

City Hall
396 N. State St.
St. Ignace, MI 49781



Phone: 906.643.6239
Fax: 906.643.7009
E-mail: home@lighthouse.net



United Way of the Eastern Upper Peninsula

2019 Annual Report

H.O.M.E. of Mackinac County is proud to present highlights of the past year including: a summary of the services provided, our 2019 Financial Statement, 2019 IRS form 990 and the agencies Strategic Plan for 2020.

Homeownership Counseling (offered to all 15 Counties of Michigan’s Upper Peninsula)

H.O.M.E. of Mackinac County continues to provide Homeownership Counseling to the residents of Michigan’s Upper Peninsula. Due to the remoteness of our region, our staff has developed expertise in delivering these services remotely through phone interview by online programs provided by eHome America for Homebuyer Pre-purchase and Financial Management Education. Here are the numbers of participants we served by program in 2019:

Homebuyer’s Pre-purchase Education:	16 completed homebuyer’s education courses 11 participated in individual pre-purchase counseling
Financial Capabilities Education:	15 individuals set goals and received certificates 12 took part in financial workshops
Mortgage and Property Tax Default	27 households set goals and were provided resources
Post Purchase Non-Default Counseling	2 households set goals and were provided resources

Foreclosure & Post Purchase Outcome Details: H.O.M.E. assisted participants to understand their situation and apply for options to help them move forward. Some of the resources utilized included Step Forward Michigan Hardest Hit Funds, Mortgage Loan Modification or Refinance, Mortgage and Property Tax repayment plans, Mortgage Forbearance, Property Tax Foreclosure Extensions, Poverty Exemptions for Property Taxes, Deed in Lieu of Foreclosure and Cash for Keys.

Pre-Purchase Counseling: Participants in this program were assisted to understand barriers that might prevent them from pursuing home ownership. H.O.M.E. helped them to review and understand their credit report and create plans to clean up any accounts in collection and reduce their monthly debt. They reviewed their income and learned how their debt to income effects affordability.

SMTMD (Show Me the Money Day) Events: H.O.M.E. hosted SMTMD Events in Mackinac County and Chippewa County. The Mackinac event reached households 23 and Chippewa reached 16.

Community Development

H.O.M.E. of Mackinac County completed one HPR (Home Purchase Rehabilitation) project with a grant through MSHDA (Michigan State Housing Development Authority) Community Development Department. These projects are in the targeted area of St. Ignace and households receive down payment assistance and rehabilitation to improve energy efficiency, safety, and long-term affordability.

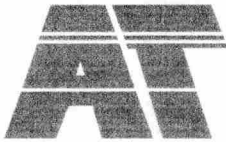
Mission

H.O.M.E. of Mackinac county is a not-for-profit organization established to facilitate, arrange, create and sustain adequate housing with an emphasis on affordable home ownership. H.O.M.E. shall provide affordable housing for persons of low and moderate income.

**Housing Opportunities Made Equal
(H.O.M.E.)
of Mackinac County**

FINANCIAL STATEMENTS

December 31, 2019



ANDERSON, TACKMAN & COMPANY, PLC
CERTIFIED PUBLIC ACCOUNTANTS

KINROSS OFFICE

SUE A. BOWLBY, CPA, PRINCIPAL
KENNETH A. TALSMA, CPA, PRINCIPAL
AMBER N. MACK, CPA, PRINCIPAL

PHILLIP J. WOLF, CPA
LESLIE A. BOHN, CPA
TORI N. KRUISE, CPA

MEMBER AICPA
DIVISION FOR CPA FIRMS

MEMBER MACPA

OFFICES IN
MICHIGAN & WISCONSIN

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Housing Opportunities Made Equal (H.O.M.E.)
of Mackinac County
396 N. State Street – City Hall
St. Ignace, MI 49781

We have audited the accompanying financial statements of Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County, (a Michigan Nonprofit Corporation), which comprise the statement of financial position as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year 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 audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from 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
Housing Opportunities Made Equal (H.O.M.E.)
of Mackinac County

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Anderson Tackman & Co PLC

Anderson, Tackman & Company, PLC
Certified Public Accountants
Kincheloe, Michigan

June 1, 2020

Financial Statements

Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County

Statement of Financial Position For the Year Ended December 31, 2019

ASSETS

Current Assets

Cash	\$	17,799
Grants Receivable		<u>12,850</u>
Total Current Assets		<u>30,649</u>

Non-current Assets

Property and Equipment, net of accumulated depreciation		<u>3,326</u>
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TOTAL ASSETS	\$	<u>33,975</u>
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LIABILITIES AND NET ASSETS

Current Liabilities

Accounts Payable	\$	350
Accrued Expenses		<u>6,525</u>
Total Current Liabilities		<u>6,875</u>

Net Assets

Without Donor Restrictions		<u>27,100</u>
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TOTAL LIABILITIES AND NET ASSETS	\$	<u>33,975</u>
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See independent auditor's report and accompanying notes to financial statements.

Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County

Statement of Activities
For the Year Ended December 31, 2022

	<u>Without Donor Restrictions</u>
Support	
Grants	\$ 107,8
Contributions	8,1
In-kind Contribution	2,0
Special Events	10,7
Other	7,8
Total Revenue	136,6
Expenses	
Program Services and Housing Development	101,2
Supporting Services	
Management and General	25,43
Fundraising	6,49
Total Expenses	133,18
Change in Net Assets Without Donor Restrictions	3,45
NET ASSETS WITHOUT DONOR RESTRICTIONS, BEGINNING OF YEAR	23,648
NET ASSETS WITHOUT DONOR RESTRICTIONS, END OF YEAR	\$ 27,100

See independent auditor's report and accompanying notes to financial statements.

Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County**Statement of Functional Expenses
For the Year Ended December 31, 2019**

	Program Services		Supporting Services		Totals
	Education	Housing Development	Management and General	Fundraising	
Salaries	\$ 45,569	\$ 9,143	\$ 13,406	\$ 3,047	\$ 71,165
Payroll Taxes	3,788	734	1,123	235	5,880
Home Acquisition	-	7,132	-	-	7,132
Home Ownership Counseling	1,800	-	-	-	1,800
Rehabilitation	-	24,800	-	-	24,800
Professional Services	0	-	4,090	-	4,090
Supplies	942	261	191	102	1,496
Office Supplies	154	-	258	-	412
Telephone	1,622	181	155	-	1,958
Postage and Shipping	220	-	136	110	466
Occupancy	200	-	4,080	200	4,480
Credit Reports	1,916	-	-	-	1,916
Travel	1,342	475	300	-	2,117
Training	-	300	-	-	300
Insurance	518	-	1,266	-	1,784
Fundraising Costs	-	-	-	2,797	2,797
Licenses, Dues & Memberships	160	-	-	-	160
Total Expenses Before Depreciation	58,231	43,026	25,005	6,491	132,753
Depreciation	-	-	429	-	429
Total Expenses	<u>\$ 58,231</u>	<u>\$ 43,026</u>	<u>\$ 25,434</u>	<u>\$ 6,491</u>	<u>\$ 133,182</u>

See independent auditor's report and accompanying notes to financial statements.

Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County

Statement of Cash Flows For the Year Ended December 31, 2019

Cash Flows From Operating Activities	
Change in Net Assets	\$ 3,452
Adjustments to reconcile change in net assets to net cash used by operating activities	
Depreciation	429
Cash provided (used) by changes in operating assets and liabilities	
Grants Receivable	(565)
Accounts Payable	350
Accrued Expenses	356
	<hr/>
Net cash used by operating activities	4,022
	<hr/>
Cash Flows From Investing Activities	
Purchase of Equipment	(1,591)
	<hr/>
Net change in Cash	2,431
	<hr/>
Cash, Beginning of Year	15,368
	<hr/>
Cash, End of Year	\$ 17,799
	<hr/> <hr/>
Non-Cash Activities:	
In-kind contributions:	
Fundraising Event Supplies	\$ 2,013
	<hr/> <hr/>

See independent auditor's report and accompanying notes to financial statements.

Notes to Financial Statements

Note 1 - Nature of Organization

Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County ("the Organization") is a Michigan non-profit corporation. Its purpose is to facilitate, arrange, and create and sustain adequate housing with an emphasis on affordable home ownership for persons of low and moderate income. The Organization also provides pre and post purchase homeownership counseling for 15 counties in Michigan's Upper Peninsula in partnership with MSHDA (Michigan State Housing Development Authority).

Note 2 - Summary of Significant Accounting Policies**Basis of Accounting**

The Organization maintains its accounting records on the accrual basis, in accordance with U.S. generally accepted accounting principles. The Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restriction and net assets with donor restriction.

Net Assets Without Donor Restriction – Net assets that are not subject to or are no longer subject to donor-imposed stipulations.

Net Assets With Donor Restriction – Net assets whose use is limited by donor-imposed time and/or purpose restrictions.

