CLIENT'S COPY

DAUBY
O'CONNOR &
ZALESKI, LLC

November 11, 2025

HOLLYWOOD COMMUNITY HOUSING
CORPORATION
5020 SANTA MONICA BLVD.
LOS ANGELES, CA 90029

HOLLYWOOD COMMUNITY HOUSING CORPORATION:

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 17, 2025.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before November 17, 2025 to:

Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for $400, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

ELLEN WILDE

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

HOLLYWOOD COMMUNITY HOUSING CORPORATION
5020 SANTA MONICA BLVD.
LOS ANGELES, CA 90029

Prepared By:

DAUBY O'CONNOR & ZALESKI, LLC
501 CONGRESSIONAL BLVD #300
CARMEL, IN 46032

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-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 17, 2025

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer HOLLYWOOD COMMUNITY HOUSING CORPORATION

EIN or SSN 95-4198215

Name and title of officer or person subject to tax SARAH LETTS, EXECUTIVE DIRECTOR
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** 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**	12,914,671.
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 V, line 5)	**4b**	
5a	**Form 8868** check here	[ ]	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here	[ ]	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here	[ ]	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here	[ ]	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here	[ ]	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here	[ ]	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize DAUBY O'CONNOR & ZALESKI, LLC to enter my PIN 12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax _____ 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. 35320854265

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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 DAUBY O'CONNOR & ZALESKI, LLC Date _____

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

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Taxpayer identification number (TIN)
95-4198215

Number, street, and room or suite no. If a P.O. box, see instructions.
5020 SANTA MONICA BLVD.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LOS ANGELES, CA 90029

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of HOLLYWOOD COMMUNITY HOUSING CORPORATION
5020 SANTA MONICA BLVD - LOS ANGELES, CA 90029

Telephone No. (323) 469-0710 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

EXTENDED TO NOVEMBER 17, 2025

Form **990**

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

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

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

C Name of organization
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5020 SANTA MONICA BLVD.

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90029

F Name and address of principal officer: SARAH LETTS
SAME AS C ABOVE

D Employer identification number
95-4198215

E Telephone number
(323) 469-0710

G Gross receipts $ 12,950,753.

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: WWW.HOLLYWOODHOUSING.ORG

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

L Year of formation: 1989 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: LOW-INCOME HOUSING DEVELOPMENT, RESIDENT SERVICES, PROPERTY MANAGEMENT, AND ASSET MANAGEMENT.

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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	54
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,327,003.	1,375,371.
9	Program service revenue (Part VIII, line 2g)	9,833,190.	11,312,632.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,642.	201,120.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,299.	25,548.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,247,536.	12,914,671.

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)	4,067,087.	4,212,302.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 180,135.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,268,668.	9,612,966.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,335,755.	13,825,268.
19	Revenue less expenses. Subtract line 18 from line 12	2,911,781.	-910,597.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	121,722,748.	152,478,867.
21	Total liabilities (Part X, line 26)	111,351,576.	144,288,687.
22	Net assets or fund balances. Subtract line 21 from line 20	10,371,172.	8,190,180.

FINAL

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
SARAH LETTS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ELLEN WILDE			☐	P01254265

Firm's name DAUBY O'CONNOR & ZALESKI, LLC Firm's EIN 35-1750664
Firm's address 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032 Phone no. 317-848-5700

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
HCHC STRIVES TO TRANSFORM LIVES BY CREATING AND MANAGING SUSTAINABLE AND AFFORDABLE HOUSING THAT RESPECTS THE HISTORY, CULTURE, AND ARCHITECTURE OF THE COMMUNITIES WE SERVE. WE PROVIDE SERVICES AND ACCESS TO RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR OUR RESIDENTS.

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 X 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 X 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 $ 12,030,185. including grants of $) (Revenue $ 7,708,828.)
HCHC'S PROPERTY & ASSET MANAGEMENT DEPARTMENTS ENSURE THE LONG-TERM HEALTH AND SUSTAINABILITY OF THE ORGANIZATION'S HOUSING PORTFOLIO FOR THE BENEFIT OF RESIDENTS AND THE BROADER COMMUNITY. THE TEAMS MONITOR FINANCIAL PERFORMANCE, SUPERVISE PROPERTY OPERATIONS, AND WORK CLOSELY WITH THE HOUSING DEVELOPMENT DEPARTMENT TO ALIGN BUILDING DESIGN, MAINTENANCE, AND OPERATIONS WITH LONG-TERM AFFORDABILITY AND SUSTAINABILITY GOALS. AS OF DECEMBER 31, 2024, HCHC DIRECTLY MANAGED 888 APARTMENTS AND CONTINUES EXPANDING ITS SELF-MANAGEMENT CAPACITY TO STRENGTHEN QUALITY CONTROL AND RESIDENT SATISFACTION. THE DEPARTMENT ALSO LEADS INITIATIVES TO REDUCE OPERATING COSTS AND ENVIRONMENTAL IMPACT THROUGH ENERGY-EFFICIENCY IMPROVEMENTS, GREEN BUILDING PRACTICES, AND PREVENTATIVE MAINTENANCE PLANNING.

