Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 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.



ΑF	A For the 2022 calendar year, or tax year beginning and ending					
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number	
	Addre	JUBILEE HOUSING, INC.				
	Name Chang		Doing business as 52-0			
	Initial returr		Room/suite	E Telephone number		
	Final Final	1631 EUCLID STREET NW, #P-5		202-299-2	1240	
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	32,835,855.	
	Amer returr	WASHINGTON, DC 20009		H(a) Is this a group re	eturn	
	Appli tion	F Name and address of principal officer: UAMES D ANIGHI		for subordinates	? Yes X No	
	pendi	^{ng} 1631 EUCLID ST NW #P-5, WASHINGTON, DC	2000	H(b) Are all subordinates in	cluded? Yes No	
<u> 1</u>	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 📃 527	If "No," attach a	list. See instructions	
	Vebsi			H(c) Group exemption	n number	
		f organization: 🚺 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 1973	State of legal domicile: DC	
Pa	art I	Summary				
n	1	Briefly describe the organization's mission or most significant activities: JUBI	LEE HO	USING'S MISS	SION IS TO	
Ű		BUILD DIVERSE, COMPASSIONATE COMMUNITIES	THAT (CREATE OPPOR	TUNITIES	
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass		
ove	3	Number of voting members of the governing body (Part VI, line 1a)	17			
ۍ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)		16		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		51		
Activities &	6	Total number of volunteers (estimate if necessary)		6	82	
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		1,996,657.	4,984,248.	
ent	9	Program service revenue (Part VIII, line 2g)		1,310,458.	3,325,564.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		415,878.	3,846,085.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,088,878.	685,004.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,811,871.	12,840,901.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·····	36,747.	102,738.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,298,418.	5,092,736.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	23,083.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 515,72		0 581 005		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,571,235.	4,710,951.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,906,400.	9,929,508.	
	19	Revenue less expenses. Subtract line 18 from line 12		-94,529.	2,911,393.	
S OF			Be	ginning of Current Year	End of Year	
Assets - d Balanc	20	Total assets (Part X, line 16)		81,340,567.	118,930,883.	
Net As		Total liabilities (Part X, line 26)		60,611,588.	88,709,376.	
		Net assets or fund balances. Subtract line 21 from line 20		20,728,979.	30,221,507.	

