15 Royalties				
16 Occupancy	442,493.	418,666.	16,897.	6,930.
17 Travel	26,701.	26,328.	261.	112.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,833.	16,885.	5,948.	
23 Insurance	44,788.	33,890.	7,728.	3,170.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	115,406.	39,645.	49,462.	26,299.
b FOOD AND SUPPLIES	46,664.	39,397.	5,062.	2,205.
c LAUNDRY	23,091.	23,091.		
d VOLUNTEER AND STAFF DEV	17,025.	10,911.	5,036.	1,078.
e All other expenses SEE SCH O	9,313.		4,295.	5,018.
25 Total functional expenses. Add lines 1 through 24e	11,094,579.	9,512,575.	1,153,880.	428,124.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	52,655.	1	230,451.
	2 Savings and temporary cash investments	113,883.	2	327,700.
	3 Pledges and grants receivable, net	780,068.	3	1,697,042.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,244.	9	8,100.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 528,161.		
	b Less: accumulated depreciation	10b 478,425.	66,500.	10c 49,736.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	230,413.	15	322,214.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,260,763.	16	2,635,243.	
Liabilities	17 Accounts payable and accrued expenses	499,673.	17	731,316.
	18 Grants payable		18	
	19 Deferred revenue	24,900.	19	18,600.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,429.	21	7,656.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	536,348.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	116,520.	25	357,989.
	26 Total liabilities. Add lines 17 through 25	644,522.	26	1,651,909.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	414,617.	27	871,247.
	28 Net assets with donor restrictions	201,624.	28	112,087.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	616,241.	32	983,334.
33 Total liabilities and net assets/fund balances	1,260,763.	33	2,635,243.	

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,461,672.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,094,579.
3	Revenue less expenses. Subtract line 2 from line 1	3	367,093.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	616,241.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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	983,334.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	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

Form 990 (2020)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number	
--------------------------------	--

36-3876660

HOUSING FORWARD

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,896,773.	5,930,244.	6,249,875.	7,561,074.	11,184,631.	34,822,597.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,896,773.	5,930,244.	6,249,875.	7,561,074.	11,184,631.	34,822,597.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						34,822,597.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,896,773.	5,930,244.	6,249,875.	7,561,074.	11,184,631.	34,822,597.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,748.	633.	1,056.	435.	462.	4,334.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,821.	187,296.	173,440.	8,461.	73,070.	465,088.
11 Total support. Add lines 7 through 10						35,292,019.
12 Gross receipts from related activities, etc. (see instructions)					12	1,552,042.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	98.67 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.45 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in 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 in 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

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?		
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).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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 in 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.		

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

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

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

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

Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1
2	Enter 0.85 of line 1.	2
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3
4	Enter greater of line 2 or line 3.	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).	

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER**

2016 AMOUNT: \$ 22,821.

2017 AMOUNT: \$ 31,019.

2018 AMOUNT: \$ 25,699.

2019 AMOUNT: \$ 8,461.

2020 AMOUNT: \$ 73,070.

INSURANCE PROCEEDS

2017 AMOUNT: \$ 156,277.

2018 AMOUNT: \$ 147,741.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HOUSING FORWARD

Employer identification number

36-3876660

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		290,210.	252,671.	37,539.
d Equipment		237,951.	225,754.	12,197.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				49,736.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	322,214.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	322,214.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	357,989.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	357,989.

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

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,921,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	348,561.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	111,457.
e	Add lines 2a through 2d	2e	460,018.
3	Subtract line 2e from line 1	3	11,461,672.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,461,672.

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

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

1	Total expenses and losses per audited financial statements	1	11,554,597.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	348,561.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	111,457.
e	Add lines 2a through 2d	2e	460,018.
3	Subtract line 2e from line 1	3	11,094,579.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,094,579.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:**ORGANIZATION IS THE FISCAL AGENT FOR OAK PARK HOMELESS COALITION****PART X, LINE 2:**

THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND ILLINOIS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2017. THE ORGANIZATION DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES	108,849.
LOSS ON DISPOSAL OF FIXED ASSETS	2,608.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	111,457.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	108,849.
LOSS ON DISPOSAL OF FIXED ASSETS	2,608.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	111,457.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2020

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

36-3876660

HOUSING FORWARD

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

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

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

		(a) Event #1 HAVE-A-HEART GALA	(b) Event #2 ABRACADABRA	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	260,883.	16,868.	277,751.
	2	Less: Contributions	139,845.	15,928.	155,773.
	3	Gross income (line 1 minus line 2)	121,038.	940.	121,978.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	21,203.		21,203.
	6	Rent/facility costs	16,764.		16,764.
	7	Food and beverages	75,249.		75,249.
	8	Entertainment	6,586.	1,250.	7,836.
	9	Other direct expenses	8,538.	462.	9,000.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			130,052.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-8,074.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Part IV	Supplemental Information <i>(continued)</i>
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Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2020Open to Public
Inspection▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number
36-3876660**Part I** General Information on Grants and Assistance**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY - 4415 W HARRISON STREET - HILLSIDE, IL 60162	20-1880398	501(C)(3)	60,037.	0.			GENERAL ASSISTANCE
BEDS PLUS CARE P O BOX 2035 LA GRANGE, IL 60525	36-3741040	501(C)(3)	284,945.	0.			GENERAL ASSISTANCE
CATHOLIC CHARITIES 721 N LA SALLE STREET CHICAGO, IL 60654	94-1498472	501(C)(3)	36,241.	0.			GENERAL ASSISTANCE
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVENUE EVANSTON, IL 60201	36-3346917	501(C)(3)	48,500.	0.			GENERAL ASSISTANCE
FORD HEIGHTS COMMUNITY SERVICE ORGANIZATION - 943 E LINCOLN HIGHWAY - FORD HEIGHTS, IL 60411	36-2658308	501(C)(3)	48,500.	0.			GENERAL ASSISTANCE
HEARTLAND ALLIANCE 208 S LA SALLE STREET CHICAGO, IL 60604	36-1877640	501(C)(3)	83,917.	0.			GENERAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**