4b (Code:) (Expenses $ 750,689. including grants of $) (Revenue $ 3,603,804.)
HCHC'S HOUSING DEVELOPMENT DEPARTMENT LEADS THE CREATION OF AFFORDABLE AND PERMANENT SUPPORTIVE HOUSING ACROSS LOS ANGELES COUNTY. THE TEAM MANAGES EVERY STAGE OF THE DEVELOPMENT PROCESS, FROM SITE ACQUISITION AND DESIGN TO CONSTRUCTION AND LEASE-UP, WITH A FOCUS ON LONG-TERM COMMUNITY BENEFIT, ENVIRONMENTAL SUSTAINABILITY, AND DESIGN EXCELLENCE. SINCE ITS FOUNDING, HCHC HAS COMPLETED 33 DEVELOPMENTS THAT PROVIDE 1,296 AFFORDABLE HOMES FOR MORE THAN 2,600 RESIDENTS, INCLUDING FAMILIES, SENIORS, AND INDIVIDUALS WITH SPECIAL NEEDS. NEARLY 40 PERCENT OF HCHC'S HOMES SERVE RESIDENTS WHO HAVE EXPERIENCED HOMELESSNESS, LIVE WITH DISABILITIES OR HIV/AIDS, OR FACE OTHER BARRIERS TO STABLE HOUSING. HCHC IS CURRENTLY ADVANCING SEVERAL NEW PROJECTS THAT WILL EXPAND ITS IMPACT AND CONTINUE TO ADDRESS THE

4c (Code:) (Expenses $ 437,237. including grants of $) (Revenue $)
HCHC'S RESIDENT SERVICES DEPARTMENT SUPPORTS THE STABILITY AND WELL-BEING OF RESIDENTS LIVING IN THE ORGANIZATION'S AFFORDABLE HOUSING COMMUNITIES. THE TEAM PROVIDES CARE COORDINATION, REFERRALS FOR MENTAL HEALTH SUPPORT, CRISIS INTERVENTION, AND CONNECTIONS TO COMMUNITY RESOURCES THAT HELP RESIDENTS MAINTAIN HOUSING AND IMPROVE QUALITY OF LIFE. RESIDENT SERVICES ALSO OFFERS PROGRAMS SUCH AS ENGLISH AS A SECOND LANGUAGE CLASSES, GED INSTRUCTION, LIFE-SKILLS WORKSHOPS, AND ENRICHMENT ACTIVITIES FOR CHILDREN AND SENIORS. HCHC OPERATES A WEEKLY FOOD PANTRY THAT SERVES BOTH RESIDENTS AND COMMUNITY MEMBERS, PROVIDING GROCERIES AND ESSENTIAL ITEMS TO HUNDREDS OF HOUSEHOLDS EACH YEAR. THROUGH THESE PROGRAMS, THE RESIDENT SERVICES DEPARTMENT FOSTERS STABLE, SUPPORTIVE COMMUNITIES WHERE RESIDENTS CAN THRIVE.

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

4e Total program service expenses 13,218,111.

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*? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash 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		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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	24		
b	Enter the number of Forms W-2G included on 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		X	

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** 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule 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	X	
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		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the 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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

Check if Schedule O contains a response or note to any line in this Part VI 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	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	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 on 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 on 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	X	

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 ☒ Upon request ☐ Other *(explain on Schedule O)*

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

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

HOLLYWOOD COMMUNITY HOUSING CORPORATION - (323) 469-0710
5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH LETTS EXECUTIVE DIRECTOR	40.00			X				208,510.	0.	21,888.
(2) MALEN RODRIGUEZ DIRECTOR OF PROPERTY & ASSET MGMT.	40.00				X			199,450.	0.	23,892.
(3) VICTORIA SENNA DIRECTOR OF HOUSING DEVELOPMENT	40.00				X			190,297.	0.	21,419.
(4) MARCELA RIVERA DIRECTOR OF RESIDENT SERVICES	40.00					X		137,852.	0.	12,788.
(5) CHRISTOPHER FRENCH DEPUTY DIRECTOR OF ASSET MGMT.	40.00					X		124,503.	0.	13,591.
(6) JISUN KIM CONTROLLER	40.00					X		112,955.	0.	14,318.
(7) BERNARDINO PEREZ OPERATIONS MANAGER	40.00					X		106,294.	0.	12,343.
(8) ANGELICA PACE HUMAN RESOURCES MANAGER	40.00					X		106,294.	0.	11,259.
(9) FATHER MICHAEL D. GUTIERREZ PRESIDENT	3.00	X		X				0.	0.	0.
(10) NISHA VYAS VICE PRESIDENT	1.00	X		X				0.	0.	0.
(11) RAYNE LABORDE RUIZ SECRETARY	1.00	X		X				0.	0.	0.
(12) ELENA FRIAS TREASURER	1.00	X		X				0.	0.	0.
(13) ROCKY COLLIS FORMER TREASURER	1.00	X		X				0.	0.	0.
(14) LYNN HANSEN DIRECTOR	0.50	X						0.	0.	0.
(15) AMERA ARCHIE DIRECTOR	0.50	X						0.	0.	0.
(16) DAVID MITANI DIRECTOR	0.50	X						0.	0.	0.
(17) CYNTHIA PHUNG FORMER DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Subtotal**								1,186,155.	0.	131,498.
c **Total from continuation sheets to Part VII, Section A**								0.	0.	0.
d **Total (add lines 1b and 1c)**								1,186,155.	0.	131,498.

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 9

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	156,104.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	715,186.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	504,081.				
	g Noncash contributions included in lines 1a-1f	1g	$ 21,332.				
	h **Total.** Add lines 1a-1f			1,375,371.			
Program Service Revenue		**Business Code**					
	2a RENTAL REVENUE	531110		6,254,299.	6,254,299.		
	b DEVELOPER FEES	531390		3,603,804.	3,603,804.		
	c PARTNERSHIP MGMT FEES	531310		995,703.	995,703.		
	d MISCELLANEOUS REVENUE	561000		358,409.	358,409.		
	e TENANT SERVICE FEES	624200		100,417.	100,417.		
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			11,312,632.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			201,120.			201,120.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 156,104. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	36,082.				
	c Net income or (loss) from fundraising events			-36,082.			-36,082.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a LAUNDRY & VENDING	531110		61,630.			61,630.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			61,630.			
	12 **Total revenue.** See instructions			12,914,671.	11312632.	0.	226,668.