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	Signature of officer			Date			
Here	JAMES D KNIGHT, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	ASHLEY GATES			self-employed P01307540			
Preparer	Firm's name TOOLE KATZ & ROEM	ERSMA, LLP		Firm's EIN 47-1767422			
Use Only	Firm's address 1911 N FORT MYER	DRIVE, SUITE 600					
	ARLINGTON, VA 222	09		Phone no. (703) 248-9200			
May the I	Aay the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	13-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) JUBILEE HOUSING, INC.	52-0986261	Page
rai			X
	Check if Schedule O contains a response or note to any line in this Part III		🔼
1	Briefly describe the organization's mission: JUBILEE HOUSING'S MISSION IS TO BUILD DIVERSE, COMPASSIO	ΝΔͲͲ	
	COMMUNITIES THAT CREATE OPPORTUNITIES FOR EVERYONE TO TH		
	CREATE JUSTICE THROUGH OUR JUSTICE HOUSING MODEL, WHICH		
_	DEEPLY AFFORDABLE HOMES WITH ONSITE AND NEARBY SERVICES		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?		XNO
~	If "Yes," describe these new services on Schedule O.		XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	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 $C_{action} = 501(c)/(4)$ and $E_{action} = 501(c)/(4)$ and $E_{action} = 100000000000000000000000000000000000$		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, a	na
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$4,347,376. including grants of \$76,488.) (Reven	nue\$ 3,325,	564
40	(Code:) (Expenses \$4,347,376. including grants of \$76,488.) (Rever PROVIDED HIGH QUALITY, SAFE, AND AFFORDABLE HOUSING:	nues 3,523,	304.
	INCOMPED HIGH QUALITY, DAFE, AND AFFORDADLE HOUDING.		
	THE ORGANIZATION STARTED THE YEAR WITH FIVE HUNDRED RESI	DENTS IN TEN	r
	PROPERTIES AND ENDED WITH MORE THAN EIGHT HUNDRED RESIDE		
	PROPERTIES. THE EXPANDED PROPERTY MANAGEMENT TEAM INTROD		
	PROFESSIONAL BEST PRACTICES, INCLUDING ANNUAL FAIR HOUSI		FOR
	ALL EMPLOYEES AND ONLINE PORTALS FOR RESIDENTS TO PAY RE		
	MAINTENANCE. IN OCTOBER, THREE NEW PROPERTIES IN THE MOU		-
	PRESERVATION PROJECT JOINED OUR COMMUNITY AFTER TENANTS		ETR
	RIGHTS UNDER DC'S TENANT OPPORTUNITY TO PURCHASE ACT AND		
	RIGHT TO PURCHASE TO JUBILEE, WHO WILL RENOVATE THEM AND		
	AFFORDABILITY. STAFF ALSO REVIEWED LEDGERS AND ACTIVELY		ING
4b	(Code:) (Expenses \$ 3,176,047. including grants of \$ 26,250.) (Rever		
	SUPPORTED RESIDENTS WITH FAMILY AND YOUTH SERVICES (VIRT		
	PERSON):		
	IN 2022, OUR RESIDENT SERVICES DEPARTMENT UNDERWENT SIGN	IFICANT	
	EXPANSION IN RELATIONSHIPS, ACTIVITIES, AND PARTNERSHIPS		
	JUBILEE'S GROWING COMMUNITY. WE PROVIDED 1,466 SERVICE T		HAT
	SUPPORTED 264 UNIQUE INDIVIDUALS. THIS INCLUDED INFANT A		
	LAYETTE BAGS TO RESIDENTS THROUGH A PARTNERSHIP WITH CHR		
	SOCIETY AND WEEKLY FREE BREAD DISTRIBUTION THROUGH A PAR		
	FOOD RESCUE. IN RESPONSE TO THE PANDEMIC, WE OFFERED AN		
	VACCINATION CLINIC IN PARTNERSHIP WITH THE DEPARTMENT OF		.)
	AND WAS THE HOST SITE FOR THE DIRECTOR OF DOH AND A DEPU		
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses7,523,423.		200
	SEE SCHEDULE O FOR CONTINUATION (S		990 (202
32002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION (S	<i>ر</i> د	
11	.14 148286 520986261 2022.05000 JUBILEE HOUSIN	NG, INC.	5209

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 Form 990 (2022)
 JUBILEE HOUSING, INC.

 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	Х	
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			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a	х	
h	Part VI		- 11	
b		11b		х
c	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	L
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	L
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		<u> </u>
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	0000	X
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 JUBILEE HOUSING, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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	Х	
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
h		24b		
		240		
С	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		
	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			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
_		25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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	Х	
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D D		35b	х	
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- 330	- 23	
36				v
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 38			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1-	Х	
		1c		l (2022)
232004	5 <u>5</u>	Form	330	(2022)

Form	990 (2022) JUBILEE HOUSING, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	52-0986	261	P	_{age} 5
				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 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
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	0	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	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 A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		A		v
	•		<u>6a</u>		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributi		Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		<u> </u>
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the pavor?	7a		x
			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	- 10		<u> </u>
U	to file Form 8282?		7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	5				
U	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			
~	Enter the amount of reserves on hand	130 13c			
14a			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
	6				

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2022.05000	JUBILEE	HOUSING,	INC.	52098621

Form 990	(2022)
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 JUBILEE HOUSING, INC.
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 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.

