New Hope Community Development Corporation
Yolo County, California

March 18, 2020

MINUTES

The New Hope Community Development Corporation met on the 18th day of March 2020 via teleconference at 3:00 p.m.

Present:	Pierre Neu; Babs Sandeen; Gary Sandy; Karen Vanderford; Joe Walters
Absent:	Will Arnold; Richard Lansburgh
Staff Present:	Lisa Baker, Executive Director Megan Stedtfeld, Agency Counsel Julie Dachtler, Clerk

3:00 P.M. CALL TO ORDER

1. Consider approval of the agenda.

Minute Order No. 20-01: Approved agenda as submitted.

MOTION: Walters. SECOND: Neu. AYES: Neu, Sandeen, Sandy, Vanderford, Walters. ABSENT: Arnold, Lansburgh.

2. Public Comment: Opportunity for members of the public to address the New Hope Development Corporation on subjects not otherwise on the agenda relating to New Hope Development Corporation business. The Board reserves the right to impose a reasonable limit on time afforded to any topic or to any individual speaker.

There was no public comment.

REGULAR AGENDA

3. Review, Approve and Adopt the Authorizing Resolution and Granting of Authority Regarding Financing of 1801 West Capitol Project; and Review and Approve the Right of Contribution Agreement between Mercy Housing California and New Hope Community Development Corporation (Baker)

Minute Order No. 20-02: Approved recommended action by **Resolution No. 20-01** and **Agreement No. 20-01**.

MOTION: Vanderford. SECOND: Walters. AYES: Neu, Sandeen, Sandy, Vanderford, Walters. ABSENT: Arnold, Lansburgh.

CONSENT AGENDA

Minute Order No. 20-03: Approved Consent Agenda Item No. 4.

MOTION: Neu. SECOND: Sandy. AYES: Neu, Sandeen, Sandy, Vanderford, Walters. ABSENT: Arnold, Lansburgh.

4. Accept and File FY 2018 - 2019 IRS Form 990 and California Form 199 Non-profit Informational Returns (Gillette)

Approved recommended action on Consent.

ADJOURNMENT

Next meeting is TBD

NEW HOPE COMMUNITY DEVELOPMENT CORPORATION

AGENDA

March 18, 2020

NEW HOPE COMMUNITY DEVELOPMENT CORPORATION

THIS MEETING WILL OCCUR BY TELECONFERENCE ONLY

THE FOLLOWING CALL-IN LOCATION HAS BEEN ARRANGED FOR THE PUBLIC:

625 Court Street, Room 106, Woodland, California 95695

ALTERNATIVELY, YOU MAY PARTICIPATE BY PHONE BY CALLING:

(605) 313-5583; Access Code: 382693

ALL TELECONFERENCE PARTICIPANTS WILL BE AFFORDED THE OPPORTUNITY TO PROVIDE COMMENTS IN ACCORDANCE WITH THE BROWN ACT

LISA A. BAKER
EXECUTIVE DIRECTOR

MEGAN STEDTFELD
AGENCY COUNSEL

Reminder: Please turn off cell phones.

3:00 P.M. CALL TO ORDER

1. Consider approval of the agenda.

2. Public Comment: Opportunity for members of the public to address the New Hope Development Corporation on subjects not otherwise on the agenda relating to New Hope Development Corporation business. The Board reserves the right to impose a reasonable limit on time afforded to any topic or to any individual speaker.

REGULAR AGENDA

3. Review, Approve and Adopt the Authorizing Resolution and Granting of Authority Regarding Financing of 1801 West Capitol Project; and Review and Approve the Right of Contribution Agreement between Mercy Housing California and New Hope Community Development Corporation (Baker)

CONSENT AGENDA

4. Accept and File FY 2018 - 2019 IRS Form 990 and California Form 199 Non-profit Informational Returns (Gillette)

ADJOURNMENT

Next meeting is TBD

I declare under penalty of perjury that the foregoing agenda was posted Friday, March 13, 2020 by 5:00 p.m. at the following places:

- On the bulletin board at the east entrance of the Erwin W. Meier Administration Building, 625 Court Street, Woodland, California; and
- On the bulletin board outside the Board of Supervisors Chambers, Room 206 in the Erwin W. Meier Administration Building, 625 Court Street, Woodland, California; and
- On the bulletin board of Yolo County Housing, 147 West Main Street, Woodland, California.
- On the Yolo County website: www.yolocounty.org.

Julie Dachtler, Clerk
New Hope Development Corporation

NOTICE

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 and the Federal Rules and Regulations adopted in implementation thereof. Persons seeking an alternative format should contact the Clerk of the Board for further information. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids or services, in order to participate in a public meeting should telephone or otherwise contact the Clerk of the Board as soon as possible and at least 24 hours prior to the meeting. The Clerk of the Board may be reached at (530) 666-8195 or at the following address:

Clerk of the New Hope Development Corporation
625 Court Street, Room 204
Woodland, CA 95695

New Hope Community
Development Corporation
Yolo County, California

Meeting Date: March 18, 2020

To: County Counsel ✓
New Hope CDC ✓

3.

Review, Approve and Adopt the Authorizing Resolution and Granting of Authority Regarding Financing of 1801 West Capitol Project; and Review and Approve the Right of Contribution Agreement between Mercy Housing California and New Hope Community Development Corporation (Baker)

Minute Order No. 20-02: Approved recommended action by **Resolution No. 20-01** and **Agreement No. 20-01**.

MOTION: Vanderford. SECOND: Walters. AYES: Neu, Sandeen, Sandy, Vanderford, Walters. ABSENT: Arnold, Lansburgh.

New Hope Community Development Corporation

DATE: March 18, 2020

TO: New Hope CDC Board of Commissioners

FROM: Lisa A. Baker, Executive Director

SUBJECT: Review, Approve and Adopt the Authorizing Resolution and Granting of Authority Regarding Financing of 1801 West Capitol Project; and Review and Approve the Right of Contribution Agreement between Mercy Housing California and New Hope Community Development Corporation

RECOMMENDED ACTIONS:

That the Board of Directors:

1. Review, Approve and Adopt entering the Authorizing Resolution and Granting of Financing Authority Regarding the 1801 West Capitol Project; and
2. Review and Approve the Right of Contribution Agreement between Mercy Housing California and New Hope Community Development Corporation; and
3. Authorize the Executive Director, to execute the required documents.

BACKGROUND / DISCUSSION:

Background:

In April 2019, the Board of Directors of New Hope CDC authorized New Hope to enter into a Memorandum of Understanding (MOU) with Mercy Housing outlining the proposed developer relationship and terms of participation between the parties. At this time, the parties have been in closing calls with the financing and development partners, with a tentative closing date of the week of April 8, 2020. In order to close, the terms of the April 2019 MOU are being incorporated into the Authorizing Resolution and Contribution Agreement in order to finalize the transaction. In addition to this, Yolo County Housing (YCH) has agreed to rental rates for the Project Based Vouchers

(PBVs) and received the required Subsidy Layering Review (SLR). As a result, YCH has signed the Agreement to Enter into Housing Assistance Payments (AHAP) contract as its part of closing project financing.

Both the Resolution and the Agreement are based on the West Beamer Place project in Woodland, as well as the adopted 2019 MOU.

FISCAL IMPACT:

None at this time. Different from the West Beamer development, YCH or New Hope, in case of assignment, is agreeing to pay the first $50,000 in penalty if the project fails to meet initial milestone in exchange for a larger share of the proposed developer fee. The same as in the West Beamer Place project, if there are construction overrun costs, Mercy and New Hope would be required to split those costs. The West Capitol project split would be 80% of cost being Mercy and 20% being New Hope.

CONCLUSION:

Staff recommends that the Board adopt the Resolution and to approve the Agreement.

Attachment: Resolution, Agreement, 2019 MOU

FILED

MAR 19 2020

BY Julie Bachtis
DEPUTY CLERK OF THE BOARD

Resolution No. 20-01

NEW HOPE COMMUNITY DEVELOPMENT CORPORATION
CORPORATE & PARTNERSHIP
AUTHORIZING RESOLUTIONS & GRANTING OF AUTHORITY
RE: FINANCING OF 1801 WEST CAPITOL PROJECT

At a duly constituted meeting of the Board of Directors of New Hope Community Development Corporation, a California nonprofit public benefit corporation (the "Corporation") which was held on **March 18**, 2020, the following resolutions were adopted:

WHEREAS, the Corporation is or will be the administrative general partner of Mercy Housing California 87, L.P., a California limited partnership (the "Partnership"), together with 1721 West Capitol LLC, a California limited liability company, as the managing general partner (the "Managing General Partner") of the Partnership;

WHEREAS, the Partnership is the owner of the real properties located at 1721, 1725 1731, 1801 West Capitol Avenue and 17210 Merkley Avenue in the City of West Sacramento, Yolo County, California upon which the Partnership will be developing approximately 85 units of affordable housing (the "Project");

WHEREAS, the Board of Directors of the Corporation, acting as the administrative general partner of the Partnership, deems it to be in the best interests of the Partnership to borrow an amount not to exceed $25,000,000 ("BofA Loan") from Bank of America, N.A. ("BofA") and to enter into any and all documents required in connection with said loan, including but not limited to loan agreements, promissory notes, deeds of trust and any other documents necessary to consummate the BofA Loan;

WHEREAS, Mercy Housing California ("MHC"), an affiliate of the Managing General Partner, is borrowing the amount of $850,000 in AHP program funds (the "BAC AHP Loan") from Bank of America California, N.A. ("BAC") and will loan the proceeds of the BAC AHP Loan to the Partnership (the "Partnership AHP Loan");