Revenues are reported as increases in net assets without donor restriction unless use of the related asset is limited by donor-imposed restrictions. Expenses are recorded as decreases in net assets without donor restriction. Gains and losses on assets or liabilities are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of donor restrictions on net assets (ie, the donor-stipulated purpose has been fulfilled and/or the stipulated passage of time has elapsed) are reported as reclassifications between the applicable classes of net assets.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of financial statements. These estimates and assumptions also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash

For the purpose of the statement of financial position and the statement of cash flows, the Organization considers as cash all highly liquid investments with an initial maturity of three months or less.

Grants Receivable

Grants receivable are recorded at the amount management expects to collect from the outstanding balances. Management considers all grants to be collectible and, therefore, has not established a provision for uncollectible grants.

Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County

**Notes to Financial Statements
December 31, 2019**

Note 2 - Summary of Significant Accounting Policies (Continued)

Income Taxes

The Organization is a not-for-profit organization that is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision or liability for federal taxes has been included in the accompanying financial statements. The Organization is exempt from federal income tax on all income except unrelated business income as noted under Section 511 of the Internal Revenue Code. Internal Revenue code section 513(a) defines an unrelated trade or business of an exempt organization as any trade or business which is not substantially related to the exercise or performance of its exempt purpose. The Organization did not have any unrelated business income.

The Organization's tax returns are generally subject to examination by the Internal Revenue Service for a period of three years from the respective filing deadlines of those returns.

Property and Equipment

Property and equipment is stated at cost if purchased and fair value if donated. Expenditures for maintenance, repairs and minor renewals are expensed as incurred. Major expenditures for renewals and betterments are capitalized.

As a general rule, when items are retired or otherwise disposed, accumulated depreciation is reduced by the accumulated amount of depreciation applicable thereto. Any gain or loss from such retirement or disposal is credited or charged to income in the year of the disposal.

Depreciation is computed using the following useful lives under the straight-line method:

Office equipment	5 years
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Functional Allocation of Expenses

Expenses consist of costs related to providing home ownership counseling, providing affordable housing opportunities to low- and moderate-income earners and administrative functions. These costs have been summarized on a functional basis in the Statement of Functional Expenses. Costs are directly charged to the functions they benefit. Payroll and payroll taxes are allocated based upon the hours worked in each area.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through June 1, 2020, which is the date the financial statements were available to be issued.

Note 3 - Cash

The Organization's composition of cash as of December 31, 2019, (carrying amount) is summarized as follows:

Cash on Hand	\$	100
Checking and Savings		<u>17,699</u>
	\$	<u>17,799</u>

At December 31, 2019, the carrying amount of the Organization's deposits was \$17,799 and the bank balance was \$20,039. Of the bank balance, 100% was covered by insurance provided by the Federal Depository Insurance Corporation (FDIC).

Note 4 - Property and Equipment

A summary of property and equipment is as follows:

Equipment	\$	<u>11,006</u>
Less: Accumulated Depreciation		<u>(7,680)</u>
Property and Equipment, net	\$	<u>3,326</u>

Depreciation expense for the year ended December 31, 2019 amounted to \$429.

Note 5 - Revenues from Major Contractors

The Organization receives a major portion of its revenues and support from federal funds passed through MSHDA. For the year ended December 31, 2019 revenues from MSHDA amounted to \$101,145 or 74% of revenues. It is anticipated that MSHDA will continue to support the Organization in the future.

Note 6 - Fundraising and Special Events

During the year, the Organization had a Christmas auction fundraiser. Total fundraising expense for the year ended December 31, 2019 was \$6,491. This amount includes \$2,013 of in-kind donations of equipment/space rental and refreshments for the event.

Note 7 - Operating Leases

The Organization has a one-year lease with the City of St. Ignace for its office space. The monthly rent is \$340 per month. The amount of rent paid under this lease during the year ended December 31, 2019 was \$4,080.

Note 8 - Contingencies

The Organization receives significant assistance from MSHDA. This requires compliance with terms and conditions specified in the applicable contracts and are subject to examination by the agency. Any disallowed costs from such examination could become a liability. It is the opinion of management that any such disallowed claims will not have a material effect on the financial statements.

Housing Opportunities Made Equal (H.O.M.E.) of Mackinac County

Notes to Financial Statements
December 31, 2019

Note 9 - Liquidity and Availability of Financial Assets

The Organization's working capital and cash flows are directly related to MSHDA grant funded projects as well as home ownership counseling. Monthly cash outflows vary based upon existence of a home rehabilitation project. Other sources of revenue (United Way grant, local County appropriation and donations) have allowed the Organization to operate without the need for an operating line of credit.