|--|

Sec	tion 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	1 a	17	4		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	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	e direc	t 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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 ap					
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		37	
а	The governing body?			<u>8a</u>	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 read					77
600	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101		
			a filing the form?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y beloi	e ming the form?	<u>11a</u>	Λ	
b 100	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			120	- 23	
С	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 approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaone			
а	The organization's CEO, Executive Director, or top management official			15a		х
	Other officers or key employees of the organization			15b		Х
	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 arrangen	nent w	rith a			
	taxable entity during the year?			16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b	Х	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedAL, CA, FL, GA, M					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, an	d finan	cial	
	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 boo	oks and	d records			
	THE ORGANIZATION - 202-299-1240					
	1640 COLUMBIA ROAD, NW, WASHINGTON, DC 20009				000	/0.c = ""
232006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES 7			Form	990	(2022)

Form 990 (2022)	JUBILEE HOUSING, INC.	52-0986261 Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employee	s, Highest Compensated
Employe	es, and Independent Contractors	
Check if Sc	hedule O contains a response or note to any line in this Part VII	
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated En	nployees
	for all persons required to be listed. Report compensation for the cale anization's current officers, directors, trustees (whether individuals or o	, , ,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		۱ than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aaa	Irecto	or/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES D KNIGHT	40.00									
PRESIDENT & CEO	0.00	Х		х				130,663.	Ο.	0.
(2) PATRICIA MATHEWS	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(3) BARBARA MOORE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(4) TERRY R FLOOD	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(5) ANTHONY AVERY	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) ALEX ORFINGER	1.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(7) REV DONALD ISAAC	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) CLINT MANN	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(9) RONNIE MIDDLETON	1.00								0	
DIRECTOR	0.00	X						0.	0.	0.
(10) SAMUEL BUGGS	1.00							•	0	
DIRECTOR	0.00	X						0.	0.	0.
(11) KHULUD KHUDUR	1.00							•	0	
VICE CHAIR	0.00	X						0.	0.	0.
(12) JIM MUSTARD DIRECTOR	1.00	x						0.	0.	0.
(13) JOSEPH A BLACK	1.00	<u> </u>						0.	0.	0.
TREASURER	0.00	x		х				0.	0.	0.
(14) LIZ WAINGER	1.00			Δ				0.	0.	<u> </u>
DIRECTOR	0.00	х						0.	0.	0.
(15) CARMEN REYES	1.00									U .
DIRECTOR	0.00	x						0.	0.	0.
(16) KAREN SALMERON	1.00							.	J •	
DIRECTOR	0.00	x						0.	0.	0.
(17) JIM GRAY	1.00								.	
DIRECTOR	0.00	x						0.	Ο.	0.
232007 12-13-22		. –			1					Form 990 (2022)

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232007 12-13-22

Form 990 (2022)

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	990 (2022) JUBILEE I	HOUSING,	Ι	NC	•					52-09	862	261	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not cl , unles	ss per	itior more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation	(E) Reportable compensation	וו	Estin amou	F) nated unt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS0 1099-NEC)		compe fron organ and r	her nsation n the ization elated zations
(18)	DAVID JEFFERSON	40.00		_		×		_	_				
	F OPERATING OFFICER	0.00			Х				0.		0.		0.
(19) DIRE(CAROLINE KENNEY	1.00	x						0.		0.		0.
			A								0.		
416									130,663.		0.		0.
	Subtotal Total from continuation sheets to Part VI								0.		0.		0.
	Total (add lines 1b and 1c)								130,663.		0.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1
	compensation nom the organization											Y	es No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,	,	,		,	'	0		,	[3	X
	For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										····	4	
	rendered to the organization? If "Yes, " corr											5	X
	ion B. Independent Contractors												
	Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensat	ion from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C) ompensa	ation
								_					
								_					
	Total number of independent contractors (i \$100,000 of compensation from the organized	•	ot lin	nitec	to t	thos (ted	above) who received mo	ore than			
							-					Form 99	0 (2022)