WHEREAS, the Board of Directors of the Corporation, acting as the administrative general partner of the Partnership, deems it to be in the best interests of the Partnership to borrow the Partnership AHP Loan from MHC and to enter into promissory notes, deeds of trust, collateral assignments and any other documents necessary to consummate the Partnership AHP Loan;

WHEREAS, MHC has obtained approximately $1,683,000 in certificated state credits (the "State Credits") from the California Tax Credit Allocation Committee ("TCAC") which it intends to sell to BofA;

WHEREAS, MHC desires to either make a capital contribution of approximately $1,683,000 to the Partnership (the "Sponsor Capital Contribution") or to make a loan of approximately $1,683,000 in sales proceeds from the sale of the State Credits to the Partnership (the "Sponsor State Credit Loan");

WHEREAS, the Board of the Directors of the Corporation, acting as the administrative general partner of the Partnership, deems it to be in the best interests of the Partnership to either obtain the Sponsor Capital Contribution or borrow the Sponsor State Credit Loan from MHC and to enter into any and all documents required in connection with obtaining said contribution or loan, including but not limited to loan agreements, deeds of trust, promissory notes and any other documents necessary to obtain the Sponsor State Credit Loan;

WHEREAS, the Board of Directors of the Corporation, acting as the administrative general partner of the Partnership, deems it to be in the best interest of the Partnership to borrow two (2) loans in the amount of $4,939,222 in "competitive" No Place Like Home ("NPLH") program funds and the amount of $346,621 in "non-competitive" NPLH program funds (collectively, "HCD NPLH Loans") from the California Department of Housing and Community Development ("HCD") and to enter into any and all documents required in connection with said loans, including but not limited to standard agreements, promissory notes, deeds of trust, regulatory agreements and any other documents necessary to consummate the HCD NPLH Loans;

WHEREAS, the Board of Directors of the Corporation, acting as the administrative general partner of the Partnership, deems it to be in the best interest of the Partnership to obtain a capitalized operating subsidy reserve from HCD in an amount not to exceed $2,000,000 (the "HCD COSR") which will be evidenced as a loan to the Partnership and to enter in any and all documents required in connection with said subsidy, including but not limited to standard agreements, promissory notes, deeds of trust, regulatory agreements and any other documents necessary to consummate the HCD COSR;

NOW, THEREFORE, BE IT RESOLVED: That the Partnership:

(i) shall borrow the BofA Loan from BofA and shall enter into any and all documents required in connection with said loan, including but not limited to loan agreements, promissory notes, deeds of trust and any other documents necessary to consummate the BofA Loan;

(ii) shall borrow the Partnership AHP Loan from MHC and shall enter into promissory notes, deeds of trust, collateral assignments and any other documents necessary to consummate the Partnership AHP Loan;

(iii) shall accept obtain the Sponsor Capital Contribution or borrow the Sponsor State Credit Loan from MHC and shall enter into any and all documents required in connection with obtaining said contribution or loan, including but not limited to loan agreements, deeds of trust, promissory notes and any other documents necessary to obtain the Sponsor Capital Contribution or Sponsor State Credit Loan;

(iv) shall borrow the HCD NPLH Loans from HCD and shall enter into any and all documents required in connection with said loans, including but not limited to standard agreements, promissory notes, deeds of trust, regulatory agreements and any other documents necessary to consummate the HCD NPLH Loans;

(v) shall obtain the HCD COSR from HCD and shall enter in any and all documents required in connection with said subsidy, including but not limited to standard agreements, promissory notes, deeds of trust, regulatory agreements and any other documents necessary to consummate the HCD COSR;

FURTHER RESOLVED: That all actions taken in connection with the Project by any officer of the Corporation prior to the date of these resolutions is hereby approved and ratified;

FURTHER RESOLVED: That the Executive Director of the Corporation, , acting alone, in the Corporation's sole capacity and in its capacity as the administrative general partner of the Partnership, shall be authorized and directed to execute any and all necessary documents, including but not limited to assignments and assumption agreements, loan agreements, promissory notes, deeds of trust, regulatory agreements, collateral assignment agreements, standard agreements and any other agreements and shall take any and all further actions necessary to consummate the activities described in this Resolution and Granting of Authority;

FURTHER RESOLVED: That the Secretary or any assistant or any other officer of the Corporation is authorized to execute and certify any form of resolution required by any lender, regulator or other third party involved in the transaction, so long as the Executive Director and counsel to the Corporation determine that the substance of such resolutions does not materially conflict with the substance of this Resolution and Granting of Authority.

PASSED AND ADOPTED this **18th** day of **March**, 2020 by the following vote:

AYES: **Neu, Sandeen, Sandy, Vanderford, Walters.**
NOES: **None.**
ABSENT: **Arnold, Lansburgh.**
ABSTENTION: **None.**

Gary Sandy, Vice-President
New Hope Community
Development Corporation

Attest: Julie Dachtler, Clerk
New Hope CDC

By Julie Dachtler

Approved as to Form:

By Megan Stedtfeld
Megan Stedtfeld, Agency Counsel

485/213 Reso-Financing-NHCDC
MHC 87 1801 West Capitol

CERTIFICATION

The undersigned, Secretary of New Hope Community Development Corporation, a California nonprofit public benefit corporation (the "Corporation") do hereby certify and declare that the foregoing is a full, true and correct copy of the resolution duly passed and adopted by the Board of Directors of the Corporation at a meeting of the Board of Directors of the Corporation duly and regularly called, noticed and held on **March 18**, 2020; that said resolutions are now in full force and effect; that there is no provision in the Articles of Incorporation or the Bylaws of the Corporation, limiting the powers of the Board of Directors of the Corporation to pass the foregoing resolutions and that such resolutions are in conformity with the provisions of the Articles of Incorporation and the Bylaws of the Corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand as of March 18, 2020.

Lisa A. Boden, Secretary of New Hope Community Development Corporation, a California nonprofit public benefit corporation

Agreement No. 20-01

RIGHT OF CONTRIBUTION AGREEMENT

THIS RIGHT OF CONTRIBUTION AGREEMENT (the "Agreement") is entered into as of the 1st day of March, 2020, by and among Mercy Housing California, a California nonprofit public benefit corporation ("MHC"), Mercy Housing Calwest, a California nonprofit public benefit corporation ("MHCW"), Mercy Housing, Inc., a Nebraska not-for-profit corporation ("MHI") and New Hope Community Development Corporation ("NHCDC"). MHI, MHCW and MHC are collectively referred to as the "Mercy Entities".

RECITALS

A. MHCW and NHCDC are joint venture development partners (the "Partners") in Mercy Housing California 87, L.P., a California limited partnership ("Partnership"), which will develop and own an affordable housing project in the City of West Sacramento (the "Project").

B. MHCW has formed 1721 West Capital LLC ("LLC") to serve as a general partner of the Partnership, with MHCW as its sole member and MHC as its manager. Any reference to MHCW or MHC herein shall also refer to the LLC, as the context requires.

C. It is anticipated that MHCW and NHCDC, as general partners of the Partnership, and MHC as developer with NHCDC, will oversee the design of the Project as well as any change orders during construction (the "GP Obligations").

D. In the event NHCDC and the Mercy Entities jointly approve a change order ("Approved Change") the cost of which the Partnership has insufficient funds to pay for, the parties desire to share the unfunded cost of the Approved Change ("Cost Deficiency").

E. MHI and MHC are entering into a Guaranty to guaranty the obligations of the LLC and NHCDC under the Amended and Restated Limited Partnership Agreement (the "Partnership Agreement") with Bank of America, N.A. and Banc of America CDC Special Holding Company, Inc. (the "Syndication Guaranty").

F. MHI and MHC are entering into a Completion Agreement and a Payment Guaranty in connection with the construction loan to the Partnership by Bank of America, N.A. (the "Loan Guaranties", and together with the Syndication Guaranty, the "Guaranties").

G. The obligations for a Cost Deficiency and under the Loan Guaranties are intended, as between the Mercy Entities and NHCDC, to be shared, and the Mercy Entities and NHCDC have agreed that the Mercy Entities shall be liable for 80% and NHCDC shall be liable for 20% of any amounts payable for a Cost Deficiency and under the Guaranties, and desire to set forth this understanding in this Agreement.

NOW, THEREFORE, the parties agree as follows:

1. Right of Contribution. In the event of a Cost Deficiency in excess of $50,000 or a payment under any of the Guaranties including costs and reasonable attorneys' fees incurred in contesting payment under any of the Guaranties, the Mercy Entities shall be liable for 80% and NHCDC shall be liable for 20% of the aggregate amount required to be paid at such time. Any initial Cost Deficiency up to $50,000 shall be paid solely by NHCDC. In the event the Mercy Entities is required to make a payment to cover the Cost Deficiency above the initial $50,000 paid by NHCDC or an amount due under any of the Guaranties including costs and reasonable attorneys' fees incurred in contesting payment under any of the Guaranties, the Mercy Entities shall have a right of contribution from NHCDC for 20% of such payment amount (the "Contribution Amount").

2. Method of Payment. NHCDC shall pay the Contribution Amount to MHCW, or its assigns, in immediately available funds within thirty (30) days after the Mercy Entities provides a written demand for such payment. Any amount that is not paid when due shall accrue interest at the "reference rate" published by Bank of America, N.A., plus two percentage points.

3. Conflict with Other Documents. In the event of a conflict between this Agreement and the Partnership Agreement or any other agreement or document entered into or to be entered into between the parties, the terms of this Agreement shall control.