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	598,257.	531,440.	46,993.	19,824.
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	3,067,362.	2,724,780.	240,943.	101,639.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,451.	93,674.	8,283.	3,494.
9 Other employee benefits	245,976.	218,503.	19,322.	8,151.
10 Payroll taxes	195,256.	173,449.	15,337.	6,470.
11 Fees for services (nonemployees):				
a Management	606,452.	606,452.		
b Legal	78,916.	73,691.	3,675.	1,550.
c Accounting	262,661.	245,269.	12,232.	5,160.
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.)	237,815.	237,815.		
12 Advertising and promotion	17,746.	16,571.	826.	349.
13 Office expenses	369,972.	338,891.	21,860.	9,221.
14 Information technology				
15 Royalties				
16 Occupancy	4,988,939.	4,923,850.	45,779.	19,310.
17 Travel	6,405.	5,981.	298.	126.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	97,955.	97,180.	545.	230.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,447,907.	2,440,048.	5,527.	2,332.
23 Insurance	54,963.	54,283.	478.	202.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MANAGER UNIT	128,098.	128,098.		
b TENANT SERVICES	122,023.	122,023.		
c BAD DEBTS	86,546.	86,546.		
d WORKER'S COMPENSATION	55,790.	49,559.	4,382.	1,849.
e All other expenses	50,778.	50,008.	542.	228.
25 **Total functional expenses.** Add lines 1 through 24e	13,825,268.	13,218,111.	427,022.	180,135.
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	3,678,430.	1	3,286,955.
	2	Savings and temporary cash investments	1,423,574.	2	1,518,525.
	3	Pledges and grants receivable, net	109,625.	3	294,733.
	4	Accounts receivable, net	153,824.	4	125,625.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	20,310,920.	7	18,838,778.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	163,630.	9	235,826.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 152,463,108.			
	b	Less: accumulated depreciation — 10b: 51,840,244.	67,719,452.	10c	100,622,864.
	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	3,183,581.	13	4,217,028.
	14	Intangible assets	105,794.	14	347,680.
	15	Other assets. See Part IV, line 11	24,873,918.	15	22,990,853.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	121,722,748.	16	152,478,867.
Liabilities	17	Accounts payable and accrued expenses	631,371.	17	1,432,243.
	18	Grants payable		18	
	19	Deferred revenue	399,407.	19	45,406.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	79,967,817.	23	100,241,689.
	24	Unsecured notes and loans payable to unrelated third parties	2,000,000.	24	2,500,000.
	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	28,352,981.	25	40,069,349.
	26	**Total liabilities.** Add lines 17 through 25	111,351,576.	26	144,288,687.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	10,200,748.	27	8,063,520.
	28	Net assets with donor restrictions	170,424.	28	126,660.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	10,371,172.	32	8,190,180.
	33	Total liabilities and net assets/fund balances	121,722,748.	33	152,478,867.

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	12,914,671.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,825,268.
3	Revenue less expenses. Subtract line 2 from line 1	3	-910,597.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,371,172.
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	903.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,271,298.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,190,180.

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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 ☒ 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

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

2024

Open to Public Inspection

Name of the organization	Employer identification number
HOLLYWOOD COMMUNITY HOUSING CORPORATION	95-4198215

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).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on 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	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1043756.	1210758.	1112529.	4327003.	1175371.	8869417.
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	1043756.	1210758.	1112529.	4327003.	1175371.	8869417.
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.						8869417.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1043756.	1210758.	1112529.	4327003.	1175371.	8869417.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,444.	106,703.	220,053.	101,642.	201,120.	664,962.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	167.					167.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	128,532.	36,893.	35,355.	35,238.	61,630.	297,648.
11 **Total support.** Add lines 7 through 10						9832194.

12 Gross receipts from related activities, etc. (see instructions) 12 35,628,162.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 90.21 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 91.50 %

16a **33 1/3% support test - 2024.** 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 - 2023.** 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 - 2024.** 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 - 2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	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 line 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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**	
b	A family member of a person described on line 11a above?	**11b**	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**	

Section E. Type III Functionally Integrated Supporting Organizations

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

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**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 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

PT II, LINE 10:
OTHER INCOME PART II, LINE 10 DESCRIPTION: CANCELLATION OF INDEBTEDNESS (2020) AND LAUNDRY & VENDING (2021-2024)

2020: $128,532
2021: $36,893
2022: $35,355
2023: $35,238
2024: $61,630

HOLLYWOOD COMMUNITY HOUSING CORPORATION 95-4198215

Schedule A Identification of Unusual Grants 2024

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Description of Grant	Date of Grant	Amount
BANK OF AMERICA CORPORATION	NEIGHBORHOOD GRANT	10/31/24	200,000.

Total Unusual Grants .... 200,000.

FINAL

423174 04-01-24

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number
95-4198215

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number
95-4198215

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	AMJ CONSTRUCTION MANAGEMENT 4940 ALMINAR AVENUE LA CANADA, CA 91011	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	BOCARSLY EMDEN 633 W 5TH ST, FL 64 LOS ANGELES, CA 90071	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA, STE 400 LOS ANGELES, CA 90012	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	CHASE BANK CORPORATION 300 S GRAND AVE, FL 4 LOS ANGELES, CA 90071	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	KFA ARCHITECTS 1625 OLYMPIC BLVD SANTA MONICA, CA 90404	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	NEF 500 S GRAND AVE, STE 2300 LOS ANGELES, CA 90071	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number
95-4198215

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
7	PRACTICE 135 W GREEN STREET, SUITE 200 PASADENA, CA 91105	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	UNITED BUILDING COMPANY 250 N HARBOR DR REDONDO BEACH, CA 90277	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	CATHAY BANK FOUNDATION 9650 FLAIR DR EL MONTE, CA 91731	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	CITY NATIONAL BANK 555 S FLOWER ST, FL 10 LOS ANGELES, CA 90071	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	WALTON CONSTRUCTION INC. 358 E. FOOTHILL BLVD. SAN DIMAS, CA 91773	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	FIRST CITIZEN BANK 239 FAYETTEVILLE ST RALEIGH, NC 27601	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number
95-4198215