3 Enter total number of other organizations listed in the line 1 table **15.**

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

Schedule I (Form 990) 2020

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
	NORTHWEST COMPASS 1300 W NORTHWEST HIGHWAY MT PROSPECT, IL 60056	36-3382832	501(C)(3)	76,502.	0.			GENERAL ASSISTANCE	
	RESPOND NOW P O BOX 215 CHICAGO HEIGHTS, IL 60412	23-7091808	501(C)(3)	60,972.	0.			GENERAL ASSISTANCE	
	SARAHS INN P O BOX 1159 OAK PARK, IL 60304	36-3084461	501(C)(3)	28,931.	0.			GENERAL ASSISTANCE	
	SOUTH SUBURBAN FAMILY SHELTER P O BOX 937 HOMewood, IL 60430	36-3089796	501(C)(3)	38,793.	0.			GENERAL ASSISTANCE	
	SOUTH SUBURBAN PADS 414 W LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411	36-3744405	501(C)(3)	268,477.	0.			GENERAL ASSISTANCE	
	THRESHOLDS 4101 N RAVENSWOOD AVE CHICAGO, IL 60613	36-2518901	501(C)(3)	102,294.	0.			GENERAL ASSISTANCE	
	TOGETHER WE COPE 17010 OAK PARK AVE TINLEY PARK, IL 60477	36-3666952	501(C)(3)	57,250.	0.			GENERAL ASSISTANCE	
	WINGS PROGRAM INC P O BOX 95615 PALATINE, IL 60095	36-3456061	501(C)(3)	28,472.	0.			GENERAL ASSISTANCE	
	YWCA EVANSTON NORTH SHORE 1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501(C)(3)	36,212.	0.			GENERAL ASSISTANCE	

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT ASSISTANCE TO INDIVIDUALS	1706	1,161,407.	0.		
RENT SUBSIDIES	537	3,425,811.	0.		
FOOD	713	0.	504,456. FMV		FOOD

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

PART I, LINE 2:

THE ORGANIZATION FOLLOWS FEDERAL COMPLIANCE REQUIREMENTS FROM THE US
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT IN ADMINISTERING ITS ASSISTANCE
PROGRAMS FOR LOW INCOME INDIVIDUALS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HOUSING FORWARD

Employer identification number

36-3876660

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

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.

Area with horizontal lines for supplemental information.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

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.

Name of the organization

Employer identification number

HOUSING FORWARD

36-3876660

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	450	129,511.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HOTEL TO HOME)	X	12	120,000.	FAIR MARKET VALUE
26 Other ▶ (HOLIDAY GIFTS)	X	19	27,825.	FAIR MARKET VALUE
27 Other ▶ (AUCTION ITEMS)	X	61	21,203.	FAIR MARKET VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2020

Supplemental Information.

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HOUSING FORWARD

Employer identification number
36-3876660

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BRIDGE FOR YOUTH - TH/RRH PROGRAM SERVING 2 TRANSITION-AGED YOUTH
SERVED (PROGRAM STARTED NOVEMBER 2020)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EMERGENCY ASSISTANCE: EMERGENCY FINANCIAL ASSISTANCE, HOMELESS
PREVENTION AND SHORT-TERM STABILIZATION SERVICES - RENTAL ARREARS,
SECURITY DEPOSIT ASSISTANCE, PAST DUE UTILITIES, FINANCIAL CRISIS
AND/OR ARE AT IMMINENT RISK OF EVICTION FROM THEIR HOME. \$339,194 IN
DIRECT ASSISTANCE PROVIDED IN 2020.

EXPENSES \$ 624,070. INCLUDING GRANTS OF \$ 339,194. REVENUE \$ 57,536.

COORDINATED ENTRY (CE): A COMMUNITY-WIDE SYSTEM TO STANDARDIZE AND
EXPEDITE THE PROCESS BY WHICH PEOPLE EXPERIENCING HOMELESSNESS OR AT
RISK OF HOMELESSNESS ACCESS HOUSING AND HOMELESS RESOURCES. THROUGH CE,
PEOPLE EXPERIENCING HOMELESSNESS ARE MATCHED TO AVAILABLE SERVICES AND
HOUSING BASED ON THEIR PREFERENCES AND LEVEL OF NEED. COORDINATED ENTRY
IN SUBURBAN COOK COUNTY IS LED BY HOUSING FORWARD WHO WILL OVERSEE A
TEAM OF EIGHT IMPLEMENTING PARTNERS WHO WERE SELECTED THROUGH A
COMPETITIVE RFP PROCESS BASED UPON THEIR HISTORY OF DELIVERING SERVICES
TO THE REGIONS' AT-RISK AND HOMELESS POPULATIONS, THEIR COMMITMENT TO
HOUSING FIRST AND HARM REDUCTION PRACTICES, GEOGRAPHIC LOCATION AND A
WILLINGNESS TO EMBRACE PRINCIPLES OF COORDINATED ENTRY.