4. Remedies. The failure of NHCDC to pay the Contribution Amount within the required time period shall be treated as a default under this Agreement and the Mercy Entities shall be entitled to institute a lawsuit seeking recovery of the funds. If the Contribution Amount has not been paid within 90 days after written demand for payment, the Mercy Entities shall have the right to remove NHCDC as a general partner of the Partnership and to terminate any rights NHCDC may have with respect to any purchase option and/or right of first refusal granted to the Mercy Entities and NHCDC by the Partnership. In such event, NHCDC shall take all actions necessary to withdraw as a general partner and terminate its rights to any purchase option and/or right of first refusal, subject to the consent of any lenders and or the limited partner, if such consent is required.

5. Successors and Assigns. The covenants and agreements contained herein shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

6. Severability of Provisions. Each provision of this Agreement shall be considered severable, and if for any reason any provision that is not essential to the effectuation of the basic purposes of the Agreement is determined to be invalid and contrary to any existing or future law, such invalidity shall not impair the operation of or affect those provisions of this Agreement that are valid.

7. No Continuing Waiver. The waiver of any party of any breach of this Agreement shall not operate or be construed to be a waiver of any subsequent breach.

8. Applicable Law. This Agreement shall be construed and enforced in accordance with the laws of the State of California applicable to agreements made and to be performed entirely therein.

9. Attorneys' Fees. In the event any legal action is commenced to interpret or to enforce the terms of this Agreement, or to collect damages, or to seek any other remedy as a result of any breach of this Agreement, the prevailing party in any such action shall be entitled to recover against the nonprevailing party all reasonable attorneys' fees and costs incurred in such action.

10. No Right of Setoff. The obligations of the parties under this Agreement shall not be subject to any right of setoff that the parties may otherwise have between them.

11. Counterparts. This Agreement may be signed by the different parties hereto in counterparts with the same effect as if the signatures to each counterpart were upon a single instrument. All counterparts shall be deemed an original of this Agreement.

12. Notices. Any notices required or permitted to be given under this Agreement shall be provided in the manner and at the addresses provided in the Partnership Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

Mercy Housing California, a California nonprofit public benefit corporation

By: _____
Its: _____

Mercy Housing Calwest, a California nonprofit public benefit corporation

By: _____
Its: _____

Mercy Housing, Inc., a Nebraska not-for-profit corporation

By: _____
Its: _____

New Hope Community Development Corporation,
a California nonprofit public benefit corporation

By: _____
Its: _____

Yolo County Housing Agreement No. 19-01

New Hope CDC Agreement No. 19-01

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("**MOU**") is entered into as of October 31, 2018 by and between Mercy Housing California ("**MHC**"), a California nonprofit public benefit corporation, and Yolo County Housing and its subsidiary New Hope Community Development Corporation (jointly and severally, "**YCH**") (together, the "Partners") with reference to the following matters.

RECITALS

A. MHC and YCH intend to work together cooperatively to cause the development of up to 85 Rental Housing units, including up to 42 units funded through Yolo County No Place Like Home program, to be located on that certain real property located at 1721 - 1801 West Capitol Avenue, City of West Sacramento of approximately 2 acres and designated as APNs 067-270-006, 005, -007 and a portion of -004 (the "**Property**"). The special needs housing is to be affordable at or below very-low income (not to exceed sixty percent (60%) of Area Median Income) with an integration of resident support services provided by Yolo County, MHC and partnering agencies. The overarching goal of the development is to reduce homelessness and the impacts of homelessness within the City of West Sacramento by providing high quality service enriched Permanent Supportive Housing.

B. The Property is currently under contract by MHC with the two separate owners, Prasad and the City of West Sacramento.

C. It is the intent of the parties to subsequently enter into a Limited Partnership Agreement, with MHC or its subsidiary, and New Hope Community Development Corporation or its subsidiary, as co-general partners of the Limited Partnership.

D. MHC and YCH wish to enumerate the responsibilities, rights, and obligations that each party will undertake and assume in connection with the construction and operation of the Development.

NOW THEREFORE, in consideration of the recitals hereof and the mutual covenants and agreement contained in the MOU, the parties agree as follows:

1. OWNERSHIP STRUCTURE

A. <u>Partnership/Housing Development</u>. A limited partnership (the "**Partnership**") will be formed to acquire a leasehold interest in the Property and construct and operate the Development as permanent, affordable housing. If "Low Income Housing Tax Credits" are utilized, a limited partnership will be formed with MHC or its affiliate as managing general partner, and another MHC affiliate as initial limited partner, for the purposes of acquiring the leasehold interest in the Property and initiating the development process. Pursuant to the terms of this MOU, YCH or its subsidiary may choose to serve as a co-general partner, or co- members in the case of an LLC serving as the general partner. The general partners/members will share a 99% general partnership interest and the initial limited partner will hold a 1%, or less, limited

partner interest. YCH or its affiliate will hold a minority of the general partner interest. On or about the start of construction, an Amended and Restated Agreement of Limited Partnership of the Partnership (the "**Amended Partnership Agreement**") will be entered into with a tax credit investor as the limited partner ("**Limited Partner**"), replacing the MHC affiliate as the initial limited partner and holding a 99.99% limited partnership interest, with the general partner(s) holding a 0.01% general partner interest ("**General Partnership Interest**"). YCH or the YCH affiliate will hold a .0049 General Partner Interest, and the MHC affiliate will hold a .0051 General Partner Interest as the managing general partner. In addition to financing received in the form of capital contributions made by the Limited Partner, MHC and YCH will seek additional financing for the Development from third party lenders (the "**Lenders**"). MHC shall have lead responsibility for the management of the day-to-day operations of the Partnership. In the event of a conflict between the General Partners, the General Partners will commit to make every reasonable effort to resolve conflicts to their mutual satisfaction; however, the managing general partner will ultimately have final decision-making authority. The principal office of the Partnership shall be MHC's address. If a single asset LLC corporation is required by the tax credit investor limited partner, then MHC and YCH will be the "members" with the same structure listed above for general partnership interest.

B. **Reserved Rights.** Except as otherwise expressly provided in Section 3.E. below, the Partnership and the actions of the Limited Partners shall be subject to the rights reserved to MHC and its affiliates, as outlined below (the "**Reserved Rights**"). The Reserved Rights identify actions of the Partnership over which the MHC–affiliate General Partner reserves both approval rights, as well as the right to act unilaterally, including but not limited to:

- Admission or change of members of the Partnership
- Pledge or mortgage the assets of the Partnership
- Selection of project design team, consultants and general contractor
- Make changes to corporate formation documents of the Partnership
- Establish or change the operating budget of the Property
- Establish or change the development budget for the Development, including final design, financing sources, and underwriting criteria
- Selection and approval of auditor and audits of the Partnership
- Selection of the property management firm
- Enter into all contracts on behalf of the Partnership
- Selection of legal counsel, for purposes of creating partnership related documents and serving as tax counsel

All the Reserved Rights, including the actions listed above, extend to the Partnership, the Property, and actions pertaining to the Development prior to the establishment of the Partnership, meaning that MHC may exercise the Reserved Rights, as applicable, prior to the formation of the Partnership. Notwithstanding anything to the contrary herein, the Reserved Rights shall not include any action which would increase the liability and/or obligations of YCH or the YCH affiliate or diminish the rights of YCH or its subsidiary or otherwise be contrary to the terms and conditions of this MOU.

C. **Sole Purpose.** The sole purpose of the Partnership shall be to acquire, construct, own, and operate the Development as affordable housing. Upon execution of the Amended Partnership Agreement, the parties shall assign over to the Partnership any contracts, loans, financing commitments, materials or other documents related to the Development that either party may have in its possession or control.

D. **Tax Credit Application.** It is acknowledged by both parties that if the Limited Partnership will not be established prior to the tax credit application deadline, MHC will be the applicant for Low Income Housing Tax Credits, with MHC and YCH or their respective affiliates listed as the future General Partners of the to be established Limited Partnership. If an award is received, MHC will transfer the award to the Limited Partnership.

2. THE DEVELOPMENT

A. **Income, Rent Levels, and the Target Population.** The Development shall serve tenants with annual incomes at or below 60% of area median income for Yolo County, CA, as determined by the U.S. Department of Housing and Urban Development ("**HUD**"). Tenants will be referred by Yolo County Housing and other service providers, if any, as appropriate. Specific income and rent affordability levels shall be governed by the requirements of the Development funders as documented in recorded regulatory agreements.

B. **Financing Strategies.** The strategies used to finance the Development may include but are not limited to the following approaches:

(i) seeking public funds for acquisition, predevelopment, construction, and operating costs;

(ii) seeking foundation and grant monies to reduce the need for amortized debt and to benefit the Development and its operations;

(iii) securing of private bank loans as needed for construction and permanent financing;

(iv) forming a tax credit limited partnership to provide tax credit equity funding; and

(v) seeking rental and operating subsidies including VASH, Section 8, and/or Shelter Plus Care for the purpose of enabling the Development to ensure competitiveness for all other funding and to commit to serving the intended homeless population.

C. **Development Services Agreement.** If a tax credit investor is admitted as the Limited Partner to the Partnership under the terms of an Amended Partnership Agreement, a development services agreement and a resident services agreement shall evidence the obligation of the Partnership to pay developer fees and/or fees for service to MHC and YCH, as applicable, in accordance with Section 5.A of this MOU.

3. ROLES AND RESPONSIBILITIES

The parties intend to work cooperatively to assemble the resources necessary to finance construction of the Development; to design the Development so that its elements complement one another in design and function; to expedite construction of the Development; to comply with regulatory and other funding requirements; and to meet the varied needs of the residential tenants.