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
13	THE GREEN FOUNDATION 225 S LAKE AVE, STE 1410 PASADENA, CA 91101	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	PARTNERSHIP FOR GROWTH LA 4101 WEST ADAMS BLVD LOS ANGELES, CA 90018	$ 30,950.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	MARISLA FOUNDATION 668 N COAST HWY PMB 1400 LAGUNA BEACH, CA 92651	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	QUEENSCARE 950 S GRAND AVE, STE 2 LOS ANGELES, CA 90015	$ 36,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	U.S. BANK 633 W 5TH ST, LM-CA-T30E LOS ANGELES, CA 90071	$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	RALPH M PARSONS FOUNDATION 601 S. FIGUEROA STREET, SUITE 5000 LOS ANGELES, CA 90017	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number
95-4198215

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
19	KAISER CORPORATION 4841 HOLLYWOOD BLVD LOS ANGELES, CA 90027	$ 55,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	BANK OF AMERICA CORPORATION 333 S HOPE ST, FL 20 LOS ANGELES, CA 90071	$ 240,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	HOUSING AND COMMUNITY INVESTMENT DEPT. HOPWA GRANT-HUD 1200 WEST 7TH STREET, 9TH FLOOR LOS ANGELES, CA 90017	$ 266,256.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT 2020 W EL CAMINO AVE, STE 500 SACRAMENTO, CA 95833	$ 386,430.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number
95-4198215

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: HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number: 95-4198215

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)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number 95-4198215

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 (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X $ _____

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		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		10,944,530.		10,944,530.
b Buildings		92,799,998.	47,516,365.	45,283,633.
c Leasehold improvements		3,051,285.	2,504,456.	546,829.
d Equipment		2,300,961.	1,819,423.	481,538.
e Other		43,366,334.		43,366,334.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				100,622,864.

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, line 12, col. (B))		

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, line 13, col. (B))		

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) DEPOSITS	478,919.
(2) DEVELOPER FEE RECEIVABLE	3,635,066.
(3) INTEREST RECEIVABLE	250,572.
(4) DUE FROM AFFILIATES	12,349,515.
(5) RIGHT OF USE ASSETS	35,830.
(6) RESTRICTED CONSTRUCTION CASH	1,758,014.
(7) OTHER RESERVES	4,482,937.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	22,990,853.

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) ACCRUED INTEREST PAYABLE	25,086,039.
(3) DUE TO AFFILIATES	2,629,533.
(4) TENANT SECURITY DEPOSITS	403,356.
(5) DEVELOPER FEE PAYABLE	936,885.
(6) REFUNDABLE ADVANCES	5,282,274.
(7) CONSTRUCTION COSTS PAYABLE	5,731,262.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	40,069,349.

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

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	17,134,844.
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	4,220,173.		
e	Add lines 2a through 2d			2e	4,220,173.
3	Subtract line 2e from line 1			3	12,914,671.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	12,914,671.

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	30,134,019.
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	16,308,751.		
e	Add lines 2a through 2d			2e	16,308,751.
3	Subtract line 2e from line 1			3	13,825,268.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	13,825,268.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE NONPROFIT ENTITIES CONSOLIDATED IN THESE CONSOLIDATED FINANACIAL STATEMENTS HAVE BEEN GRANTED EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. FOR THE YEAR ENDED DECEMBER 31, 2024, NO PROVISION FOR UNRELATED BUSINESS INCOME TAXES HAS BEEN MADE.

INCOME TAXES ON LIMITED PARTNERSHIP AND LIMITED LIABILITY COMPANY INCOME ARE INCLUDED IN THE TAX RETURNS OF THE PARTNERS OR MEMBERS. THE FEDERAL TAX STATUS AS A PASS-THROUGH ENTITY IS BASED ON ITS LEGAL STATUS AS A LIMITED PARTNERSHIP OR LIMITED LIABILITY COMPANY AND IS REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES.

ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES. HOWEVER, THE LIMITED LIABILITY COMPANIES ARE REQUIRED TO PAY AN $800 FEE TO THE CALIFORNIA FRANCHISE TAX BOARD. THE ORGANIZATION DETERMINED THERE ARE NO TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015. THERE ARE NO CURRENT TAX EXAMINATIONS PENDING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME OF AFFILIATES INCLUDED IN CONSOLIDATION AS PER GAAP	9,042,892.
ELIMINATION ENTRIES	-4,858,801.
FUNDRAISING EVENT EXPENSE	36,082.

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,220,173.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES OF AFFILIATES INCLUDED IN CONSOLIDATION AS PER GAAP	17,982,872.
ELIMINATION ENTRIES	-1,710,203.
FUNDRAISING EVENT EXPENSE	36,082.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	16,308,751.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number 95-4198215

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

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

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

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

		(a) Event #1 PICKLE WITH PURPOSE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	156,104.			156,104.
	2 Less: Contributions	156,104.			156,104.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,600.			1,600.
	7 Food and beverages	18,545.			18,545.
	8 Entertainment	7,871.			7,871.
	9 Other direct expenses	8,066.			8,066.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				36,082.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-36,082.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE J (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization: HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number: 95-4198215

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 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**		

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 and/or 1099-NEC 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) SARAH LETTS	(i)	208,510.	0.	0.	6,449.	15,439.	230,398.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MALEN RODRIGUEZ	(i)	199,450.	0.	0.	6,152.	17,740.	223,342.	0.
DIRECTOR OF PROPERTY & ASSET MGMT.	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VICTORIA SENNA	(i)	190,297.	0.	0.	5,885.	15,534.	211,716.	0.
DIRECTOR OF HOUSING DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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)
(Rev. December 2024)
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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number: 95-4198215