EXPENSES \$ 677,783. INCLUDING GRANTS OF \$ 8. REVENUE \$ 0.

SOJOURNER HOUSE: SOJOURNER HOUSE AND THE MEDICAL RESPITE CENTER

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

HOUSING FORWARD

Employer identification number

36-3876660

(STARTED IN DEC 2020) PROVIDE IMMEDIATE SHORT-TERM (90 DAYS OR LESS)

HOUSING AS A BRIDGE TO HOUSING STABILITY FOR INDIVIDUALS IN NEED OF
RESPIRE CARE AFTER A HOSPITAL STAY AND WHO WOULD OTHERWISE BE HOMELESS
UPON DISCHARGE, UNTIL PERMANENT HOUSING CAN BE SECURED. IN ADDITION TO
TEMPORARY HOUSING, THE PROGRAM OFFERS INTENSIVE CASE MANAGEMENT,
WRAP-AROUND SUPPORTIVE SERVICES, POSTOPERATIVE MEDICAL CARE
COORDINATION, AND PRE-TENANCY SERVICES.

EXPENSES \$ 249,674. INCLUDING GRANTS OF \$ 61,172. REVENUE \$ 0.

DIVERSION AND OUTREACH: DIVERSION AND OUTREACH SERVICES FOCUS ON
ENGAGING HOMELESS INDIVIDUALS WHERE THEY ARE AT PHYSICALLY, MENTALLY
AND GEOGRAPHICALLY. A TEAM OF SPECIALISTS WORK THE FIELD TO FIND,
ENGAGE AND CONNECT WITH PERSONS LIVING ON THE STREETS, IN THEIR CARS,
OR OTHER PLACES NOT MEANT FOR HUMAN HABITATION TO 1) PROVIDE BASIC
NEEDS (FOOD, WATER, CLOTHING), 2) CONNECT THOSE ON THE STREETS TO OUR
SUPPORT CENTER, 3) ASSESS FOR HOUSING NEEDS.

EXPENSES \$ 210,600. INCLUDING GRANTS OF \$ 3,628. REVENUE \$ 25,772.

EMPLOYMENT READINESS: THE EMPLOYMENT READINESS PROGRAM IMPROVES
CLIENTS' EMPLOYABILITY, INCREASES THEIR INCOME POTENTIAL, AND HELP THEM
FIND AND RETAIN EMPLOYMENT IN ORDER TO ACHIEVE AND MAINTAIN LONG-TERM
HOUSING STABILITY. WE PROVIDE EMPLOYMENT AND BASIC SKILLS ASSESSMENTS,
ONE-ON-ONE CAREER COACHING, JOB SEARCH STRATEGIES, SKILLS TRAINING AND
EDUCATION REFERRALS, AND JOB PLACEMENT. PROGRAM PARTICIPANTS ENGAGE IN
A SERIES OF SESSIONS WITH EMPLOYMENT PROFESSIONALS WHO PROVIDE EXPERT
GUIDANCE ON HOW TO WRITE A RESUME, IMPROVE INTERVIEW SKILLS, AND
CONDUCT AN INTERNET JOB SEARCH, AS WELL AS SOFT SKILLS SUCH AS HOW TO
DRESS FOR AN INTERVIEW AND PERSONAL HYGIENE.

Name of the organization

HOUSING FORWARD

Employer identification number

36-3876660

EXPENSES \$ 177,838. INCLUDING GRANTS OF \$ 1,505. REVENUE \$ 0.

SUPPORT CENTER: HOUSING FORWARD'S SUPPORT CENTER IS A YEAR-ROUND DAYTIME RESOURCE CENTER WHERE INDIVIDUALS CAN ADDRESS BASIC NEEDS, INCLUDING SELF-CARE (SHOWERS, LAUNDRY, CLOTHING STORAGE), MAIL, STORAGE, AND HEALTH NEED VIA OUR COMMUNITY NURSE. CLIENTS CAN ALSO ACCESS CASE MANAGEMENT SERVICES AT THIS PROGRAM. THE GOAL IS TO PROVIDE SUPPORT IN BASIC AREAS SO THE INDIVIDUAL CAN FOCUS ON REDUCING THEIR LENGTH OF HOMELESSNESS. IN 2020, APPROXIMATELY 500 INDIVIDUALS RECEIVED SERVICES AND ASSISTANCE THROUGH APPROXIMATELY 6,000 VISITS TO THE CENTER. 100% RECEIVED BASIC NEEDS SUPPORT AND APPROXIMATELY 70% PARTICIPATED IN CASE MANAGEMENT SERVICES.

EXPENSES \$ 104,716. INCLUDING GRANTS OF \$ 3,001. REVENUE \$ 0.

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

A COPY OF FORM 990 IS PROVIDED TO THE ENTIRE BOARD AND REVIEWED AT A REGULARLY SCHEDULED MEETING.

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

EACH OFFICER, DIRECTOR AND COMMITTEE MEMBER ARE REQUIRED TO EXECUTE AN ANNUAL DISCLOSURE STATEMENT. THESE STATEMENTS ARE RETAINED ON FILE AT THE CORPORATE OFFICE.