A. Division of Responsibilities. The respective responsibilities of the parties are listed in Exhibit B, with an assignment of level of responsibility for each party. The parties may amend this exhibit in writing by mutual consent from time to time to reflect changes to the proposed responsibilities of the parties. Subject to the Reserved Rights, the exhibit shall control in the event of any inconsistency between the exhibit and the text of this MOU. As used in this MOU, the following definitions shall apply:

- **"Lead"** entails primary responsibility for schedule, production, construction, provision of services and meeting agreed deadlines, as applicable.
- **"Secondary"** responsibility means that the party is not required to take an active role but shall be provided with copies of all relevant information and documents, including iterative drafts, and participate in drafting and negotiation as needed, and will review draft documents before signature.

Issues will be raised in joint staff meetings or by memorandum. The Lead will allow sufficient time for consultation and resolution of issues in every case where the signature of both parties is required for finance-, development- or partnership-related matters, or other issues.

B. Staffing. MHC shall provide a project manager to oversee the predevelopment and construction of the Development and to coordinate and serve as a liaison between MHC and YCH. YCH's CEO, Lisa Baker, or her designee, will be its primary contact for all matters relating to the Development.

C. MHC Responsibilities. Except as otherwise provided in this MOU, and subject to Sections 3.D. and 4.A. below, MHC shall have the Lead responsibility for all activities related to the predevelopment and construction of the Development. In this capacity, MHC shall take the lead role in obtaining predevelopment financing; selecting the architect and leading design process in consultation with YCH; determining the scope of construction; creating a predevelopment budget; selecting the tax credit investor, management agent, the Lenders, contractor and consultants in consultation with YCH; managing relations with the Lenders and tax credit investors in consultation with YCH; managing construction; and providing financial management and reporting services for the Development. MHC and/or its affiliates shall be responsible for the long term property management for the Development starting with initial lease up at the completion of construction.

D. <u>YCH Responsibilities</u>. YCH shall co-lead in the acquisition negotiations and support MHC in 1) determining the amount of and securing MHSA funding; 2) all funding applications 3) attending and planning community meetings; 4) securing public support and discretionary approval for the County MHSA funding and with the City on the design concept. YCH shall give input on the space and programming needs of the Development, the final design of which shall be subject to YCH's approval.

E. <u>Limitations on Authority</u>. Notwithstanding anything herein to the contrary, without the prior written consent of the other party, neither party shall have the authority to:

(i) Do any act in contravention of this MOU;
(ii) Do any act which would make it impossible for the parties to carry out their businesses;
(iii) Possess property related to the Development for its own purposes, or assign any of its rights in the Development to a third party, provided that either party may assign its rights in the Development to affiliates, subject to the other party's reasonable prior approval;
(iv) Transfer or assign their rights in the MOU, provided that either party may assign its rights in the MOU to affiliates, subject to the other party's reasonable prior approval;
(v) Terminate this MOU other than pursuant to Section 11 below;
(vi) Sell, lease or dispose of substantially all of the assets of the Partnership; or

(vii) Incur debts or liabilities on behalf of the other party.

4. FINANCIAL OBLIGATIONS

A. <u>Development Funding</u>. The parties shall use all reasonable efforts to raise any funding necessary for the construction of the Development. Except as the parties may otherwise mutually agree, MHC will be responsible for preparing and submitting all required funding applications. The parties will cooperate to assemble required documentation for funding applications. YCH will also assist MHC in securing the appropriate letters of support from elected officials and community representatives. Subject to the Reserved Rights, the parties shall each have an opportunity to review, comment upon, and approve prior to submittal all funding applications submitted on behalf of the Development, including but not limited to construction funding and services funding. The party responsible for preparation and submission of the application shall make all reasonable efforts to provide drafts of such applications with sufficient time for the other to review. Understanding that funding applications must be submitted to meet strict deadlines, and a decision to apply may sometimes leave little time for discussion and revision, both parties will endeavor to review funding applications promptly.

B. <u>Loan Guarantees</u>. MHC will secure and guarantee all at-risk predevelopment financing required prior closing on the construction financing. MHC and YCH or their respective affiliates shall be jointly responsible for providing construction completion or other guarantees that may be required by the Limited Partner and any Lenders to the Development

prior to 100% qualified occupancy. YCH or its affiliate will be obligated, along with MHC or its affiliate, to execute the construction, operating deficit and the tax credit compliance guarantees with the Limited Partner and/or construction lender, provided however the split of liability under such guarantees will be 80% MHC and 20% YCH.

5. FEES AND COMPENSATION

A. Development Period.

(i) Developer Fees. MHC will receive 80% of the total developer fee in connection with the Development, and YCH will receive 20%. Developer fees paid in connection with the Development under this Section shall only be paid to the extent funding is available and payment is permitted by the applicable funding sources and feasible under the Development budget. All scheduled developer fee payments from the partnership to the general partners shall be split 80/20. The budgeted amount and timing of these fees will be determined when all permanent funding is in place, or at the time the Amended Partnership Agreement is entered into with the Limited Partner, and pursuant to a separate Development Agreement with the Partnership. Should there be insufficient funds to pay the full developer fee in accordance with the Development Agreement, any deferred developer fee shall be paid out of available housing cash flow during the first twelve (12) years of operations as a priority distribution according to the fee split agreed to by both parties and the limited partner (each dollar paid shall be allocated 80% to MHC and 10% to YCH). In the event of development sources shortfalls due to changes to any sources or cost increases, the first $50,000 contribution from developer fee either as deferred fee or general partner equity to cover such a gap shall be contributed solely from the YCH pyable portion. After the first $50,000, all remaining contributions shall be split 80% to MHC and 20% to YCH.

(ii) Construction Management Fees. Construction management fees shall be paid to a party hired by MHC to act as construction manager, which may be either an unrelated entity or, subject to Lender and YCH approval, an MHC affiliate. The Partnership and the construction manager shall enter into a separate Construction Management Agreement. The construction management fee shall be included in the development budget.

B. Operations.

(i) Property Management and Related Fees. Mercy Housing Management (MHM) will provide property management services, and will enter into a Property Management Agreement with the Partnership for the Development. MHM will receive reasonable and customary property management and related fees as an operating expense of the Development. In the event YCH or a YCH affiliate eventually becomes the property manager for the Development, subject to the approval of the Limited Partner and the Lenders, YCH will be entitled to the fees customarily paid to a third party property management firm.

(ii) Limited Partner Fee. An annual reasonable Limited Partner Fee will be paid subject to the terms of the Amended Partnership Agreement.

(iii) Partnership Management Fee. To the extent of available cash flow and to the extent allowed by funding sources, the Partnership shall pay an total annual partnership administration fee to the General Partners or Members in the maximum amount of $25,000 (in 2018 dollars, subject to annual adjustment). This fee relates to the management of the Partnership and will be paid after the annual audit is completed to the extent of available cash flow. Because Lenders, in particular CA HCD, will have a say over the maximum allowable and each years allowable amount, the actual amount can not be known at this time. The sharing of this fee between General Partners or Members shall be as follows: 100% of the fee shall be paid to MHC up to $20,000 per year in 2018 dollars inflated by 3% each subsequent year. Anything above $20,000 shall be paid to YCH up to $5.000. Anything above $25,000 will be paid to MHC.

(iv) Cash Flow. MHC and YCH shall share residual cashflow (after payment of operating expenses, property management fees, funding reserves, paying debt service, deferred developer fee, limited partner and partnership management fees, unfunded resident services, and any residual receipts loan obligations) 50%/50%.

6. SYNDICATION OF THE HOUSING DEVELOPMENT

A. Syndication of the Development. The parties intend that a 99.9% limited partnership interest of the Partnership will be syndicated to a tax credit investor, at which point the MHC affiliate shall withdraw as initial limited partner.

B. Tax Credit Investor Requirements. MHC or its affiliate and YCH or its affiliate shall be responsible for providing Limited Partner guarantees. Subject to the provisions of Section 4.B above, including the limitations on the scope of YCH's guarantor liability, the obligations under the operating deficit guarantee will be shared by MHC or its affiliate and YCH.

C. Right of First Refusal and Right to Purchase interests. Subject to investor limited partner approval, MHC and YCH will have the Right of First Refusal to jointly purchase option from the Limited Partner in the Partnership. If at any time one of the Partners proposes to exit the Partnership or not exercise its option under the Right of First Refusal, the other party shall have the right to purchase the property and/or partnership interest. In any case of such transfer of interest solely to one of the Partners, the price shall be no more than the appropriate share of the amount of outstanding debt and accrued interest, which shall only be paid through an assignment and assumption.

7. ACCOUNTING RECORDS AND REPORTS

A. Books and Records. At all times during the existence of the Partnership, MHC shall keep or cause to be kept books of account for the Development until such time as it withdraws from the Partnership, which shall be adequate, appropriate, and in conformance with generally accepted accounting principles. A copy of the Partnership's tax returns shall at all

times be maintained at the principal office of the Partnership, and shall be available for inspection by the parties. Upon reasonable notice to the other party, each party shall have the right to inspect all books and records in the possession or under the control of the other party. All costs of preparing tax returns and maintaining records of the Partnership shall be treated as costs of the Partnership.

B. **Disbursements.** During the predevelopment phase, MHC shall be responsible for payment of all invoices incurred in the process of developing the Development. For disbursements during the construction phase, the Amended Partnership Agreement and Lender agreements shall govern disbursement procedures. Following completion of construction, the Amended Partnership, Services and Property Management Agreements shall govern disbursement procedures.

C. **Status Reports.** Each party shall keep the other party informed of matters related to the purpose of this MOU and shall provide regular status reports of all activities undertaken in connection with this MOU.

D. **Status Meetings.** Both parties shall meet on a regular basis at times agreed to by the parties to review and discuss issues pertaining to the development and operation of the Development.