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
REGION'S URGENT HOUSING NEEDS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR. ONCE ANY NECESSARY CHANGES ARE MADE AND THE EXECUTIVE DIRECTOR IS IN AGREEMENT WITH THE FINAL FORM 990, A COMPLETE COPY IS EMAILED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS DISCUSSED ANNUALLY AT A BOARD MEETING AND RE-EXECUTED EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITEE OF THE BOARD OF DIRECTORS EVALUATES THE EXECUTIVE DIRECTOR'S PERFORMANCE, UTILIZES INDUSTRY COMPENSATION SURVEYS, AND REFERENCES FORM 990 FOR OTHER ORGANIZATIONS IN ITS REVIEW AND APPROVAL OF THE EXECUTIVE DIRECTOR'S COMPENSATION. KEY EMPLOYEES RECEIVE AN ANNUAL REVIEW. SALARY INCREASES ARE MERIT-BASED AND ARE RELATED TO INDUSTRY STANDARDS.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

NET ASSETS ACQUIRED	-1,204,318.
NET ASSETS TRANSFERRED	-66,980.
TOTAL TO FORM 990, PART XI, LINE 9	-1,271,298.

SCHEDULE R (Form 990)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization: HOLLYWOOD COMMUNITY HOUSING CORPORATION

Employer identification number: 95-4198215

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
HOLLYWOOD HOUSING HOLDINGS LLC - 27-0883306 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	849,153.	17,098,351.	HOLLYWOOD COMMUNITY HOUSING CORP
HCHC RECAP I, LLC - 81-1516158 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	15,201.	106,365.	HOLLYWOOD COMMUNITY HOUSING CORP
HCHC GENERAL PARTNER, LLC - 81-5234455 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	25,000.	150,100.	HOLLYWOOD COMMUNITY HOUSING CORP
STANFORD AVENUE GP LLC - 83-3148026 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	142,582.	143,052.	HOLLYWOOD COMMUNITY HOUSING CORP

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	(g) No
HOLLYWOOD HOUSING 811-97 - 31-1650163 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	N/A	X	
ALLESANDRO HOUSING 811-01 - 14-1849407 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	501(C)(3)	LINE 10	N/A	X	

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HCHC PALM VISTA MGP LLC - 32-0609589 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	0.	0.	HOLLYWOOD COMMUNITY HOUSING CORP
HCHC FLORENCE MILLS GP LLC - 30-1207219 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	10,927.	321,836.	HOLLYWOOD COMMUNITY HOUSING CORP
HCHC GRAMERCY PLACE GP LLC - 83-3795880 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	13,305.	2,572,856.	HOLLYWOOD COMMUNITY HOUSING CORP
HCHC LUNA VISTA GP LLC - 61-1959243 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	0.	100.	HOLLYWOOD COMMUNITY HOUSING CORP
HCHC WALNUT PARK GP LLC - 35-2690498 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	642.	43,120,571.	HOLLYWOOD COMMUNITY HOUSING CORP
HCHC PEAK PLAZA GP, LLC - 93-4618225 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	0.	0.	HOLLYWOOD COMMUNITY HOUSING CORP
PALM VISTA IIG, LLC - 86-3365273 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	386,430.	4,186,800.	HOLLYWOOD COMMUNITY HOUSING CORP
HCHC CASA DE LA LUZ GP, LLC - 99-4523243 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CALIFORNIA	0.	1,283,582.	HOLLYWOOD COMMUNITY HOUSING CORP

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
ALEXANDRIA HOUSE APARTMENTS, L.P. - 20-5717436, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-11.	525.		X	N/A		X	.01%
ALEXANDRIA HOUSE APARTMENTS, L.P. - 20-5717436, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-103,411.	5,251,090.		X	N/A	X		99.99%
ALEXANDRIA HOUSE APARTMENTS, LLC - 20-5717128, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-53,148.	2,990,652.		X	N/A	X		51.00%
CORONEL APARTMENTS, LP - 47-5311401, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	24,884.	5,321,171.		X	N/A	X		.01%

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
STEP UP ON VINE LLC - 45-3916088 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA	N/A	C CORP	-39.	452,170.	.50%		X

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(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
PALM VISTA, LP - 37-1961578 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	10,200.	1,269,141.		X	N/A	X		.00%
HCHC RECAP I LP - 47-5321977 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	22,906.	481,198.		X	N/A	X		.01%
HOLLYWOOD BUNGALOW COURTS, LP - 26-2035289, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-242,279.	302,294.		X	N/A	X		.01%
LA BREA/FRANKLIN HOUSING, LP - 95-4334329, 11811 SAN VICENTE BLVD, LOS ANGELES, CA 90049	LOW INCOME HOUSING	CA		RELATED	-451.	53,330.		X	N/A	X		.20%
LA BREA/FRANKLIN HOUSING, LP - 95-4334329, 11811 SAN VICENTE BLVD, LOS ANGELES, CA 90049	LOW INCOME HOUSING	CA		RELATED	-44,592.	333,556.		X	N/A		X	19.80%
MARIPOSA PLACE APARTMENTS, LP - 20-5717842, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-650,226.	0.		X	N/A	X		.01%
PALO VERDE APARTMENTS, LP - 81-4012317, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-111.	416,566.		X	N/A	X		.01%
PAUL WILLIAMS APARTMENTS, LP - 38-4028949, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-91.	1,272,018.		X	N/A	X		.01%
STEP UP ON COLORADO, LLC - 45-5319131, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	7,147.	109,658.		X	N/A	X		50.00%