The following reflects the Organization's financial assets as of the balance sheet date:

	<u>2019</u>
Cash	\$ 17,799
Grants Receivable	<u>12,850</u>
Total financial assets available to meet cash needs for expenditures within one year	<u>\$ 30,649</u>

Anderson,Tackman & Company, PLC
16978 S Riley Ave
Kincheloe, MI 49788
906-495-5952

July 15, 2020

CONFIDENTIAL

Housing Opportunities Made Equal
(HOME) of Mackinac County
396 N State Street
St Ignace, MI 49781

Dear Board of Directors:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Anderson,Tackman & Company, PLC

Accepted By: _____

Date: _____

Federal Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- Force field entered with data "500.00" on Screen Letter
- Force field entered with data "429" on Screen Exp-2
- Coronavirus (COVID-19) Relief has not been selected on Screen PenT; The original return due date will be used for all applicable calculations and client documents
- Historical Report (990 Return) does not display 2020 column if Tax Projection has not been selected.
- Web site is not entered on Screen 990; "N/A" prints on Form 990, Page 1, Item J
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Verify that any cash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered in View > Contributor/Officer > Contributor Information
- Verify that any noncash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered in View > Contributor/Officer > Contributor Information
- 990, Part III total program service revenue does not match 990, Part VIII, line 2g total program service revenue
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'Amber Mack, CPA', Staff 'Tori Kruiise'

Missing Data

Prior Year Data

Functional Expenses

- | | |
|---|----|
| <input checked="" type="checkbox"/> Tot / PS, advertising | 54 |
|---|----|

Event To Do

Event Name

- DATE RECEIVED

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning _____, and ending _____

Housing Opportunities Made Equal 38-3330709
(HOME) of Mackinac County

Net Asset / Fund Balance at Beginning of Year 23,648

Revenue

Contributions	<u>123,942</u>		
Program service revenue	<u>7,875</u>		
Investment income			
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue	<u>4,817</u>		
Direct expenses	<u>2,797</u>		
Net income		<u>2,020</u>	
Other income		<u>0</u>	
Total revenue			<u>133,837</u>

Expenses

Program services	<u>101,257</u>		
Management and general	<u>25,434</u>		
Fundraising	<u>3,694</u>		
Total expenses			<u>130,385</u>
Excess / (deficit)			<u>3,452</u>

Changes _____

Net Asset / Fund Balance at End of Year 27,100

Reconciliation of Revenue

Total revenue per financial statements	<u>136,634</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>2,797</u>
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>133,837</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>133,182</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>2,797</u>
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>130,385</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>29,817</u>	<u>33,975</u>	
Liabilities	<u>6,169</u>	<u>6,875</u>	
Net assets	<u><u>23,648</u></u>	<u><u>27,100</u></u>	<u><u>3,452</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/16/20
Failure to file penalty _____

Anderson,Tackman & Company, PLC
16978 S Riley Ave
Kincheloe, MI 49788
906-495-5952

July 15, 2020

CONFIDENTIAL

Housing Opportunities Made Equal
(HOME) of Mackinac County
396 N State Street
St Ignace, MI 49781

Dear Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Anderson,Tackman & Company, PLC
16978 S Riley Ave
Kincheloe, MI 49788

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Anderson, Tackman & Company, PLC

Anderson,Tackman & Company, PLC
16978 S Riley Ave
Kincheloe, MI 49788
906-495-5952

July 15, 2020

CONFIDENTIAL

Housing Opportunities Made Equal
(HOME) of Mackinac County
396 N State Street
St Ignace, MI 49781

For professional services rendered in connection with the preparation of the following tax forms
for year ending 12/31/19.

Amount due \$ 500.00

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning, 2019, and ending, 20

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.****2019**

Name of exempt organization

**Housing Opportunities Made Equal
(HOME) of Mackinac County**

Employer identification number

38-3330709

Name and title of officer

**Julie Hill
President/Chair****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>133,837</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Anderson, Tackman & Company, PLC to enter my PIN 80167 as my signature
ERO firm name Enter five numbers, but
do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____

Date } 07/08/20**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38731100805

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Amber Mack, CPADate } 07/08/20**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
u Do not enter social security numbers on this form as it may be made public.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 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 Opportunities Made Equal (HOME) of Mackinac County**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
396 N State Street
 City or town, state or province, country, and ZIP or foreign postal code
St Ignace MI 49781

D Employer identification number **38-3330709**
E Telephone number **906-643-6239**
G Gross receipts \$ **136,634**

F Name and address of principal officer:
Julie Hill
430 Ellsworth
St Ignace MI 49781