8. INDEMNIFICATION

A. **Indemnification.** Each party agrees to indemnify, defend, and hold harmless the other from and against any and all claims, demands, losses, liabilities, actions, lawsuits and other proceedings, judgments and awards, and costs and expenses (including reasonable attorney's fees) (collectively, "**Claims**"), arising directly or indirectly, in whole or in part, out of the gross acts, omissions, negligence or willful misconduct of the indemnifying party in connection with this MOU and services or work provided hereunder, provided, however, neither party shall be obligated to indemnify the other to the extent such Claim arises out of the comparative or contributory negligence or willful misconduct of the indemnified party. The provisions of this Section shall survive termination of this MOU.

B. **Notice of Claim and Demand.** A party with notice of any claim or demand made of MHC or YCH with respect to any matter covered by this MOU shall promptly communicate details of the claim or demand to the other party by email or facsimile, with hard copy to follow by U.S. mail.

9. AUTHORIZED REPRESENTATIVES

A. **No Employees.** The Partnership shall not have any employees of its own. MHC and YCH shall each supply the services of their respective staffs to the Partnership as needed for the Partnership to be able to carry on its activities and as described in this MOU.

B. **Signatures.** Subject to the provisions of the Reserved Rights and any other provision of the Amended Partnership Agreement to the contrary, the signatures of both General Partners shall be required to bind the Partnership.

10. TERM

A. **Termination.** This MOU shall be effective as of the date set forth above, and shall continue thereafter until the earliest of the following events:

(i) by either party, with 30 days notice, in the event that final notification is received from the Tax Credit Allocation Committee of a failure to obtain a tax credit allocation after applying a minimum of two rounds and after expiration of any appeal period and rejection of appeals;

(ii) upon execution of the Amended Partnership Agreement, a Contributions Agreement (an agreement between YCH and MHC or its affiliate specifying the split of liability between the General Partners in the event of a call on the operating deficit guarantee, and codifying other obligations surviving this MOU not outlined in the Amended Partnership Agreement), if necessary, and a Resident Services Agreement or Development Services Agreement between the parties, codifying all terms that survive this MOU;

(iii) upon notice of either party, if the other party shall fail to perform its obligations under this MOU and such failure shall continue for a period of at least thirty (30) days after written notice thereof from the party claiming such default, or such longer period as reasonably necessary to cure such default, provided that the defaulting party commences to cure the default within 30 days and thereafter proceeds diligently with such cure;

(iv) the failure of the parties to receive all financing necessary to begin construction of the Development by December 31, 2016, or such later date as the parties may mutually agree; or

11. MISCELLANEOUS

A. **Notices.** All notices under this MOU shall be in writing, shall be effective upon delivery by an express delivery service which shall show the location and the delivery date and shall be addressed as follows:

YCH:

Lisa A. Baker
Chief Executive Officer
Yolo County Housing
147 W. Main Street, Woodland, CA 95695
Phone: 530-662-5428 (general line)

MHC:

Mercy Housing California
2512 River Plaza Drive, Ste 200

Sacramento, CA 95835
Attn: Stephan Daues
Tel: (916) 414-4440

All notices shall be deemed effective on the earliest of (i) actual receipt; (ii) rejection of delivery.

B. Binding Effect. This MOU shall inure to and bind the parties, their respective representatives, successors and permitted assigns.

C. Counterparts. This MOU may be executed in counterparts, all of which taken together shall be deemed one original agreement.

D. Captions. Section, titles, or captions in no way define, limit, extend or describe the scope of this MOU or the intent of any of its provisions, and are for convenience of reference only.

E. Governing Law. This MOU shall be construed in accordance with and be governed by the provisions of the laws of the State of California.

F. Waiver. No waiver of any right under this MOU shall be deemed effective unless contained in writing signed by the party charged with the waiver. No waiver of any breach or any failure to perform shall be deemed to be a waiver of any future breach or failure to perform or of any other right arising under this MOU.

G. Entire Agreement. This MOU between the Parties sets forth the entire agreement of the parties and this MOU may not be modified except in writing signed by authorized signatories of MHC and YCH.

H. Mediation/Arbitration. In the event of any dispute between the parties regarding this MOU, the parties shall first attempt in good faith to resolve such dispute through non-binding mediation for a period of at least sixty (60) days. The parties shall equally share the costs of mediation. If the parties are unable to resolve the dispute through mediation, then

arbitration shall constitute the sole remedy for the resolution of such dispute. Any of the parties may summit such disputes for binding resolution to the American Arbitration Association, under its commercial arbitration rules. The arbitration shall be held in Los Angeles, California before a single arbitrator. If the parties cannot agree on a single arbitrator within ten (10) days after the request of either party, such arbitrator shall be appointed by the American Arbitration Association in accordance with its rules. The non-prevailing party or parties in such arbitration, as determined by the arbitrator, shall pay all costs associated with such arbitration, including the prevailing party's or parties' attorneys' fees. The arbitrator's decision shall be final and binding upon the parties and judgment thereon may be entered in any court of competent jurisdiction.

I. Other Activities. Neither MHC nor YCH shall be bound to devote all of its business time to the development of the Development and the parties acknowledge that MHC and YCH are and will continue to be engaged in other activities, some of which may be connected with business investments and other enterprises which may be in competition with the Development, including but not limited to other multi-family residential developments which may be located in the same geographic area as the Development.

J. Supersedes Other Agreements. All other agreements, either verbal or in writing, are superseded by this Memorandum of Understanding.

IN WITNESS WHEREOF, the parties hereto have executed this MOU on the date first written above.

YCH:

YOLO COUNTY HOUSING

By: _____

Its: CEO

NEW HOPE COMMUNITY DEVELOPMENT CORPORATION

By: _____

Its: Executive Director

MHC:

MERCY HOUSING CALIFORNIA, a California nonprofit public benefit corporation

By: _____

Its: Vice President

EXHIBIT A

PROPERTY SITE

EXHIBIT B

DIVISION OF RESPONSIBILITIES

Mercy Housing California and Yolo County Housing

	Lead	**Secondary**
Site Control		
Negotiate terms of site transfer	MHC	
Site control documentation (ENA, DDA, or P&S)	MHC	YCH
Financing – Residential		
Secure Predevelopment Financing	MHC	YCH
Financial Analysis	MHC	YCH
local/state Financing	MHC	YCH
Tax Credit Financing	MHC	YCH
Affordable Housing Program Loan (if applicable)	MHC	YCH
MHSA Funding	MHC	YCH
Construction Loan	MHC	YCH
Permanent Take Out Loan	MHC	YCH
Section 8 and other operating funds	MHC	YCH
Services Funding	MHC	YCH
Design and Construction		
Architectural and Engineering	MHC	YCH
Community Outreach	MHC	YCH
Zoning and Building Permits	MHC	YCH
Construction Bids	MHC	YCH
Construction/Rehab Contract	MHC	YCH
Construction Administration	MHC	YCH
City Contract Compliance	MHC	YCH
Property Management		
Accounting and Audit	MHC	YCH
Maintenance, Janitorial and Ground	MHC	YCH
Tenant Screening – Special Needs	MHC	YCH
Marketing and Lease Up	MHC	YCH
Tax Credit Compliance and Certification	MHC	YCH
Partnership Management	MHC	YCH
Development Accounting		
Accounting and Audit	MHC	YCH
Lenders' Cost Certifications	MHC	YCH

Tax Credit Cost Certifications	MHC	YCH

New Hope Community
Development Corporation
Yolo County, California

To: Co. Counsel ✓
New Hope CDC ✓

CONSENT CALENDAR

Excerpt of Minute Order No. 20-03: Item No. 4, of the New Hope Community Development Corporation meeting of March 18, 2020.

MOTION: Neu. SECOND: Sandy. AYES: Neu, Sandeen, Sandy, Vanderford, Walters. ABSENT: Arnold, Lansburgh.

4. Accept and File FY 2018 - 2019 IRS Form 990 and California Form 199 Non-profit Informational Returns (Gillette)

Approved recommended action on Consent.

New Hope Community Development Corporation
Lisa A. Baker, Executive Director
147 W. Main Street
WOODLAND, CA 95695
Woodland: (530) 662-5428
Sacramento: (916) 444-8982
TTY: (800) 545-1833, ext. 626

DATE: March 18, 2020

TO: New Hope CDC Board of Commissioners

FROM: James D. Gillette, Treasurer

SUBJECT: **Accept and File the FY 2018-2019 IRS Form 990 & California Form 199 Non-profit Informational Returns**

RECOMMENDATION:

Staff recommends that the Board of Commissioners accept and file the FY 2018-2019 New Hope Community Development Corporation (NHCDC) non-profit informational returns that will be filed with the IRS and State of California prior to the extended deadline of May 15, 2020.

BACKGROUND/DISCUSSION:

NHCDC is an affiliated non-profit community development corporation managed by YCH which is designed to provide affordable housing, services and jobs and to help support the mission of YCH. To this end, NHCDC is the owner of Cottonwood Meadows Senior Apartments and investments in four development deals (Cesar Chavez Plaza, Rochdale Grange, Crosswood Apartments, and West Beamer Place).

The audit report for YCH incorporates the activities of NHCDC as both a blended component unit (Cottonwood Meadows) and discrete component unit (Crosswood). Due to inclusion in the YCH audit, a separate audit of NHCDC was not required by the lender other stakeholders after the HCD note was repaid in June 2017.

The 990 and 199 forms shown here are based on audited financial data for FY 2018-2019 and additional information can be found in the notes to the financial statements and supplemental schedules of the Basic Financial Statements accepted by the YCH Board of Commissioners at the December 18, 2019 meeting.

Fiscal Impact:

There is no fiscal impact of providing these required reports to the IRS and State of California, unless they are not submitted in a timely manner.