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(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
WESTERN/CARLTON APARTMENTS, LP - 95-4581128, 100 N BROADWAY, SUITE 100, SAINT LOUIS, MO 63102	LOW INCOME HOUSING	MO		RELATED	84.	4,643.		X	N/A	X		.10%
WESTERN/CARLTON II, LP - 43-1890792, 100 N BROADWAY, SUITE 100, SAINT LOUIS, MO 63102	LOW INCOME HOUSING	MO		RELATED	-37.	44,579.		X	N/A	X		.01%
STEP UP ON COLORADO, L.P. - 37-1693613, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	15,093.	36,662.		X	N/A	X		.01%
GRAMERCY PLACE APARTMENTS, L.P. - 83-1837531, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-162.	2,767,316.		X	N/A	X		.01%
STEP UP ON VINE, L.P. - 45-1362756, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	14,953.	593,179.		X	N/A	X		.01%
FLORENCE MILLS APARTMENTS, L.P. - 83-1923997, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-188.	808,766.		X	N/A	X		.01%
STANFORD AVENUE APARTMENTS, L.P. - 30-1005169, 5020 SANTA MONICA BLVD, LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-122.	-130,039.		X	N/A	X		.01%
WALNUT PARK LP - 30-1243224 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-14,555.	83,745,320.		X	N/A	X		99.99%
WALNUT PARK LP - 30-1243224 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	-2.	0.		X	N/A		X	.01%

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(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
PEAK PLAZA, L.P. - 93-2149610 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	0.	2,994,113.		X	N/A	X		99.99%
PEAK PLAZA, L.P. - 93-2149610 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	0.	0.		X	N/A		X	.01%
LUNA VISTA, LP - 32-0621331 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	LOW INCOME HOUSING	CA		RELATED	0.	2,077,556.		X	N/A	X		.01%
VENICE DELL GP, LLC - 87-4818107, 200 LINCOLN BLVD, VENICE, CA 90291	LOW INCOME HOUSING	CA		RELATED	0.	1,989,689.		X	N/A		X	49.00%
VENICE DELL, LP - 88-2610370 200 LINCOLN BLVD VENICE, CA 90291	LOW INCOME HOUSING	CA		RELATED	0.	0.		X	N/A		X	.01%

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)	CORONEL APARTMENTS, LP	A	45,000.	FMV
(2)	PALM VISTA, LP	A	48,219.	FMV
(3)	HCHC RECAP I, LP	A	30,850.	FMV
(4)	PALO VERDE APARTMENTS, LP	A	73,030.	FMV
(5)	PEAK PLAZA, LP	B	667,500.	FMV
(6)	HOLLYWOOD BUNGALOW COURTS, LP	B	421,235.	FMV

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) WALNUT PARK, LP	L	1,224,923.	FMV
(8) PEAK PLAZA, LP	L	1,292,500.	FMV
(9) CORONEL APARTMENTS, LP	L	56,595.	FMV
(10) HCHC RECAP I, LP	L	84,164.	FMV
(11) HOLLYWOOD BUNGALOW COURTS, LP	L	120,355.	FMV
(12) STANFORD AVENUE APARTMENTS, LP	L	142,582.	FMV
(13) LUNA VISTA, LP	L	1,086,381.	FMV
(14) PEAK PLAZA, LP	S	2,000,000.	FMV
(15) PALM VISTA, LP	S	629,175.	FMV
(16) HCHC RECAP I, LP	S	100,000.	FMV
(17) MARIPOSA PLACE APARTMENTS, LP	S	90,000.	FMV
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.? Yes	(e) No	(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

Part VII Supplemental Information

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

PART V, LINE 2:

THE ORGANIZATION HAS ENTERED INTO CERTAIN GUARANTEES AS DEFINED BY PARTNERSHIP AGREEMENTS AND PROJECT FUNDING AGREEMENTS BASED ON PROJECT CONTINGENCIES THAT DO NOT HAVE DETERMINED AMOUNTS THAT CAN BE REFLECTED HEREIN.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

HOLLYWOOD COMMUNITY HOUSING
CORPORATION
5020 SANTA MONICA BLVD.
LOS ANGELES, CA 90029

Prepared By:

DAUBY O'CONNOR & ZALESKI, LLC
501 CONGRESSIONAL BLVD #300
CARMEL, IN 46032

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

December 31, 2024

Prepared For:

HOLLYWOOD COMMUNITY HOUSING
CORPORATION
5020 SANTA MONICA BLVD.
LOS ANGELES, CA 90029

Prepared By:

DAUBY O'CONNOR & ZALESKI, LLC
501 CONGRESSIONAL BLVD #300
CARMEL, IN 46032

Amount of Tax:

Balance due of $400

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

Return must be mailed on or before:

November 17, 2025

Special Instructions:

The report should be signed and dated by an authorized individual(s).

TAXABLE YEAR **2024**

California Exempt Organization Annual Information Return

428941 01-14-25
FORM **199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name	California corporation number
HOLLYWOOD COMMUNITY HOUSING CORPORATION	1455347
Additional information. See instructions.	FEIN 95-4198215
Street address (suite or room) 5020 SANTA MONICA BLVD.	PMB no.
City LOS ANGELES / State CA / ZIP code 90029	
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 Is the organization a limited liability company? ..... ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No

O 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	11,575,382	00
	2	Gross dues and assessments from members and affiliates ●	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●	3	1,375,371	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	12,950,753	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	12,950,753	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●	9	13,861,350	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10	-910,597	00
Payments	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	Penalties and interest. See General Information J	15		00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉	16		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	Date	● Telephone
	EXECUTIVE DIRE		

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	● PTIN
			P01254265

Firm's name (or yours, if self-employed) and address ▶	● Firm's FEIN
DAUBY O'CONNOR & ZALESKI, LLC 501 CONGRESSIONAL BLVD #300 CARMEL, IN 46032	35-1750664 ● Telephone 317-848-5700