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

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

J Website: **u N/A** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1997** **M** State of legal domicile: **MI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To facilitate, arrange and create adequate housing opportunities with an emphasis on persons of low and moderate income.		
	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)	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2
	6	Total number of volunteers (estimate if necessary)	41
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b Net unrelated business taxable income from Form 990-T, line 39	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	73,692
	9	Program service revenue (Part VIII, line 2g)	5,560
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,603
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,855
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	76,150
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
b		Total fundraising expenses (Part IX, column (D), line 25) u 3,694	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,698
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	94,848	
19	Revenue less expenses. Subtract line 18 from line 12	-12,993	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	29,817
	21	Total liabilities (Part X, line 26)	6,169
	22	Net assets or fund balances. Subtract line 21 from line 20	23,648

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: **Julie Hill** Date: _____
 Type or print name and title: **President/Chair**

Paid Preparer Use Only

Print/Type preparer's name: **Amber Mack, CPA** Preparer's signature: **Amber Mack, CPA** Date: **07/15/20** Check if self-employed PTIN: **P00685631**

Firm's name: **Anderson, Tackman & Company, PLC** Firm's EIN: **38-1977929**
 Firm's address: **16978 S Riley Ave Kincheloe, MI 49788** Phone no.: **906-495-5952**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To facilitate, arrange and create adequate housing opportunities with an emphasis on persons of low and moderate income.

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 \$ **58,231** including grants of \$) (Revenue \$)
Homebuyer education and credit counseling

4b (Code:) (Expenses \$ **43,026** including grants of \$) (Revenue \$)
Housing development

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

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

4e Total program service expenses **u 101,257**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	3
1b	0

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 2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
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		
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 u 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?		
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?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?	12a	
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.	13a	
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?	14a	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 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.	13	
b	Enter the number of voting members included on line 1a, above, who are independent	13	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u MI**
- 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 **u**
Lori Pieri **2364 S. Hill Island Road**
Cedarville **MI 49719** **906-643-6239**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) Lori Pieri	40.00									
Executive Director	0.00			X			48,381	0	0	
(2) Patrick Durm	1.00									
Director	0.00	X					0	0	0	
(3) Peter Everson	1.00									
Director	0.00	X					0	0	0	
(4) Amanda Garlock	1.00									
Director	0.00	X					0	0	0	
(5) Jennifer Goudreau	1.00									
Director	0.00	X					0	0	0	
(6) Julie Hill	1.00									
President/Chair	0.00	X					0	0	0	
(7) Craig Lehrke	1.00									
Director	0.00	X					0	0	0	
(8) Connie Litzner	1.00									
Secretary	0.00	X					0	0	0	
(9) Dan Litzner	1.00									
Director	0.00	X					0	0	0	
(10) Darcy McLean	1.00									
President/Vice Chair	0.00	X					0	0	0	
(11) Calvin McPhee	1.00									
Director	0.00	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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) Mary Jo Savard	1.00									
Treasurer	0.00	X					0	0	0	
(13) Mike Springsteen	1.00									
Director	0.00	X					0	0	0	
(14) Paul Sved	1.00									
Director	0.00	X					0	0	0	
1b Subtotal							u	48,381		
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	48,381		

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 **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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

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 **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	7,972			
	d Related organizations	1d				
	e Government grants (contributions)	1e	101,145			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,825			
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,013			
	h Total. Add lines 1a-1f	u	123,942			
Program Service Revenue	2a Stipend - MSHDA, SMTMD	Business Code	7,875	7,875		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	7,875			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)	u				
8a Gross income from fundraising events (not including \$ 7,972 of contributions reported on line 1c). See Part IV, line 18						
	8a	4,817				
	b Less: direct expenses	8b	2,797			
c Net income or (loss) from fundraising events	u	2,020				
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions	u	133,837	7,875	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	48,381	31,928	13,406	3,047
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	22,784	22,784		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,880	4,522	1,123	235
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,090		4,090	
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 Schedule O.)	1,916	1,916		
12 Advertising and promotion				
13 Office expenses	878	374	394	110
14 Information technology				
15 Royalties				
16 Occupancy	4,480	200	4,080	200
17 Travel	2,117	1,817	300	
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	429		429	
23 Insurance	1,784	518	1,266	
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 Home Rehabilitation	24,800	24,800		
b Home Acquisition	7,132	7,132		
c Telephone	1,958	1,803	155	
d Home Ownership Counseling	1,800	1,800		
e All other expenses	1,956	1,663	191	102
25 Total functional expenses. Add lines 1 through 24e	130,385	101,257	25,434	3,694
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	15,368	1	17,799
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	12,285	3	12,850
	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		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	11,006		
	10b	Less: accumulated depreciation	7,680	10c	3,326
	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		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	29,817	16	33,975	
Liabilities	17	Accounts payable and accrued expenses	6,169	17	6,875
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,169	26	6,875
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	23,648	27	27,100
	28	Net assets with donor restrictions		28	
	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	23,648	32	27,100	
33	Total liabilities and net assets/fund balances	29,817	33	33,975	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	133,837
2	Total expenses (must equal Part IX, column (A), line 25)	2	130,385
3	Revenue less expenses. Subtract line 2 from line 1	3	3,452
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,648
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,100