Conclusion:
Staff recommends that the Board of Commissioners accept and file the FY 2018-2019 New Hope Community Development Corporation (NHCDC) non-profit informational returns to be filled with the IRS and State of California as submitted.

Attachments:

- IRS Form 990 & California Form 199 Non-profit Informational Returns for FY18-19

MR. JIM GILLETTE
NEW HOPE CDC
CLIENT COPY
2018
YEAR ENDING JUNE 30, 2019

CohnReznick
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ADVISORY • ASSURANCE • TAX

MR. JIM GILLETTE
NEW HOPE CDC
147 W. MAIN STREET
WOODLAND, CA 95695

DEAR JIM,

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2018 FORM 990

2018 CALIFORNIA FORM 199

2018 CALIFORNIA FORM RRF-1

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A FEDERAL OR STATE TAXING AUTHORITY EXAMINE YOUR RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

LISA M. CUMMINGS, CPA
SENIOR MANAGER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
JUNE 30, 2019

PREPARED FOR:

MR. JIM GILLETTE
NEW HOPE CDC
147 W. MAIN STREET
WOODLAND, CA 95695

PREPARED BY:

COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2020

PLEASE ENSURE YOU HAVE MET ALL YOUR FILING REQUIREMENTS FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTION OR INFORMATION. FAILURE TO FILE FOREIGN INFORMATIONAL FORMS WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE CONTACT US IF YOU BELIEVE YOU HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT THAT NEED TO BE ADDRESSED.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2018

Name of exempt organization: NEW HOPE CDC

Employer identification number: 68-0440554

Name and title of officer
JAMES D. GILLETTE
TREASURER

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 ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	666,511.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**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 2018 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

[X] I authorize COHNREZNICK LLP (**ERO firm name**) to enter my PIN 95814 (**Enter five numbers, but do not enter all zeros**)

as my signature on the organization's tax year 2018 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 2018 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 ▶ _____

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. 68297622147 (**Do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 ▶ COHNREZNICK LLP Date ▶ 02/17/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 **and ending** JUN 30, 2019

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: NEW HOPE CDC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 147 W. MAIN STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: WOODLAND, CA 95695

D Employer identification number 68-0440554

E Telephone number 530-669-2222

G Gross receipts $ 666,511.

F Name and address of principal officer: LISA A. BAKER
SAME AS C ABOVE

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1999 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	39,907.	94,655.
	9	Program service revenue (Part VIII, line 2g)	378,362.	570,200.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	659.	776.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,177.	880.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	424,105.	666,511.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,610.	52,634.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	307,125.	296,662.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	353,735.	349,296.
	19	Revenue less expenses. Subtract line 18 from line 12	70,370.	317,215.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,725,855.	3,007,164.
	21	Total liabilities (Part X, line 26)	2,170,878.	2,133,052.
	22	Net assets or fund balances. Subtract line 21 from line 20	554,977.	874,112.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ JAMES D. GILLETTE, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LISA M. CUMMINGS, CPA	LISA M. CUMMINGS, CP	02/17/20		P00043433

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814 — Phone no. 916-442-9100

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
SEE SCHEDULE O

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 $ 327,635. including grants of $ 0.) (Revenue $ 568,280.)
TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME FAMILIES, SENIORS, AND DISABLED PERSONS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e Total program service expenses ▶ 327,635.

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*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for 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*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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 in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

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 [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

JAMES D. GILLETTE - 530-669-2222
147 W. MAIN STREET, WOODLAND, CA 95695

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) ANGEL BARAJAS	0.20									
DIRECTOR (OUTGOING)	1.00	X						0.	550.	0.
(2) BABS SANDEEN	0.20									
PRESIDENT	1.00	X		X				0.	0.	0.
(3) GARY SANDY	0.20									
VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) HELEN THOMSON	0.20									
DIRECTOR (OUTGOING)	1.00	X						0.	550.	0.
(5) JENNIFER WIENECKE-FRIEDMAN	2.00									
DIRECTOR (OUTGOING)	1.00	X						0.	550.	0.
(6) JOE WALTERS	0.20									
DIRECTOR	1.00	X						0.	0.	0.
(7) KAREN VANDERFORD	0.20									
DIRECTOR (OUTGOING)	1.00	X						0.	550.	0.
(8) MARK JOHANNESSEN	0.20									
DIRECTOR (OUTGOING)	1.00	X						0.	550.	0.
(9) PIERRE NEU	0.20									
DIRECTOR	1.00	X						0.	0.	0.
(10) RICHARD LANSBURGH	0.20									
DIRECTOR	1.00	X						0.	0.	0.
(11) WILL ARNOLD	0.20									
DIRECTOR	1.00	X						0.	550.	0.
(12) JAMES D GILLETTE	2.00									
TREASURER/FINANCE DIRECTOR	40.00			X				0.	109,281.	49,093.
(13) LISA A BAKER	2.00									
EXECUTIVE DIRECTOR	40.00			X				0.	145,162.	68,375.
(14) JANIS HOLT	0.50									
GENERAL DIRECTOR	40.00					X		0.	109,739.	55,883.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Sub-total ▶								0.	367,482.	173,351.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	367,482.	173,351.

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of 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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	89,018.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,637.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		94,655.			
		Business Code				
Program Service Revenue	2 a RENTAL INCOME	531110	369,718.	369,718.		
	b DEVELOPER FEE INCOME	531110	183,348.	183,348.		
	c ASSET MANAGEMENT FEES	531390	10,624.	10,624.		
	d OTHER PROGRAM FEES	900099	6,510.	6,510.		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		570,200.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		776.			776.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a LAUNDRY & VENDING INCO	900099	2,800.			2,800.
	b K-1 FLOW-THROUGH LOSS	900099	-1,920.	-1,920.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		880.			
	12 **Total revenue.** See instructions ▶		666,511.	568,280.	0.	3,576.

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				
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	35,191.	30,439.	4,752.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,939.	5,165.	1,774.	
9 Other employee benefits	7,823.	6,794.	1,029.	
10 Payroll taxes	2,681.	2,335.	346.	
11 Fees for services (non-employees):				
a Management	19,320.	19,320.		
b Legal	302.	302.		
c Accounting	13,249.	6,761.	6,488.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	27,153.	27,074.	79.	
12 Advertising and promotion	385.	385.		
13 Office expenses	6,209.	5,382.	827.	
14 Information technology	5,041.	4,601.	440.	
15 Royalties				
16 Occupancy	64,739.	64,739.		
17 Travel	1.	1.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39.	39.		
20 Interest	56,081.	56,081.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,745.	58,745.		
23 Insurance	10,259.	5,228.	5,031.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	15,843.	15,843.		
b OTHER OPERATING COSTS	11,369.	11,369.		
c COLLECTION LOSS	4,670.	4,670.		
d MISCELLANEOUS EXPENSES	1,922.	1,922.		
e All other expenses	1,335.	440.	895.	
25 **Total functional expenses.** Add lines 1 through 24e	349,296.	327,635.	21,661.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance 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		579,279.	1	659,886.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		112,121.	4	223,009.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		727,575.	7	738,200.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,516.	9	11,347.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,078,068.			
	b	Less: accumulated depreciation	10b 736,938.	1,262,316.	10c	1,341,130.
	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		149.	13	149.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		33,899.	15	33,443.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,725,855.	16	3,007,164.
Liabilities	17	Accounts payable and accrued expenses		4,953.	17	0.
	18	Grants payable			18	
	19	Deferred revenue		136,493.	19	153,145.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,934,634.	23	1,881,893.
	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		94,798.	25	98,014.
	26	**Total liabilities.** Add lines 17 through 25		2,170,878.	26	2,133,052.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		554,977.	27	874,112.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		554,977.	33	874,112.
	34	Total liabilities and net assets/fund balances		2,725,855.	34	3,007,164.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	666,511.
2	Total expenses (must equal Part IX, column (A), line 25)	2	349,296.
3	Revenue less expenses. Subtract line 2 from line 1	3	317,215.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	554,977.
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 in Schedule O)	9	1,920.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	874,112.

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: [ ] Cash [X] Accrual [ ] 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: NEW HOPE CDC

Employer identification number: 68-0440554

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 832021 10-11-18 **Schedule A (Form 990 or 990-EZ) 2018**

18130217 147227 0022446-0067263.0990 2018.05050 NEW HOPE CDC 00224461

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
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						

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

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 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2018.** 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 - 2017.** 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 - 2018.** 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 - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,508.	6,014.	23,508.	39,907.	94,655.	165,592.
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	1261211.	322,523.	360,157.	378,362.	570,200.	2892453.
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	1262719.	328,537.	383,665.	418,269.	664,855.	3058045.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						3058045.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	1262719.	328,537.	383,665.	418,269.	664,855.	3058045.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	542.	692.	480.	659.	776.	3,149.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	542.	692.	480.	659.	776.	3,149.
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.)	16,479.	12,235.	3,469.	7,306.	2,800.	42,289.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1279740.	341,464.	387,614.	426,234.	668,431.	3103483.

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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	98.54 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	98.09 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	.10 %
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	.10 %

19a **33 1/3% support tests - 2018.** 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 ▶ [X]

b **33 1/3% support tests - 2017.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	**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? *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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

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

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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? *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.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**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 ☐ 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2014 AMOUNT: $ 16,479.