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.**

	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	201,120	00
	3	Dividends	3		00
Receipts	4	Gross rents	4		00
from	5	Gross royalties	5		00
Other	6	Gross amount received from sale of assets (See instructions)	6		00
Sources	7	Other income. Attach schedule SEE STATEMENT 2	7	11,374,262	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	11,575,382	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10	Disbursements to or for members.	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	598,257	00
	12	Other salaries and wages	12	3,067,362	00
Expenses	13	Interest	13	97,955	00
and	14	Taxes	14	195,256	00
Disburse-	15	Rents	15	4,988,939	00
ments	16	Depreciation and depletion (See instructions)	16	2,447,907	00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	2,465,674	00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	13,861,350	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		5,102,004		4,805,480
2 Net accounts receivable		153,824		125,625
3 Net notes receivable STMT 5		20,310,920		18,838,778
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule *		3,183,581		4,217,028
10 a Depreciable assets	93,750,685		141,518,578	
b Less accumulated depreciation	38,973,789	54,776,896	51,840,244	89,678,334
11 Land		12,942,556		10,944,530
12 Other assets. Attach schedule STMT 7		25,252,967		23,869,092
13 **Total assets**		121,722,748		152,478,867
Liabilities and net worth				
14 Accounts payable		631,371		1,432,243
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		79,967,817		100,241,689
18 Other liabilities. Attach schedule STMT 8		30,752,388		42,614,755
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		10,371,172		8,190,180
22 **Total liabilities and net worth**		121,722,748		152,478,867

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	-910,597	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	-910,597
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	-910,597		

* SEE STATEMENT

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

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMJ CONSTRUCTION MANAGEMENT	4940 ALMINAR AVENUE LA CANADA, CA 91011	05/17/24	5,000.
BOCARSLY EMDEN	633 W 5TH ST, FL 64 LOS ANGELES, CA 90071	12/31/24	5,000.
CALIFORNIA COMMUNITY FOUNDATION	221 S FIGUEROA, STE 400 LOS ANGELES, CA 90012	04/01/24	5,000.
CHASE BANK CORPORATION	300 S GRAND AVE, FL 4 LOS ANGELES, CA 90071	09/03/24	5,000.
KFA ARCHITECTS	1625 OLYMPIC BLVD SANTA MONICA, CA 90404	07/05/24	5,000.
NEF	500 S GRAND AVE, STE 2300 LOS ANGELES, CA 90071	05/30/24	5,000.
PRACTICE	135 W GREEN STREET, SUITE 200 PASADENA, CA 91105	08/07/24	5,000.
UNITED BUILDING COMPANY	250 N HARBOR DR REDONDO BEACH, CA 90277	09/27/24	5,000.
CATHAY BANK FOUNDATION	9650 FLAIR DR EL MONTE, CA 91731	07/11/24	7,500.
CITY NATIONAL BANK	555 S FLOWER ST, FL 10 LOS ANGELES, CA 90071	08/22/24	10,000.
WALTON CONSTRUCTION INC.	358 E. FOOTHILL BLVD. SAN DIMAS, CA 91773	03/21/24	10,000.
FIRST CITIZEN BANK	239 FAYETTEVILLE ST RALEIGH, NC 27601	10/30/24	20,000.
THE GREEN FOUNDATION	225 S LAKE AVE, STE 1410 PASADENA, CA 91101	07/25/24	25,000.
PARTNERSHIP FOR GROWTH LA	4101 WEST ADAMS BLVD LOS ANGELES, CA 90018	12/31/24	30,950.

MARISLA FOUNDATION	668 N COAST HWY PMB 1400 LAGUNA BEACH, CA 92651	07/19/24	35,000.
QUEENSCARE	950 S GRAND AVE, STE 2 LOS ANGELES, CA 90015	12/31/24	36,000.
U.S. BANK	633 W 5TH ST, LM-CA-T30E LOS ANGELES, CA 90071	07/08/24	40,000.
RALPH M PARSONS FOUNDATION	601 S. FIGUEROA STREET, SUITE 5000 LOS ANGELES, CA 90017	05/01/24	50,000.
KAISER CORPORATION	4841 HOLLYWOOD BLVD LOS ANGELES, CA 90027	11/19/24	55,000.
BANK OF AMERICA CORPORATION	333 S HOPE ST, FL 20 LOS ANGELES, CA 90071	10/31/24	240,000.
HOUSING AND COMMUNITY INVESTMENT DEPT. HOPWA GRANT-HUD	1200 WEST 7TH STREET, 9TH FLOOR LOS ANGELES, CA 90017	12/31/24	266,256.
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT	2020 W EL CAMINO AVE, STE 500 SACRAMENTO, CA 95833	04/26/24	386,430.
TOTAL INCLUDED ON LINE 3			1,252,136.

CA 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
LAUNDRY & VENDING	61,630.
RENTAL REVENUE	6,254,299.
DEVELOPER FEES	3,603,804.
PARTNERSHIP MGMT FEES	995,703.
MISCELLANEOUS REVENUE	358,409.
TENANT SERVICE FEES	100,417.
TOTAL TO FORM 199, PART II, LINE 7	11,374,262.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SARAH LETTS 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	EXECUTIVE DIRECTOR 40.00	208,510.
MALEN RODRIGUEZ 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	DIRECTOR OF PROPERTY & ASS 40.00	199,450.
VICTORIA SENNA 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	DIRECTOR OF HOUSING DEVELO 40.00	190,297.
FATHER MICHAEL D. GUTIERREZ 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	PRESIDENT 3.00	0.
NISHA VYAS 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	VICE PRESIDENT 1.00	0.
RAYNE LABORDE RUIZ 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	SECRETARY 1.00	0.
ELENA FRIAS 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	TREASURER 1.00	0.