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

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND CONSIDERS MARKET CONDITIONS, PERFORMANCE AND BUDGETARY CONSTRAINTS WHILE APPROVING SALARY ADJUSTMENTS TO ITS EXECUTIVE DIRECTOR. STAFF INCREASES ARE PROVIDED AT THE TIME OF AN EMPLOYEE'S ANNUAL EVALUATION OR AT A TIME OF POSITION PROMOTION.

Name of the organization	HOUSING FORWARD	Employer identification number	36-3876660
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SALARY INCREASES MAY BE A COMBINATION OF COST OF LIVING AND MERIT, WHILE
CONSIDERING BUDGETARY CONSTRAINTS. MANAGERS AND DIRECTORS SUBMIT
RECOMMENDATIONS TO THE EXECUTIVE DIRECTOR FOR THEIR DIRECT SUBORDINATES.
THE EXECUTIVE DIRECTOR APPROVES ALL SALARY INCREASES.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 IS AVAILABLE ON THE
ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	39,187.
MANAGEMENT AND GENERAL EXPENSES	4,884.
FUNDRAISING EXPENSES	8,413.
TOTAL EXPENSES	52,484.

ADMIN PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	39,942.
MANAGEMENT AND GENERAL EXPENSES	4,977.
FUNDRAISING EXPENSES	8,574.
TOTAL EXPENSES	53,493.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	105,977.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

BOARD DEVELOPMENT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,295.

Name of the organization

HOUSING FORWARD

Employer identification number

36-3876660

FUNDRAISING EXPENSES 5,018.

TOTAL EXPENSES 9,313.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 9,313.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE HOLDS THESE RESPONSIBILITIES AND THE PROCESS HAS
NOT CHANGED FROM PREVIOUS YEARS.

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

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HOUSING FORWARD	Taxpayer identification number (TIN) 36-3876660
	Number, street, and room or suite no. If a P.O. box, see instructions. 1851 S 9TH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MAYWOOD, IL 60153	

Enter the Return Code for the return that this application is for (file a separate application for each return) **011**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LYNDA SCHUELER

- The books are in the care of ► **1851 S 9TH AVENUE - MAYWOOD, IL 60153**
Telephone No. ► **708-338-1724** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2020** or
► ☐ tax year beginning _____, and ending _____.
- If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

HOUSING FORWARD
FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2020 AND 2019
TOGETHER WITH AUDITOR'S REPORT

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Housing Forward:

We have audited the accompanying financial statements of Housing Forward (the Organization) (a nonprofit organization), which comprise the statement of financial position as of December 31, 2020 and 2019, and the related statements of activities, cash flows and functional expenses for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

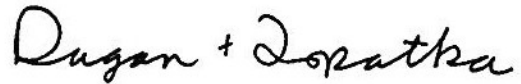
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Board of Directors of
Housing Forward
Page two

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Housing Forward as of December 31, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Dugan + Lopatka". The script is cursive and fluid, with the plus sign clearly visible between the two names.

DUGAN & LOPATKA

Warrenville, Illinois
June 23, 2021

HOUSING FORWARD
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 550,495	\$ 163,109
Cash held for others	7,656	3,429
Grants receivable	1,697,042	780,068
Prepaid expenses	8,100	17,244
Total current assets	2,263,293	963,850
PROPERTY AND EQUIPMENT, net	49,736	66,500
OTHER ASSETS:		
Security deposits	322,214	230,413
Total assets	<u>\$ 2,635,243</u>	<u>\$ 1,260,763</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES:		
Accounts payable	\$ 446,336	\$ 368,820
Agency liability	7,656	3,429
Notes payable, current maturity	264,600	-
Accrued expenses	284,980	130,853
Refundable advances	357,989	116,520
Deferred revenue	18,600	24,900
Total current liabilities	1,380,161	644,522
LONG-TERM LIABILITIES		
Notes payable, net of current maturity	271,748	-
Total liabilities	1,651,909	644,522
NET ASSETS:		
Without donor restrictions - Undesignated	761,247	304,617
- Board designated	110,000	110,000
With donor restrictions	112,087	201,624
Total net assets	983,334	616,241
Total liabilities and net assets	<u>\$ 2,635,243</u>	<u>\$ 1,260,763</u>

The accompanying notes are an integral part of this statement.

HOUSING FORWARD
STATEMENT OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020		2019	
	Without Donor Restrictions	With Donor Restrictions	Without Donor Restrictions	With Donor Restrictions
SUPPORT AND REVENUE:				
Public support and other income -				
Contributions				
United Way	\$ 1,764,262	\$ 145,000	\$ 783,279	\$ 318,000
Special events	56,784	-	41,496	-
Program rent	277,751	-	261,112	-
Interest	193,364	-	218,970	-
Miscellaneous income	462	-	435	-
In-kind donations of space	93,897	-	34,053	-
In-kind donations of supplies and services	46,818	-	113,805	-
	579,079	-	491,040	-
Total public support and other income	3,012,417	145,000	1,944,190	318,000
Grants from governmental agencies -				
CDBG Cook County	43,326	-	16,980	-
ESG Cook County	83,188	-	313,162	-
Cook County Health	208,507	-	188,499	-
ESG Oak Park	106,354	-	110,917	-
CDBG Oak Park	30,004	-	28,034	-
Village of Oak Park Affordable Housing Fund	246,165	-	69,636	-
DHS - Illinois	596,039	-	421,357	-
FEMA	545,320	-	-	-
HUD	4,269,060	-	3,871,047	-
HUD - South Suburban PADS	130,688	-	166,242	-
IHDA	442,448	-	432,180	-
Community Mental Health Board of Oak Park Township	37,158	-	77,717	-
Serve Illinois Commission - AmeriCorps	113,289	-	119,842	-
Proviso Township Mental Health Commission	77,063	-	65,459	-
CDBG - City of Berwyn	8,500	-	8,500	-
Coronavirus Relief Fund	1,299,699	-	-	-
ESG Cicero	191,697	-	155,826	-
All Chicago	110,320	-	-	-
CARES Grants	143,103	-	-	-
Oak Park Township	13,000	-	25,964	-
River Forest Township	3,250	-	6,000	-
Other	66,095	-	29,162	-
Total grants from governmental agencies	8,764,273	-	6,106,524	-
Net assets released from restrictions -				
Satisfaction of purpose restrictions	234,537	(234,537)	167,267	(167,267)
Total revenues and support	12,011,227	(89,537)	8,217,981	150,733
				8,368,714