2015 AMOUNT: $ 12,235.

2016 AMOUNT: $ 3,469.

2017 AMOUNT: $ 7,306.

2018 AMOUNT: $ 2,800.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization	**Employer identification number**
NEW HOPE CDC	68-0440554

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: NEW HOPE CDC

Employer identification number: 68-0440554

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF WOODLAND COMMUNITY DEVELOPMENT 300 FIRST STREET WOODLAND, CA 95695	$ 89,018.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW HOPE CDC

Employer identification number: 68-0440554

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: NEW HOPE CDC

Employer identification number: 68-0440554

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization NEW HOPE CDC

Employer identification number 68-0440554

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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		239,463.		239,463.
b Buildings		1,372,522.	600,713.	771,809.
c Leasehold improvements		387,000.	59,115.	327,885.
d Equipment				
e Other		79,083.	77,110.	1,973.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,341,130.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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) TENANT SECURITY DEPOSITS	19,160.
(3) OTHER LIABILITIES	24,428.
(4) POST-EMPLOYMENT BENEFITS	15,952.
(5) DEFERRED INFLOWS OF RESOURCES	659.
(6) NET PENSION LIABILITY	37,815.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	98,014.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	

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	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	

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.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: NEW HOPE CDC

Employer identification number: 68-0440554

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2018

832111 10-26-18

18130217 147227 0022446-0067263.0990 2018.05050 NEW HOPE CDC 00224461

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES D GILLETTE	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER/FINANCE DIRECTOR	(ii)	102,801.	0.	6,480.	18,900.	30,193.	158,374.	0.
(2) LISA A BAKER	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	137,182.	0.	7,980.	33,789.	34,586.	213,537.	0.
(3) JANIS HOLT	(i)	0.	0.	0.	0.	0.	0.	0.
GENERAL DIRECTOR	(ii)	103,259.	0.	6,480.	24,519.	31,364.	165,622.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: NEW HOPE CDC

Employer identification number: 68-0440554

FORM 990, PART I & PART III, LINE 1 DESCRIPTION OF ORGANIZATION'S MISSION:

TO ASSIST LOW AND MODERATE INCOME COMMUNITY RESIDENTS BY (1) ACQUIRING EXISTING HOUSING AND/OR REAL PROPERTY, EXTENDING THE USE OF EXISTING REAL ESTATE, CONSTRUCTING NEW AFFORDABLE HOUSING AND/OR MIXED-USE PROPERTY, AND REDEVELOPING AND/OR REHABILITATING EXISTING REAL PROPERTY FOR AFFORDABLE HOUSING AND/OR MIXED-USE; (2) MANAGING AND MAINTAINING THE CORPORATION'S REAL PROPERTY; (3) CREATING JOBS THROUGH SMALL OR MICRO-BUSINESS LENDING, BUSINESS INCUBATOR(S), AND COMMERCIAL DEVELOPMENT PROGRAMS; (4) PROVIDING EMPLOYMENT TRAINING; (5) ESTABLISHING COMMUNITY-BASED ECONOMIC DEVELOPMENT PROGRAMS; AND (6) PROVIDING EDUCATION, SOCIAL SERVICES AND CULTURAL ACTIVITIES.

NEW HOPE COMMUNITY DEVELOPMENT (NHCDC) IS DEDICATED TO IMPROVING THE QUALITY OF LIFE OF UNDERSERVED COMMUNITIES THROUGH AFFORDABLE HOUSING, EDUCATIONAL ENRICHMENT AND ECONOMIC EMPOWERMENT THROUGHOUT THE COUNTY OF YOLO.

NEW HOPE COMMUNITY DEVELOPMENT CORPORATION (NHCDC) OWNS AND OPERATES MULTI-FAMILY PROPERTIES (192 APARTMENT UNITS IN THE CITIES OF WOODLAND AND DAVIS) FOR LOW-INCOME FAMILIES, SENIORS, AND DISABLED PERSONS. THE PROPERTIES IN WOODLAND CONSIST OF COTTONWOOD (47 SENIOR UNITS), CROSSWOOD (48 FAMILY UNITS), AND ROCHDALE GRANGE (44 FAMILY UNITS), WHILE CESAR CHAVEZ PLAZA IN DAVIS HAS 53 UNITS. COTTONWOOD IS DIRECTLY MANAGED BY YOLO COUNTY HOUSING (YCH) STAFF, WHILE THE OTHER PROPERTIES UTILIZE THIRD-PARTY PROPERTY MANAGEMENT FIRMS. 80 MORE UNITS WILL BE COMING ON AT COTTONWOOD/BEAMER IN WOODLAND DURING 2018 WHERE YCH OWNS

Name of the organization: NEW HOPE CDC

Employer identification number: 68-0440554

THE LAND, WHICH IS LEASED BACK TO THE PARTNERSHIP ($1 FOR 99 YEARS). NHCDC IS AN INVESTMENT PARTNER AND CO-GENERAL PARTNER IN THE PROJECT.

NHCDC ALSO OPERATES FAMILY SELF-SUFFICIENCY PROGRAMS, COMPUTER LEARNING CENTERS, AND YOUTH ATHLETIC AND SUMMER PROGRAMS.

THE MEMBERS OF THE BOARD OF COMMISSIONERS OF YCH ALSO SERVE ON THE BOARD OF DIRECTORS OF NHCDC, WHICH HAS NO DIRECT EMPLOYEES. THE DAY-TO-DAY OPERATIONS OF NHCDC ARE OVERSEEN BY THE STAFF OF YCH UTILIZING SIMILAR POLICIES AND PROCEDURES AND MOST OF THE OPERATING EXPENSES ARE PAID THROUGH THE AP/PAYROLL ACCOUNT OF YCH AND THEN REIMBURSED BY NHCDC. BECAUSE OF THIS RELATIONSHIP, NHCDC IS A BLENDED COMPONENT UNIT IN THE FINANCIAL STATEMENT OF YCH.

THE VARIOUS PROGRAMS RUN BY NHCDC PROMOTE LITERACY, STABILITY AND EMPOWERMENT TO YOUTH AND ADULTS. YOUTH PROGRAMS OFFER SAFE ACTIVITIES AFTER SCHOOL, DURING THE HOLIDAYS & THE SUMMER MONTHS. YOUTH SERVICES OFFERED ARE: CO-ED SUMMER SOCCER LEAGUE, COMPUTER LEARNING CENTERS (HOMEWORK CLUBS, INTERNET ACCESS, READING AND EDUCATIONAL DEVELOPMENT), SUMMER MEALS AND MINI-CAMPS. ADULTS/SENIORS BENEFIT FROM ACCESS TO: 1) WORKFORCE PLANNING SUCH AS COMPUTERS FOR JOB SEARCH, JOB TRAINING, COMPUTER & ENGLISH LITERACY/EDUCATION; 2) HEALTH/WELLNESS SUCH AS HEALTH & DENTAL SCREENINGS, EXERCISE & NUTRITION; 3) FAMILY STABILITY SUCH AS CRISIS MANAGEMENT, SOCIALIZATION & FAMILY/NEIGHBORHOOD ACTIVITIES; 4) VOLUNTEERISM SUCH AS COMMUNITY AWARENESS & SAFETY TEAMS; AND 5) BASIC NEEDS SUCH AS MEALS TO SENIORS, FOOD DRIVES, COMMUNITY POTLUCKS.

Name of the organization: NEW HOPE CDC

Employer identification number: 68-0440554

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

THE TREASURER REVIEWS THE FORM 990 PRIOR TO MAKING IT AVAILABLE TO THE BOARD FOR REVIEW. AFTER ADDRESSING QUESTIONS AND INCORPORATING ANY REQUIRED CHANGES, THE FORM IS FILED WITH THE IRS.

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

DUE TO THE NATURE OF IRREGULARITY OF THE DEVELOPMENT WORK DONE BY NHCDC, THE 700 FORMS ARE REVIEWED BY HR ON AN ANNUAL BASIS TO EVALUATE POTENTIAL ONGOING CONFLICTS, WHILE OTHER POTENTIAL CONFLICTS ARE EVALUATED WHEN NEW POTENTIAL PROJECTS ARE CONSIDERED OR WHEN SIGNIFICANT CHANGES ARE MADE TO EXISTING PROPERTIES THAT MAY CREATE POTENTIAL CONFLICTS WITH STAFF OR THE HOUSING COMMISSION.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

K - 1 ACTIVITY FROM VARIOUS PARTNERSHIPS 1,920.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: NEW HOPE CDC

Employer identification number: 68-0440554

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NHCDC CROSSWOOD LLC - 46-3297681 147 W. MAIN STREET WOODLAND, CA 95696	LOW-INCOME REAL ESTATE	CALIFORNIA	0.	746,067.	NEW HOPE CDC

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
HOUSING AUTHORITY OF THE COUNTY OF YOLO - 94-6003375, 147 W MAIN STREET, WOODLAND, CA 95695	HOUSING	CALIFORNIA	170(C)(1)				X

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

Schedule R (Form 990) 2018

832161 10-02-18 LHA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ROCHDALE GRANGE, LP - 80-0239095, 2745 PORTAGE BAY EAST, DAVIS, CA 95616	LOW-INCOME REAL ESTATE	CA		RELATED	-1,910.	119,867.		X	N/A	X		.50%
NP CESAR ASSOCIATES, LP - 87-0760648, 2745 PORTAGE BAY EAST, DAVIS, CA 95616	LOW-INCOME REAL ESTATE	CA		RELATED	-10.	35,528.		X	N/A	X		.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

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

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
JUNE 30, 2019

PREPARED FOR:

MR. JIM GILLETTE
NEW HOPE CDC
147 W. MAIN STREET
WOODLAND, CA 95695

PREPARED BY:

COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$	0
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT	$	0
PLUS: INTEREST AND PENALTIES	$	0
NO PAYMENT IS REQUIRED	$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	$	0
OTHER AMOUNT	$	0
REFUNDED TO YOU	$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
JUNE 30, 2019

PREPARED FOR:

MR. JIM GILLETTE
NEW HOPE CDC
147 W. MAIN STREET
WOODLAND, CA 95695

PREPARED BY:

COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

AMOUNT OF TAX:

BALANCE DUE OF $75

MAKE CHECK PAYABLE TO:

DEPARTMENT OF JUSTICE

MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

TAXABLE YEAR **2018**

California Exempt Organization Annual Information Return

828941 12-12-18
FORM **199**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018 , and ending (mm/dd/yyyy) 06/30/2019 .