ROCKY COLLIS 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	FORMER TREASURER 1.00	0.
LYNN HANSEN 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	DIRECTOR 0.50	0.
AMERA ARCHIE 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	DIRECTOR 0.50	0.
DAVID MITANI 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	DIRECTOR 0.50	0.
CYNTHIA PHUNG 5020 SANTA MONICA BLVD. LOS ANGELES, CA 90029	FORMER DIRECTOR 0.50	0.
TOTAL TO FORM 199, PART II, LINE 11		598,257.

CA 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
MANAGER UNIT	128,098.
TENANT SERVICES	122,023.
BAD DEBTS	86,546.
WORKER'S COMPENSATION	55,790.
DIRECT EXPENSES OF FUNDRAISING EVENTS	36,082.
PENSION PLAN CONTRIBUTIONS	105,451.
OTHER EMPLOYEE BENEFITS	245,976.
MANAGEMENT FEES	606,452.
LEGAL FEES	78,916.
ACCOUNTING FEES	262,661.
OTHER PROFESSIONAL FEES	237,815.
ADVERTISING AND PROMOTION	17,746.
OFFICE EXPENSES	369,972.
TRAVEL	6,405.
INSURANCE	54,963.
ALL OTHER EXPENSES	50,778.
TOTAL TO FORM 199, PART II, LINE 17	2,465,674.

CA 199 NET NOTES RECEIVABLE STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	20,310,920.	18,838,778.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	20,310,920.	18,838,778.

CA 199 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT IN PARTNERSHIPS	3,183,581.	4,217,028.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,183,581.	4,217,028.

CA 199 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	109,625.	294,733.
PREPAID EXPENSES AND DEFERRED CHARGES	163,630.	235,826.
INTANGIBLE ASSETS	105,794.	347,680.
DEPOSITS	395,707.	478,919.
DEVELOPER FEE RECEIVABLE	3,989,307.	3,635,066.
INTEREST RECEIVABLE	252,693.	250,572.
DUE FROM AFFILIATES	8,432,195.	12,349,515.
RIGHT OF USE ASSETS	36,301.	35,830.
RESTRICTED CONSTRUCTION CASH	8,264,161.	1,758,014.
OTHER RESERVES	3,503,554.	4,482,937.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	25,252,967.	23,869,092.

CA 199 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED INTEREST PAYABLE	17,516,336.	25,086,039.
DUE TO AFFILIATES	2,306,891.	2,629,533.
TENANT SECURITY DEPOSITS	332,491.	403,356.
DEVELOPER FEE PAYABLE	51,385.	936,885.
REFUNDABLE ADVANCES	4,878,412.	5,282,274.
CONSTRUCTION COSTS PAYABLE	3,267,466.	5,731,262.
DEFERRED REVENUE	399,407.	45,406.
UNSECURED NOTES AND LOANS PAYABLE	2,000,000.	2,500,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	30,752,388.	42,614,755.

TAXABLE YEAR **2024**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN 95-4198215

Corporation name
HOLLYWOOD COMMUNITY HOUSING CORPORATION

California corporation number
1455347

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property (elected IRC Section 179 cost)	7		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8		
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9		
10 Carryover of disallowed deduction from prior taxable years	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11		
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13		

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14	1 DEPRECIABLE ASSETS							
		VARIOUS	98,152,244	49,392,337	SL	.000	2,447,907	
	2 LAND							
		VARIOUS	10,944,530			.000	0	
	3 NET INTANGIBLE ASSETS							
		VARIOUS	347,680		SL	.000	0	
TOTALS			109,444,454	49,392,337				

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	2,447,907

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g) ◉	16	2,447,907
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 ◉	17	2,447,907
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) ◉	18	0

Part IV Amortization

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19							

20 Total. Add the amounts in column (g)	20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 ◉	22	

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
HOLLYWOOD COMMUNITY HOUSING CORPORATION	95-4198215

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	12,950,753
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	12,950,753
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

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

9 Routing number _____

10 Account number **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

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 2024 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

Sign Here ▶ _____ Signature of officer | _____ Date | ▶ EXECUTIVE DIRECTOR Title

Part VI 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, 2024 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 ▶ DAUBY O'CONNOR & ZALESKI, L | Date | Check if also paid preparer ☒ | Check if self-employed ☐ | ERO's PTIN P01254265

Firm's name (or yours if self-employed) and address ▶ DAUBY O'CONNOR & ZALESKI, LLC
501 CONGRESSIONAL BLVD #300
CARMEL, IN

Firm's FEIN 35-1750664

ZIP code 46032

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 ▶

Firm's FEIN

ZIP code

STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

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.

DEPARTMENT OF JUSTICE

(For Registry Use Only)

HOLLYWOOD COMMUNITY HOUSING CORPORATION
Name of Organization

List all DBAs and names the organization uses or has used

5020 SANTA MONICA BLVD.
Address (Number and Street)

LOS ANGELES, CA 90029
City or Town, State, and ZIP Code

(323) 469-0710
Telephone Number

E-mail Address

Check if:
- ☐ Change of address
- ☐ Amended report
- ☐ Organization requests email notifications

State Charity Registration Number 076048

Corporation or Organization No. 1455347

Federal Employer ID No. 95-4198215

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2024 **ending** 12/31/2024 **) list:**

Total Revenue (including noncash contributions) $ 12,914,671 **Noncash Contributions $** 21,332 **Total Assets $** 152,478,867

Program Expenses $ 13,218,111 **Total Expenses $** 13,825,268

FINAL

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 9	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
	SARAH LETTS	EXECUTIVE DIRECTOR	

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 9
PART B, LINE 5

HOUSING AND COMMUNITY INVESTMENT DEPT. HOPWA GRANT-HUD
1200 WEST 7TH STREET, 9TH FLOOR
LOS ANGELES

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
2020 W EL CAMINO AVE, STE 500
SACRAMENTO, CA 95833