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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		X
2b	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	X	
2c	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.	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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **Housing Opportunities Made Equal (HOME) of Mackinac County** Employer identification number **38-3330709**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	128,818	102,902	77,976	73,692	123,942	507,330
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	1,200	1,200				2,400
4 Total. Add lines 1 through 3	130,018	104,102	77,976	73,692	123,942	509,730
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						509,730

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	130,018	104,102	77,976	73,692	123,942	509,730
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						509,730

12 Gross receipts from related activities, etc. (see instructions) 12 39,335

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 100.00 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 100.00 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u 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.
u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

**Housing Opportunities Made Equal
(HOME) of Mackinac County**

Employer identification number

38-3330709

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 u

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

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

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

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

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)?

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 Yes No

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 **u** %
 - b Permanent endowment **u** %
 - c Term endowment **u** %
- 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) Unrelated organizations | | |
| 3a(ii) Related organizations | | |
| 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				
d Equipment		11,006	7,680	3,326
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	u			3,326

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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

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	136,634
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,797	
e	Add lines 2a through 2d	2e	2,797	
3	Subtract line 2e from line 1		3	133,837
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	133,837

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	133,182
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,797	
e	Add lines 2a through 2d	2e	2,797	
3	Subtract line 2e from line 1		3	130,385
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	130,385

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 XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising expenses netted \$ 2,797

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising expenses netted \$ 2,797

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	Housing Opportunities Made Equal (HOME) of Mackinac County	Employer identification number	38-3330709
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Form 990, Part VI, Line 7a - Election of Members and Their Rights

Members (Directors) are elected by a majority vote of the existing members of the Board during the annual meeting.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Tax return is reviewed by governing board at scheduled board meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board members are provided with written policy upon membership and asked to review, abide by and sign conflict of interest form and these forms are updated annually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Each year the Personnel Committee completes a performance review for the Executive Director, which is presented, reviewed and approved by the full board. The performance review in addition to a recommendation by the Finance Committee concerning available funds is used to determine any increases in compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents are available upon request, through annual report and provided to board members and volunteers during orientation.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Fundraising expenses netted \$ 2,797

Name of the organization

Employer identification number

Housing Opportunities Made Equal

38-3330709

Fundraising expenses netted

\$ -2,797

Form 990	Event Income and Deduction Worksheet	2019
Name Housing Opportunities Made Equal		Taxpayer Identification Number 38-3330709
Description Christmas Auction		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>4,817</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>7,972</u>
7. Total revenue. Add lines 1 through 6	7.	<u>12,789</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>2,797</u>
15. Total expenses. Add lines 8 through 14	15.	<u>2,797</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>9,992</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	<u>2,797</u>
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	<u>2,797</u>

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**Housing Opportunities Made Equal
(HOME) of Mackinac County**

38-3330709

		2018	2019	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 15,523	22,797	7,274
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 58,169	101,145	42,976
	4. Program service revenue	4. 5,560	7,875	2,315
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 2,603	2,020	-583
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 81,855	133,837	51,982
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 46,972	48,381	1,409
	16. Salaries, other compensation, and employee benefits	16. 29,178	28,664	-514
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 5,416	6,006	590
	19. Occupancy, rent, utilities, and maintenance	19. 2,600	4,480	1,880
	20. Depreciation and Depletion	20. 825	429	-396
	21. Other expenses	21. 9,857	42,425	32,568
	22. Total expenses. Add lines 13 through 21	22. 94,848	130,385	35,537
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -12,993	3,452	16,445
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 81,855	133,837	51,982
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 5,560	7,875	2,315
	27. Total assets	27. 29,817	33,975	4,158
	28. Total liabilities	28. 6,169	6,875	706
	29. Retained earnings	29. 23,648	27,100	3,452
	30. Number of voting members of governing body	30. 13	13	
	31. Number of independent voting members of governing body	31. 13	13	
	32. Number of employees	32. 3	2	
33. Number of volunteers	33. 32	41		