The accompanying notes are an integral part of this statement.

HOUSING FORWARD
STATEMENT OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020		2019	
	Without Donor Restrictions	With Donor Restrictions	Without Donor Restrictions	With Donor Restrictions
FUNCTIONAL EXPENSES:				
Program	\$ 9,839,719	\$ -	\$ 9,839,719	\$ -
Management and general	1,177,905	-	1,177,905	-
Fundraising	536,973	-	536,973	-
Total functional expenses	11,554,597	-	11,554,597	-
CHANGE IN NET ASSETS				
NET ASSETS, Beginning of year	456,630	(89,537)	367,093	150,733
NET ASSETS, End of year	414,617	201,624	616,241	587,906
	\$ 871,247	\$ 112,087	\$ 983,334	\$ 201,624
			\$ 414,617	\$ 616,241

The accompanying notes are an integral part of this statement.

HOUSING FORWARD
STATEMENT OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	<u>\$ 367,093</u>	<u>\$ 28,335</u>
Adjustments to reconcile change in total net assets to net cash (used in) operating activities:		
Depreciation	22,833	37,993
Loss on disposal of fixed assets	2,608	-
Changes in assets and liabilities:		
(Increase) in grants receivable	(916,974)	(122,010)
Decrease in prepaid expenses	9,144	7,366
(Increase) in security deposits	(91,801)	(47,688)
Increase in accounts payable and agency liability	81,743	14,304
Increase in accrued expenses	154,127	20,755
Increase (decrease) in refundable advances	241,469	(224,158)
Increase (decrease) in deferred revenue	<u>(6,300)</u>	<u>19,600</u>
Total adjustments	<u>(503,151)</u>	<u>(293,838)</u>
Net cash (used in) operating activities	<u>(136,058)</u>	<u>(265,503)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of equipment	<u>(8,677)</u>	<u>-</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from notes payable	<u>536,348</u>	<u>-</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	391,613	(265,503)
CASH AND CASH EQUIVALENTS, Beginning of year	<u>166,538</u>	<u>432,041</u>
CASH AND CASH EQUIVALENTS, End of year	<u><u>\$ 558,151</u></u>	<u><u>\$ 166,538</u></u>

The accompanying notes are an integral part of this statement.

HOUSING FORWARD
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2020

	Program Services											Supporting Services		
	Coordinated Entry	Interim Housing/Shelter	Support Center	Supportive Housing	Emergency Assistance	Rental Assistance	Employment Readiness	Sojourner House	Diversion and Outreach	Total Program Services	Management and General		Fundraising	Total
											General	Fundraising		
Salaries	\$ 34,565	\$ 360,992	\$ 51,038	\$ 545,726	\$ 181,821	\$ 313,691	\$ 105,236	\$ 115,007	\$ 139,976	\$ 1,848,052	\$ 876,855	\$ 270,185	\$ 2,995,092	
Other benefits	615	43,205	9,078	88,457	28,616	55,306	17,947	20,054	19,754	283,032	127,719	17,874	428,625	
Payroll taxes	3,272	34,187	6,708	49,732	17,902	31,106	11,732	10,951	14,239	179,829	21,869	23,966	225,664	
Total salaries and related expenses	38,452	438,384	66,824	683,915	228,339	400,103	134,915	146,012	173,969	2,310,913	1,026,443	312,025	3,649,381	
Professional fees and contracts	561	73,411	4,484	19,166	16,836	12,780	6,726	7,734	6,166	147,864	18,429	31,743	198,036	
Board development	-	-	-	-	-	-	-	-	-	-	-	-	-	
Occupancy	-	301,118	8,753	25,389	22,242	13,484	22,008	14,830	10,842	418,666	4,295	5,018	9,313	
Food and supplies	66	238,879	1,935	10,547	3,358	6,844	956	1,585	2,347	266,517	16,897	6,930	442,493	
Laundry	-	23,031	-	31	-	29	-	-	-	23,091	-	-	273,784	
Volunteer and staff development	71	1,649	1,347	2,235	858	1,630	858	1,477	786	10,911	5,036	1,078	23,091	
Equipment repair, rental and replacement	131	43,750	1,047	5,381	1,571	7,047	1,571	3,387	1,737	65,622	4,726	2,492	17,025	
Individual and family assistance	8	1,027,545	2,543	2,344,894	338,578	795,029	140	60,120	1,265	4,570,122	-	-	72,840	
Grants to sub-recipients	638,325	-	-	609,788	-	11,930	-	-	-	1,260,043	-	-	4,570,122	
Other expenses	85	6,461	3,634	9,651	3,313	5,550	3,291	4,677	2,983	39,645	52,070	26,299	126,043	
Postage	10	362	317	307	122	232	122	82	112	1,666	296	11,181	118,014	
Printing	11	1,269	1,660	2,549	1,307	1,912	187	92	1,349	10,336	4,462	25,293	13,143	
Travel and transportation	17	8,885	1,785	14,304	1,254	8,451	1,365	4,628	2,735	43,424	261	112	40,091	
Insurance	-	4,945	3,943	11,612	830	6,217	830	554	4,959	33,890	7,728	3,170	43,797	
Telephone and pagers	46	2,687	463	4,362	1,373	2,814	780	1,770	1,350	15,645	4,835	578	44,788	
Fund-raising events	-	-	-	-	-	-	-	-	-	-	-	-	21,058	
Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	108,849	
In-kind space, supplies and services	-	448,448	4,299	62,771	4,089	88,961	4,089	2,726	-	16,885	5,948	-	22,833	
Total functional expenses	\$ 677,783	\$ 2,620,824	\$ 109,015	\$ 3,806,902	\$ 624,070	\$ 1,363,013	\$ 177,838	\$ 249,674	\$ 210,600	\$ 9,839,719	\$ 1,177,905	\$ 536,973	\$ 11,554,597	