232008 12-13-22

	990 (; t VII	Statement of Rev	ven	ue		NG, INC.			52-0986	
		Check if Schedule O c	conta	ains a respo	nse	or note to any line	e in this Part VIII			[
							(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
nut		Membership dues								
m c	с	Fundraising events				80,000.				
ar⊿		Related organizations								
imi	е	Government grants (contri	ibuti	ons) 1e		1,141,416.				
r.S	f	All other contributions, gifts,	grant	s, and						
Ę		similar amounts not included	abov			3,762,832.				
and Other Similar Amounts	-	Noncash contributions included in					4 004 040			
ar	h	Total. Add lines 1a-1f				Ducine of Code	4,984,248.			
	• •	RENTAL INCOME				Business Code 531110	2 272 114	2,272,114.		
	2a b	PAYROLL REIMBURSEMEN	JT S			531110	2,272,114. 426,791.	426,791.		
ant	D D	DEVELOPER FEE INCOME				531110	319,250.	319,250.		
ver	d	PARTNERSHIP INCOME				531110	182,304.	182,304.		
Revenue	e	MANAGEMENT FEE INCOM	ſΕ			531110	125,105.	125,105.		
	f	All other program service	rever	านe						
							3,325,564.			
	3	Investment income (includ	ding o	dividends, i	ntere	st, and				
		other similar amounts)					428,643.			428,6
	4	Income from investment o	of tax	-exempt bo	nd p	roceeds				
	5	Royalties								
				(i) Rea		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss) Gross amount from sales of)	(i) Securit	ies	(ii) Other				
	<i>i</i> a	assets other than inventory	7a		103	23392396.				
	h	Less: cost or other basis	<i>1</i> a							
<u>p</u>		and sales expenses	7b			19974954.				
	с	Gain or (loss)	7c			3417442.				
		Net gain or (loss)					3,417,442.	3,417,442.		
	8 a	Gross income from fundraisir including \$								
		contributions reported on								
		Part IV, line 18			8a	20,000.				
	b	Less: direct expenses			8b	20,000.				
	С	Net income or (loss) from	fund	raising ever	nts		0.			
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		c Net income or (loss) from gaming activities								
	10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b									
		b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory				1				
+	U		54163		у	Business Code				
	11 a	PPP LOAN FORGIVENESS	5			900099	532,593.	532,593.		
nue	b	OTHER INCOME				900099	152,411.	152,411.		
Revenue	c						•	· · ·		
æ		All other revenue								
		Total. Add lines 11a-11d					685,004.			
	12	Total revenue. See instruction					12,840,901.	7,428,010.	0.	428,6

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Form 990 (2022)

JUBILEE HOUSING, INC. 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).

0000	On 501(C)(3) and 501(C)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	102,738.	102,738.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,046,844.	3,064,722.	694,266.	287,856.
8	Pension plan accruals and contributions (include		. ,	,	,
-	section 401(k) and 403(b) employer contributions)	66,624.	46,637.	15,324.	4,663.
9	Other employee benefits	619,201.	434,481.	147,285.	<u>4,663.</u> 37,435.
10	Payroll taxes	360,067.	256,390.	74,182.	29,495.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	102,740.	98,541.	4,199.	
с	Accounting	93,057.	62,195.	30,862.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	23,083.			23,083.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			404 405	4
	column (A), amount, list line 11g expenses on Sch 0.)	517,446.	75,599.	434,137.	7,710.
12	Advertising and promotion	42,981.	9,747.	32,103.	1,131.
13	Office expenses	598,744. 186,932.	510,565.	79,619.	8,560.
14	Information technology	100,932.	50,948.	90,813.	45,171.
15	Royalties	66,410.	49,030.	16,557.	823.
16		14,699.	14,509.	184.	<u> </u>
17 18	Travel Payments of travel or entertainment expenses	14,000.	14,505.	104.	0.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,122,574.	1,048,221.	27,303.	47,050.
20	Interest	т, таа, р/4.	⊥,040,221.	41,303.	47,000.
21 22	Payments to affiliates Depreciation, depletion, and amortization	775,399.	768,054.	7,021.	324.
		115,555.	100,0540	7,021.	524.
23 24	Other expenses. Itemize expenses not covered				
27	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	390,409.	367,402.	22,878.	129.
b	TAXES AND INSURANCE	232,906.	165,727.	67,179.	0.
c	MISCELLANEOUS EXPENSES	191,289.	170,227.	20,839.	223.
d	LICENSES AND FEES	155,978.	100,262.	49,552.	6,164.
e	All other expenses	219,387.	127,428.	76,071.	15,888.
25	Total functional expenses. Add lines 1 through 24e	9,929,508.	7,523,423.	1,890,374.	515,711.
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)				000