Form 990	Tax Return History	2019
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Name Housing Opportunities Made Equal (HOME) of Mackinac County	Employer Identification Number 38-3330709
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	135,548	102,902	77,976	73,692	123,942	
Membership dues						
Program service revenue				5,560	7,875	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)	9,467	9,741	3,514	2,603	2,020	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	145,015	112,643	81,490	81,855	133,837	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	43,069	43,068	45,644	46,972	48,381	
Other compensation	16,237	9,706	14,852	29,178	28,664	
Professional fees	12,413	14,248	5,153	5,416	6,006	
Occupancy costs		230	2,400	2,600	4,480	
Depreciation and depletion	1,013	1,013	738	825	429	
Other expenses	68,827	44,899	19,838	9,857	42,425	
Total expenses	141,559	113,164	88,625	94,848	130,385	
Excess or (Deficit)	3,456	-521	-7,135	-12,993	3,452	
Total exempt revenue	145,015	112,643	81,490	81,855	133,837	
Total unrelated revenue						
Total excludable revenue				5,560	7,875	
Total Assets	68,803	46,940	42,656	29,817	33,975	
Total Liabilities	24,506	3,164	6,015	6,169	6,875	
Net Fund Balances	44,297	43,776	36,641	23,648	27,100	

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
credit reports	\$ 1,916	\$ 1,916	\$	\$
Total	\$ 1,916	\$ 1,916	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies	\$ 1,496	\$ 1,203	\$ 191	\$ 102
Training	300	300		
Dues & Memberships	160	160		
Total	\$ 1,956	\$ 1,663	\$ 191	\$ 102

Federal Statements**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
MSHDA	\$ 101,145
United Way, other	6,680
Contributions	8,145
Christmas Auction	
Cash Contribution	5,959
Food items for auction	2,013
Total	<u>\$ 123,942</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Stipend - MSHDA, SMTMD	\$ 7,875
Christmas Auction	4,817
Total	<u>\$ 12,692</u>

**H.O.M.E. OF MACKINAC COUNTY
STRATEGIC PLAN UPDATE
April 15, 2020**

I. VISION & MISSION STATEMENTS

VISION:

Mackinac County is a place where all people are in adequate, affordable homes, which will have a positive effect on families, children, and adults, toward the betterment of the community.

MISSION:

H.O.M.E. of Mackinac County is a not-for-profit organization established to facilitate, arrange and create adequate housing for all people with an emphasis on affordable homeownership. H.O.M.E. shall provide affordable housing for persons of low and moderate income.

II. PARTNERS

Governmental Organizations

Current

City of Mackinac Island, City of St. Ignace, Sault Tribe of Chippewa Indians, MSHDA, HUD, Mackinac County and additional counties of Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Marquette, Menominee, Ontonagon and Schoolcraft

Potential

Luce County Treasurer's Office

Organizations

Current

Brandon Postma Investment Strategies, Central Savings Bank, Cheeseman Insurance, Chippewa-Luce-Mackinac Community Action Agency, Chippewa County Credit Union, Coldwell Banker, CEDAM, CoreLogic Credco, Department of Human Services, eHome America, Embers Credit Union, Evashevski Law Office, First National Bank of St. Ignace, First National Bank of Wakefield, Horizon Realty, Les Cheneaux Community Foundation, Lions Clubs, Mackinac County Child and Family Roundtable, Mackinac County MSU Extension, Mackinac Island Community Foundation, Mackinac Properties, Mackinac Surveys, Michigan Tech Employees Federal Credit Union, Moran Township School, NeighborWorks, North Star Habitat, Prentiss M. Brown Jr., Sault Ste. Marie Tribe of Chippewa Indians Housing Authority, Soo Coop Credit Union, St. Ignace Area Public Schools, St. Ignace Chamber of Commerce, St. Ignace Area HOPE, St. Ignace Area Kiwanis, St. Ignace Area Visitor's Bureau, St. Ignace Area Community Foundation, United Way of the Eastern Upper Peninsula, U.P. State Credit Union, USDA Rural Development and Wells Fargo

Potential

EnBridge Energy Partners EEP, Graymont and MEA-Mackinac Economic Alliance.

III. SWOT ASSESSMENT

STRENGTHS (Internal)	OPPORTUNITIES (External)
Have successfully completed eight HRF grants	Positive standing with MSHDA for HRF Grants
14 Homes built and sold to date, 9 HPR projects completed, HRF grant awarded for 2 additional projects.	Encouraged by MSHDA to seek funding when available.
United Way Agency	Continued demand to provide certified Homebuyer & Home Ownership Counseling due to current economy and lack of agencies UP wide providing the service.
Previous experience as AmeriCorps Host Site	
Diverse Board of Directors and good committee support.	Increasing hours of part time staff provided opportunity to continue foreclosure prevention program and expand financial literacy education.
Good standing with community and funders. Previous recognition MSHDA Counseling Agency of the year.	Accepted as a United Way of EUP partner agency and allocated funds for 2019-2020.
Financial Stable at year end 2018 and satisfactory audit	Continued involvement in Collaborative and Local Planning Bodies, efforts, expanding partnerships at local & regional level and state level with Balance of State CoC.
Knowledgeable and experienced staff	
Knowledgeable in grant writing Funding Availability through MSHDA/ HUD for HEP - Homeownership Education Program and FSS for Case Management	Continued partnership with Sault Tribe Housing.
	Partnership with eHome America has increased ability to offer Homebuyer Education and FSS financial management courses.
Agency certified through NCHEC for Homeownership Education Counseling and under review for HUD Certification	Online donation such as Amazon smile create new opportunities for donations
	Staff certified to assist with SOAR applications