The accompanying notes are an integral part of this statement.

HOUSING FORWARD
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2019

	Program Services										Supporting Services			
	Coordinated Entry	Interim Housing/ Shelter	Support Center	Supportive Housing	Emergency Assistance	Rental Assistance	Employment Readiness	Sojourner House	Outreach and Engagement	Total Program Services	Management and General		Fundraising	Total
Salaries	\$ 205,439	\$ 105,405	\$ 161,698	\$ 494,040	\$ 169,097	\$ 158,086	\$ 63,774	\$ 42,553	\$ 188,005	\$ 1,588,097	\$ 619,707	\$ 189,631	\$ 2,397,435	
Other benefits	19,251	13,201	39,505	109,716	36,667	42,435	15,854	7,027	37,041	320,697	64,503	14,981	400,181	
Payroll taxes	18,068	7,662	13,235	42,994	14,119	14,332	6,446	3,091	14,324	134,271	38,828	16,513	189,612	
Total salaries and related expenses	242,758	126,268	214,438	646,750	219,883	214,853	86,074	52,671	239,370	2,043,065	723,038	221,125	2,987,228	
Professional fees and contracts	5,052	3,608	8,113	17,973	23,845	8,857	8,256	4,531	5,165	85,400	11,941	45,696	143,037	
Board development	-	-	-	-	-	-	-	-	-	-	10,450	-	10,450	
Occupancy	3,297	2,460	32,837	25,335	22,800	8,767	22,800	5,836	9,840	133,972	11,470	4,758	150,200	
Food and supplies	614	23,081	5,032	3,752	4,297	1,927	1,295	1,887	2,519	44,404	1,525	1,371	47,300	
Laundry	-	-	569	20	-	-	-	-	-	40,730	-	-	40,730	
Volunteer and staff development	4,384	283	3,720	2,138	475	764	418	149	890	13,221	3,719	1,235	18,175	
Equipment repair, rental and replacement	7,055	210	5,107	2,356	1,546	2,728	1,046	6,462	3,335	29,845	953	1,495	32,293	
Individual and family assistance	-	4,244	6,764	2,233,442	60,648	618,834	40	60,549	2,107	2,986,628	-	-	2,986,628	
Grants to sub-recipients	583,591	-	-	396,995	-	-	-	-	-	980,586	-	-	980,586	
Other expenses	7,425	2,057	15,101	13,387	5,772	3,524	5,725	2,312	4,353	59,656	21,028	12,319	93,003	
Postage	726	445	504	1,245	363	696	320	1,398	311	6,008	652	3,421	10,081	
Printing	3,040	807	2,049	1,573	1,112	530	1,076	682	1,161	12,030	1,873	18,050	31,953	
Travel and transportation	7,727	4,048	3,083	23,291	2,100	5,871	1,442	78	6,225	53,865	5,253	587	59,705	
Insurance	1,148	877	11,573	9,034	-	3,135	-	-	3,507	29,274	4,103	1,693	35,070	
Telephone and pagers	447	1,015	796	3,873	2,964	1,457	2,530	1,589	1,037	15,708	1,086	509	17,303	
Fund-raising events	-	-	-	-	-	-	-	-	-	-	250	53,549	53,799	
Depreciation	-	-	6,470	-	11,267	-	11,267	2,504	-	31,508	6,485	-	37,993	
In-kind space, supplies and services	-	550,725	29,692	-	1,705	-	1,816	-	-	583,938	20,907	-	604,845	
Total functional expenses	\$ 867,264	\$ 760,269	\$ 345,848	\$ 3,381,164	\$ 358,777	\$ 871,943	\$ 144,105	\$ 140,648	\$ 279,820	\$ 7,149,838	\$ 824,733	\$ 365,808	\$ 8,340,379	

The accompanying notes are an integral part of this statement.

HOUSING FORWARD
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Housing Forward (the Organization) was incorporated on August 7, 1992, in the State of Illinois as a not-for-profit corporation. The mission of the Organization is to transition people from housing crisis to housing stability. The Organization, with support of various congregations and partnering agencies, provides emergency shelter and meals, supportive services, case management, employment readiness, rapid-rehousing, transitional and permanent supportive housing programs and emergency assistance for persons experiencing homelessness or a financial crisis that may lead to homelessness. The Organization operates within West Suburban Cook County.