232010 12-13-22

2022.05000 JUBILEE HOUSING, INC.

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JUBILEE HOUSING, INC. 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
	1	Cash - non-interest-bearing			3,660,082.	1	9,832,508.
	2	Savings and temporary cash investments			.,	2	
	3	Pledges and grants receivable, net			1,282,466.	3	779,295.
	4	Accounts receivable, net			939,846.	4	1,431,047.
	5	Loans and other receivables from any current or				-	
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disgualifi					
		under section 4958(f)(1)), and persons described	•			6	
	7	Notes and loans receivable, net			8,729,668.	7	9,804,997.
Assets	8	Inventories for sale or use				8	
As	9				135,547.	9	512,810.
		Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a	93.772.882.			
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	2,015,451.	59,204,617.	10c	91,757,431.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			3,840,855.	12	1,213,923.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		3,547,486.	15	3,598,872.	
	16	Total assets. Add lines 1 through 15 (must equa			81,340,567.	16	118,930,883.
	17	Accounts payable and accrued expenses			2,133,294.	17	3,361,105.
	18	Grants payable				18	
	19	Deferred revenue			902,668.	19	137,092.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, substa	antial co				
Liabilities		controlled entity or family member of any of these		22			
Ë	23	Secured mortgages and notes payable to unrelat	ted thirc	54,041,059.	23	84,667,839.	
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			3,534,567.		
	26	Total liabilities. Add lines 17 through 25			60,611,588.	26	88,709,376.
		Organizations that follow FASB ASC 958, chec	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	19,950,017.	27	29,851,715.		
Fund Balances	28	Net assets with donor restrictions	778,962.	28	369,792.		
pur		Organizations that do not follow FASB ASC 95	58, chec	ck here			
ц Ц		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipment	t fund		30	
Net Assets or	31	Retained earnings, endowment, accumulated inc				31	20.001.505
Ne	32	Total net assets or fund balances			20,728,979.	32	30,221,507.
	33	Total liabilities and net assets/fund balances			81,340,567.	33	118,930,883.
							Form 990 (2022)

Form 990 (2022)

Form	JUBILEE HOUSING, INC.	52	-098626	1	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			901.
2	Total expenses (must equal Part IX, column (A), line 25)	2			508.
3	Revenue less expenses. Subtract line 2 from line 1	3			393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,7	<u>, 28 /</u>	979.
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	6,5	<u>, 81 ,</u>	135.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	30,2	221,	507.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. [
			_	Ye	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	<u> </u>
	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?		2	2b Ž	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				-
	review, or compilation of its financial statements and selection of an independent accountant?			2c 2	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
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?		·····	la Σ	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				,
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3		

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2022
Open to Public

Inspection
 identification muscle

Nam	e of t	he organization						Employer	identification number
		JUBI	LEE HOUSING	G, INC.				5	2-0986261
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	junction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	ie general j	oublic described in
r		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe							
9 [An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of	the college	e or
		university:						. ,	
10 [An organization that norma							
		activities related to its exem		•	. ,			•••	•
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	. ,				O(-)(A)		
11		An organization organized a	-	•	•				numeros of one or
12 [An organization organized a	-	-				•	
		more publicly supported org lines 12a through 12d that	-						
а		Type I. A supporting orga	•••					-	aivina
a		the supported organization		-	• • • •	-			
		organization. You must c			majonty c				pporting
b		Type II. A supporting org	-		ion with it	s sunnorte	d organizatio	n(s) hy hay	vina
	L	control or management o	-				-		•
		organization(s). You mus							
с] Type III functionally inte	-		in connect	ion with. a	nd functional	lv integrate	ed with.
		its supported organization						., <u>.</u>	
d] Type III non-functionally	.,.,	-	-			ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi			•				
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	II, Type III	
		functionally integrated, or	Type III non-functior	ally integrated supportin	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		vide the following information							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
									<u> </u>
Total									<u> </u>