WEAKNESSES (Internal)	THREATS (External)
Prospective Homebuyer target market very restrictive for Community Development.	Funding (long term planning) Grant Funds allow no room for contingencies; one or two year cycles make long term planning difficult.
Vision for beyond proposed grant terms is limited	Increasing property values make it a challenge for moderate income applicants to qualify for a mortgage that can support market prices for homes.
Long Term Funding for Development limited due to “place-making” policy	Competition for limited resources. Federal funding for community development and Foreclosure Prevention is decreasing.
Lack of contingency plan to carry on programs if current staff depart.	Difficulty in obtaining Mortgages for individuals within our targeted income has slowed sale of homes.
TECH- phones, computers, printers	Rising interest rates.

STRATEGIC PLAN GOALS BY COMMITTEE

PROJECT COMMITTEE: 2020

1. Complete current HPR grant funding for 2 HPR (Homebuyer Purchase Rehab) projects through MSHDA to complete by Spring 2020.
2. Continue to provide Homeownership Education/Counseling serving as a MSHDA HEP and HUD Sub-Grantee, maintain HUD agency certification.
3. Facilitate SMTMD (Show me the Money Day) Events and financial workshops and counseling through United Way Funding.
4. Provide FSS (Family Self Sufficiency) Coordination to the following Counties: Chippewa, Mackinac, Schoolcraft, Delta and Menominee through 12/31/2020
5. Continue collaborative efforts with other housing/planning organizations such as the Mackinac County Human Service Collaborative, EUP Local Planning Body, CLM-CAA, Sault Ste. Marie Tribe of Chippewa Indians, City of St. Ignace, Michigan BoS CoC (Balance of State Continuum of Care) MSUE, USDA Rural Development, Habitat for Humanity and United Way of the EUP (ongoing).

FINANCE COMMITTEE: 2020

1. Review and monitor annual budget. Review audit results and take appropriate action. Provide oversight with checks and balances of financial operations.
2. Begin in September of each year to develop Budget Proposal for upcoming year.
3. Work with Personnel Committee to assist in identifying funding available within current budget for changes in employee wage and fringe benefits.
4. Quarterly review of the revenue vs. expenditures report.

PLANNING & DEVELOPMENT COMMITTEE: 2020

1. Continue to monitor opportunities to support part-time staff member to assist with data entry and record keeping.
2. Review long and short term funding opportunities prior to annual meeting to make revisions and recommendations. Additional meetings will take place throughout the year as needed to review new funding opportunities.

3. Plan and carry out a minimum of one annual fundraising event. In 2020 the event will be the Christmas Auction with the goal of raising \$10,000. *In 2016 \$9,620 and netted \$9,057, in 2017 \$10,520 and netted 9956.48, in 2018 \$9,373 and netted \$8,787.72 and in 2019 \$10,776 and netted \$9,600.59*
4. Investigate and pursue on-line options for donations.
5. Continue to seek United Way funding for the Financial Freedom Program expanding outreach and partnerships for SOAR advocacy and SMTMD Events.
6. Work on a contingency plan concerning long term agency role and/or for eventual replacement of staff. Executive Director will provide updated duty list with anticipated time frame for transition by *August 2020*.
7. Continue to secure and explore partnerships to support programs that are mutually beneficial (cash or in-kind).

NOMINATIONS COMMITTEE: 2020

1. Maintain a diverse Board of Directors by recruiting individuals with expertise in areas not strongly represented by current members.
2. Present new members for nomination and proposed slate of officers at annual meeting.

PERSONNEL COMMITTEE: 2020

1. Conduct annual performance evaluation of Executive Director to present and be approved by the full board at the December Board of Directors Meeting.
2. Executive Director will complete annual performance evaluations of all staff.
3. Consult with Finance Committee to recommend any changes in compensation or fringe benefits.
4. Review workload and make recommendations regarding additional staffing as needed. Work with the Planning & Development Committee to implement any additional positions.