The financial statements were available to be issued on June 23, 2021, with subsequent events being evaluated through this date.

The following is a summary of the significant accounting policies applied by management in the preparation of the accompanying financial statements.

Basis of Accounting -

The Organization records its financial transactions and maintains its books and records on the accrual basis of accounting which recognizes revenue as it is earned and expenses as they are incurred.

Basis of Presentation -

The Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Without donor restrictions - Net assets that are not subject to donor-imposed stipulations and may be expensed for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of management and the board of directors. As of December 31, 2020 and 2019, the Organization had designated \$110,000 as a reserve for future operations.

With donor restrictions - Net assets subject to donor-imposed stipulations. Some donor restrictions are temporary in nature; those restrictions will be met either by actions of the Organization and/or the passage of time. Other donor restrictions are perpetual in nature, where the donor has stipulated the funds be maintained in perpetuity.

Cash and Cash Equivalents -

For purposes of the statement of cash flows, the Organization considers all highly liquid instruments with an original maturity of three months or less to be cash equivalents.

Concentrations of Credit Risk -

Financial instruments which potentially subject the Organization to concentrations of credit risk consist principally of cash. The Organization places its cash and deposits with high credit quality financial institutions; however, deposits exceed the federally insured limits in some accounts from time to time.

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Promises to Give -

Pledges receivable are recorded in the fiscal year, in which the pledge has become unconditional and then is classified as either without donor restrictions or with donor restrictions depending on the existence and/or nature of donor restrictions. Promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue.

Grants Revenue and Receivables -

A portion of the Organization's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/ or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization have incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statement of financial position. The Organization has received \$357,989 and \$116,520 in advance under their federal and state contracts and grants as of December 31, 2020 and 2019, respectively.

The Organization has received significant financial assistance from federal and state agencies. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements, and may be subject to audit by the grantor agencies. Any disallowed claims resulting from such audits could become a liability of the Organization.

Property and Equipment -

Property and equipment are carried at original cost or fair market value at date of receipt for donated assets less accumulated depreciation. The Organization follows the practice of capitalizing all expenditures for property and equipment in excess of \$2,500. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from three to ten years. Depreciation expense totaled \$22,833 and \$37,993 in 2020 and 2019, respectively.

Revenue Recognition for Public Support -

The Organization recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give - that is, those with a measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been met.

Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends, or a purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Program Revenue -

Program revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for the services. The Organization's program revenue consists of rental income which are considered to have a single performance obligation that is satisfied at a point in time. The performance obligations for this service is considered met, and revenue is recognized, at beginning of the month the lessee is using the space.

Deferred Revenue -

Deferred revenue represents payments for special events that are received prior to year end but will not be occurring until the following year.

Use of Estimates -

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

Allocation of Expenses -

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, benefits, payroll taxes, professional services, office expenses, occupancy, depreciation and other, which are allocated on the basis of estimates of time and effort.

Income Taxes -

The Organization has been determined by the Internal Revenue Service to be exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income tax has been established.

The Organization files income tax returns in the U.S. federal jurisdiction and Illinois. With few exceptions, the Organization is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for years before 2017. The Organization does not expect a material net change in unrecognized tax benefits in the next twelve months.

(2) LIQUIDITY AND AVAILABILITY:

	December 31,	
	2020	2019
Financial assets -		
Cash and cash equivalents	\$ 550,495	\$ 163,109
Grant receivable	<u>1,697,042</u>	<u>780,068</u>
Total financial assets	2,247,537	943,177
Less: Donor imposed restrictions	<u>112,087</u>	<u>201,624</u>
Net financial assets after donor-imposed restrictions	2,135,450	741,553
Less: Internal designations -		
Board advised funds	<u>110,000</u>	<u>110,000</u>
Financial assets available to meet cash needs for general expenditures that is without donor or other restrictions limiting their use within one year	<u>\$ 2,025,450</u>	<u>\$ 631,553</u>

The Organization receives contributions, some of which are restricted by donors to fund specific programs or projects. Such restricted funds are tracked for use for the identified program or project. Restricted contributions of \$145,000 and \$318,000 were received for the years ended December 31, 2020 and 2019, respectively.

The Organization maintains a separate operating reserve account with a targeted balance of three months of operating and personnel expenses.

Amounts greater than these minimums can be designated by the Finance Committee with approval of the Board of Directors.

The Organization also maintains a separate capital reserve account consistent with expansion plans for the Organization. The balance is reviewed annually by the Finance Committee to determine the appropriateness of the balance in conjunction with the condition of the owned assets.

(3) PROPERTY AND EQUIPMENT:

Property and equipment consist of the following at December 31, 2020 and 2019:

	2020	2019
Office equipment	\$ 169,453	\$ 178,234
Site equipment	16,833	16,833
Leasehold improvements	57,742	49,065
Support Center expansion	<u>284,133</u>	<u>284,133</u>
	528,161	528,265
Less - Accumulated depreciation	<u>(478,425)</u>	<u>(461,765)</u>
	<u>\$ 49,736</u>	<u>\$ 66,500</u>

(4) LEASED FACILITIES:

The Organization leases certain space for its administrative offices under two leases expiring in February, 2023 and April, 2022. Rent expense paid under the leases amounted to \$168,840 and \$113,680 for the years ended December 31, 2020 and 2019, respectively, which includes \$1,500 monthly for utilities, and is included in occupancy expense in the statement of functional expenses.