Corporation/Organization name	California corporation number
NEW HOPE CDC	2160294
Additional information. See instructions.	FEIN 68-0440554
Street address (suite or room): 147 W. MAIN STREET	PMB no.
City: WOODLAND / State: CA	ZIP code: 95695
Foreign country name / Foreign province/state/county	Foreign postal code

A First Return ☐ Yes ☒ No
B Amended Return ● ☐ Yes ☒ No
C IRC Section 4947(a)(1) trust ☐ Yes ☒ No
D Final Information Return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990)
(4) ☒ Other 990 series
G Is this a group filing? See instructions ● ☐ Yes ☒ No
H Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $ _____
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required ● ☒
M Is the organization a Limited Liability Company? ● ☐ Yes ☒ No
N Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No
P Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8		1	571,856	00
	2	Gross dues and assessments from members and affiliates		2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1		3	94,655	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than $50,000, see General Information B		4	666,511	00
	5	Cost of goods sold	5 00			
	6	Cost or other basis, and sales expenses of assets sold	6 00			
	7	Total costs. Add line 5 and line 6		7		00
	8	Total gross income. Subtract line 7 from line 4		8	666,511	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	349,296	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	317,215	00
Filing Fee	11	Total payments		11		00
	12	Use tax. See General Information K		12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14		00
	15	Filing fee $10 or $25. See General Information F		15	N/A	00
	16	Penalties and Interest. See General Information J		16		00
	17	**Balance due.** Add line 12, line 15, and line 16. Then subtract line 11 from the result		17		00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title: TREASURER | Date | Telephone: 530-669-2222

Paid Preparer's Use Only

Preparer's signature ▶ LISA M. CUMMINGS, CPA | Date: 02/17/20 | Check if self-employed ▶ ☐ | PTIN: P00043433

Firm's name (or yours, if self-employed) and address ▶ COHNREZNICK LLP
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814
Firm's FEIN: 22-1478099
Telephone: 916-442-9100

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

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

828951 12-12-18

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1		00
	2 Interest	2	776	00
	3 Dividends	3		00
	4 Gross rents	4		00
	5 Gross royalties	5		00
	6 Gross amount received from sale of assets (See Instructions)	6		00
	7 Other income SEE STATEMENT 2	7	571,080	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	571,856	00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid	9		00
	10 Disbursements to or for members	10		00
	11 Compensation of officers, directors, and trustees SEE STATEMENT 3	11	0	00
	12 Other salaries and wages	12	35,191	00
	13 Interest	13	56,081	00
	14 Taxes	14	2,681	00
	15 Rents	15	64,739	00
	16 Depreciation and depletion (See instructions)	16	58,745	00
	17 Other Expenses and Disbursements SEE STATEMENT 4	17	131,859	00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	349,296	00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		579,279		659,886
2 Net accounts receivable		112,121		223,009
3 Net notes receivable STMT 5		727,575		738,200
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 6		149		149
10 a Depreciable assets	1,703,483		1,838,605	
b Less accumulated depreciation	(680,630)	1,022,853	(736,938)	1,101,667
11 Land		239,463		239,463
12 Other assets STMT 7		44,415		44,790
13 **Total assets**		2,725,855		3,007,164
Liabilities and net worth				
14 Accounts payable		4,953		
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		1,934,634		1,881,893
18 Other liabilities STMT 8		231,291		251,159
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		554,977		874,112
22 **Total liabilities and net worth**		2,725,855		3,007,164

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	317,215	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return. Subtract line 9 from line 6	317,215
5 Expenses recorded on books this year not deducted in this return			
6 Total. Add line 1 through line 5	317,215		

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CITY OF WOODLAND COMMUNITY DEVELOPMENT	300 FIRST STREET WOODLAND, CA 95695	06/30/19	89,018.
TOTAL INCLUDED ON LINE 3			89,018.

CA 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
LAUNDRY & VENDING INCOME	2,800.
K-1 FLOW-THROUGH LOSS	-1,920.
RENTAL INCOME	369,718.
DEVELOPER FEE INCOME	183,348.
ASSET MANAGEMENT FEES	10,624.
OTHER PROGRAM FEES	6,510.
TOTAL TO FORM 199, PART II, LINE 7	571,080.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANGEL BARAJAS 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR (OUTGOING) 0.20	0.
BABS SANDEEN 147 W. MAIN STREET WOODLAND, CA 95695	PRESIDENT 0.20	0.
GARY SANDY 147 W. MAIN STREET WOODLAND, CA 95695	VICE PRESIDENT 0.20	0.
HELEN THOMSON 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR (OUTGOING) 0.20	0.
JENNIFER WIENECKE-FRIEDMAN 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR (OUTGOING) 2.00	0.
JOE WALTERS 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR 0.20	0.
KAREN VANDERFORD 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR (OUTGOING) 0.20	0.

MARK JOHANNESSEN 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR (OUTGOING) 0.20	0.
PIERRE NEU 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR 0.20	0.
RICHARD LANSBURGH 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR 0.20	0.
WILL ARNOLD 147 W. MAIN STREET WOODLAND, CA 95695	DIRECTOR 0.20	0.
JAMES D GILLETTE 147 W. MAIN STREET WOODLAND, CA 95695	TREASURER/FINANCE DIRECTOR 2.00	0.
LISA A BAKER 147 W. MAIN STREET WOODLAND, CA 95695	EXECUTIVE DIRECTOR 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
REPAIRS & MAINTENANCE	15,843.
OTHER OPERATING COSTS	11,369.
COLLECTION LOSS	4,670.
MISCELLANEOUS EXPENSES	1,922.
PENSION PLAN CONTRIBUTIONS	6,939.
OTHER EMPLOYEE BENEFITS	7,823.
MANAGEMENT FEES	19,320.
LEGAL FEES	302.
ACCOUNTING FEES	13,249.
OTHER PROFESSIONAL FEES	27,153.
ADVERTISING AND PROMOTION	385.
OFFICE EXPENSES	6,209.
INFORMATION TECHNOLOGY	5,041.
TRAVEL	1.
CONFERENCES AND CONVENTIONS	39.
INSURANCE	10,259.
ALL OTHER EXPENSES	1,335.
TOTAL TO FORM 199, PART II, LINE 17	131,859.

CA 199 NET NOTES RECEIVABLE STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	727,575.	738,200.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	727,575.	738,200.

CA 199 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT IN CROSSWOOD	100.	100.
INVESTMENT IN 20 N COTTONWOOD	49.	49.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	149.	149.

CA 199 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	10,516.	11,347.
TENANT DEPOSITS	19,966.	21,712.
DEFERRED OUTFLOWS OF RESOURCES	13,933.	11,731.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	44,415.	44,790.

CA 199 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
TENANT SECURITY DEPOSITS	18,660.	19,160.
OTHER LIABILITIES	20,543.	24,428.
POST-EMPLOYMENT BENEFITS	17,040.	15,952.
DEFERRED INFLOWS OF RESOURCES	323.	659.
NET PENSION LIABILITY	38,232.	37,815.
DEFERRED REVENUE	136,493.	153,145.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	231,291.	251,159.

CA 199 FUND BALANCES STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	554,977.	874,112.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	554,977.	874,112.

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2018**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
NEW HOPE CDC	68-0440554

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	666,511
2	Total gross income (Form 199, line 8)	2	666,511
3	Total expenses and disbursements (Form 199, line 9)	3	349,296

Part II Settle Your Account Electronically for Taxable Year 2018

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number **7** Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here ▶ Signature of officer _____ Date _____ ▶ TREASURER Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's-signature ▶	Date	Check if also paid preparer	Check if self-employed	ERO's PTIN
COHNREZNICK LLP	02/17/20	X	☐	P00043433

Firm's name (or yours if self-employed) and address ▶	FEIN
COHNREZNICK LLP 400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA	22-1478099 ZIP code 95814

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶	Date	Check if self-employed	Paid preparer's PTIN
		☐	

Firm's name (or yours if self-employed) and address ▶	FEIN
	ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

STATE OF CALIFORNIA
RRF-1
(Rev. 09/2017)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code
11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

NEW HOPE CDC
Name of Organization

List all DBAs and names the organization uses or has used

147 W. MAIN STREET
Address (Number and Street)

WOODLAND, CA 95695
City or Town, State, and ZIP Code

530-669-2222
Telephone Number

E-mail Address

Check if:
- [ ] Change of address
- [ ] Amended report

State Charity Registration Number CT117241

Corporation or Organization No. 2160294

Federal Employer ID No. 68-0440554

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2018 **ending** 06/30/2019 **) list:**

Gross Annual Revenue $ 666,511 **Noncash Contributions $** 0 **Total Assets $** 3,007,164
Program Expenses $ 327,635 **Total Expenses $** 349,296

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4.	During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5.	During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 10	X	
6.	During this reporting period, did the organization hold a raffle for charitable purposes?		X
7.	Does the organization conduct a vehicle donation program?		X
8.	Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9.	At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
	JAMES D. GILLETTE	TREASURER	

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 10
PART B, LINE 5

CITY OF WOODLAND COMMUNITY DEVELOPMENT
300 FIRST STREET
WOODLAND, CA 95695
530-661-5820