The Organization also has a lease for a copier expiring in June, 2023. Rent expense paid under this lease amounted to \$4,500 and \$9,931 for the years ended December 31, 2020 and 2019, respectively.

The Organization has a lease for the Sojourner program that expires in July, 2024. Rent expense paid under this lease amounted to \$48,550 and \$20,000 for the years ended December 31, 2020 and 2019, respectively.

The Organization has leases for the Interim Housing program due to federal and state COVID 19 guidelines that expire in September 2021. Rent expense paid under these leases amounted to \$304,587 and \$-0- for the years ended December 31, 2020 and 2019, respectively.

Minimum lease payments due for the years ending December 31 are as follows:

2021	\$ 1,021,632
2022	147,436
2023	68,365
2024	<u>31,206</u>
	<u>\$ 1,268,639</u>

The Organization pays monthly rental payments for transitional housing and rapid re-housing units.

The Organization also leased various units for permanent supportive housing. The leases expire at various dates through December, 2021. Rental assistance provided on these properties was approximately \$3,273,000 and \$2,761,000 for the years ended December 31, 2020 and 2019, respectively.

(5) LINE OF CREDIT:

The Organization has a \$500,000 line of credit from a bank, bearing interest at prime plus one percent and due in July, 2022. As of December 31, 2020 and 2019, the Organization has no borrowings.

(6) NOTES PAYABLE:

Notes payable consists of the following as of December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Payroll Protection Program (PPP) loan payable to a bank as part of the Coronavirus Aid, Relief and Economic Security (CARES) Act, interest at 1% with the amount to be repaid in equal installments of principal and interest, beginning at the earlier of the date the SBA remits the loan forgiveness amount or 10 months after the end of the forgivable period, with the final payment due April 2022. As part of the loan agreement, the entire loan or a portion can be forgiven. The Organization intends to maximize the forgivable portion of this loan. The Organization has adopted ASC 470 to account for the PPP loan and will record a gain from the forgiven portion of the loan when it is forgiven.	\$ 536,348	\$ -
Less - Current portion	<u>264,600</u>	<u>-</u>
Long-term portion	<u>\$ 271,748</u>	<u>\$ -</u>

Aggregate maturities required on notes payable as of December 31, 2020, are due in future years as follows:

2021	\$ 264,600
2022	<u>271,748</u>
	<u>\$ 536,348</u>

(7) NET ASSETS WITH DONOR RESTRICTIONS:

Net assets with donor restrictions consisted of the following at December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Support center	\$ 48,520	\$ 123,000
Sojourner House	6,567	17,733
Program rent	35,891	35,891
Other	<u>21,109</u>	<u>25,000</u>
	<u>\$ 112,087</u>	<u>\$ 201,624</u>

(8) DONATED SERVICES, SUPPLIES AND SPACE:

Donated services in 2020 and 2019 included medical, legal services, food and volunteer time totaling \$579,079 and \$491,040, respectively, which are reflected in the statement of activities as in-kind contributions and program expenses.

The Organization receives donated clothing and other personal care items from various donors. Such donations have not been recorded because the value of such items cannot be reasonably determined.

The Organization uses various congregations in the local area to serve the community. The congregations provide shelter space throughout the year, with the majority occurring during the months of September through May. These congregations have not charged the Organization for use of space under any form of rental agreement. The annual lease value of this space, based upon the market value in the area, was \$46,818 and \$113,805 for the years ended December 31, 2020 and 2019, respectively. These amounts are included as in-kind contributions and program expenses in the statement of activities.

(9) RETIREMENT PLAN:

Effective January 1, 2008, the Organization adopted a Simple Retirement Plan for eligible employees. The Organization provided matching contributions of 3% for the years ended December 31, 2020 and 2019. Contributions to the plan were \$27,372 and \$24,154 for the years ended December 31, 2020 and 2019, respectively.

(10) CONCENTRATIONS OF GRANTS:

Housing Forward received approximately 48% of its total public support and revenue from U.S. Department of Housing and Urban Development and Coronavirus Relief Fund for the year ended December 31, 2020 and 48% from U.S. Department of Housing and Urban Development for year ended December 31, 2019.

(11) SUBSEQUENT EVENTS:

In April 2021, Housing Forward created and became the member of a single member LLC called HF Broadview, LLC. In 2021 and forward, HF Broadview will be consolidated with Housing Forward.

In March 2021, the Housing Forward was notified by the Small Business Administration (SBA) that its Payroll Protection Program loan was forgiven in the full amount of \$536,348. Housing Forward will record the loan forgiveness as revenue for the year ended December 31, 2021.

(12) MANAGEMENT'S RESPONSE TO EFFECTS OF COVID-19 PANDEMIC

In March 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. As a part of these mitigation measures, the Organization was required to change the way it provided housing and services to its clients. In order to be in compliance with State of Illinois guidelines, the Organization had to shift from using emergency shelters to housing clients in hotels. With this change in operations the Organization incurred increased costs of housing. In order to help cover these costs the Organization has received additional grants from its funders and donors.

The Organization cannot reasonably estimate the length or severity of this pandemic, or the extent to which the disruption may materially impact the financial statements in fiscal year 2021.