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Schedule A	(⊢orm	990	2022

5	2-	0	9	8	6	26	1	Page 2
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3005805.	3856628.	2545463.	1996657.	4984248.	16388801.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3005805.	3856628.	2545463.	1996657.	4984248.	16388801.
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.						16388801.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3005805.	3856628.	2545463.	1996657.	4984248.	16388801.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	506,904.	575,926.	787,312.	416,116.	428,643.	2714901.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	36,890.	10,729.	15,657.	1464912.		2213192.
11	Total support. Add lines 7 through 10						21316894.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 50	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			r - 1	
	Public support percentage for 2022 (I		-			14	76.88 %
	Public support percentage from 2021					15	65.88 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2022

Schedule A	(Form	990) 202

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
Ċ	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			ł		1	
	First 5 years. If the Form 990 is for the	L	ret second third	fourth or fifth tax	Vear as a section 5	1 (01(c)(3) ora:	I
14	•	•					·
Se	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021		-			16	%
<u>16</u> Se	ction D. Computation of Invest						70
	•			ing 10 golumn (f))		47	0/
	Investment income percentage for 20					17 18	<u> </u>
18	Investment income percentage from						
198	a 33 1/3% support tests - 2022. If the						
	more than 33 $1/3\%$, check this box at 22 $1/2\%$						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
2320	23 12-09-22		16			Sche	edule A (Form 990) 2022
			10				

1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022 52098621

17

	Supporting Orga	nizations (contin	ueo
Schedule A (F	Form 990) 2022	JUBILEE	HC

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ĺ	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's onicers,	L
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	I
	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	l
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ŀ
2	Did the organization operate for the benefit of any supported organization other than the supported	l
	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.	I

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

 Yes
 No

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

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that control or managed

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 (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- 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.*

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
	instructions).			
			:	Schedule A (Form 990) 2022

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

JUBILEE HOUSING, INC.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Schedule A (Form 990) 2022

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2022 Amount for 2022

2 Underdistributions, if any, for years prior to 2022 (reason-able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years	
3Excess distributions carryover, if any, to 2022Image: Constraint of the systemaFrom 2017Image: Constraint of the systembFrom 2018Image: Constraint of the systemcFrom 2019Image: Constraint of the systemdFrom 2020Image: Constraint of the systemeFrom 2021Image: Constraint of the systemfTotal of lines 3a through 3eImage: Constraint of the systemgApplied to underdistributions of prior yearsImage: Constraint of the system	
a From 2017Image: Constraint of the second seco	
b From 2018	
c From 2019 Image: Constraint of the second se	
d From 2020 e e From 2021 e f Total of lines 3a through 3e e g Applied to underdistributions of prior years e	
e From 2021 Image: Constraint of the second	
f Total of lines 3a through 3e g Applied to underdistributions of prior years	
g Applied to underdistributions of prior years	
h Applied to 2022 distributable amount	
i Carryover from 2017 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2022 from Section D,	
line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2022 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	
7 Excess distributions carryover to 2023. Add lines 3j	
and 4c.	
8 Breakdown of line 7:	
a Excess from 2018	
b Excess from 2019	
c Excess from 2020	
d Excess from 2021	
e Excess from 2022	

Schedule A (Form 990) 2022

(iii)

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9 <u>10</u>

<u>Schedule A (</u>	Form 990) 2022	JUBILEE	HOUSING,	INC.		52-0986261 _P	age 8
	line 1; Part IV, Section A, I Section D, lines 5, 6	ines 1, 2, 3b, 3c, 4b, 40 on D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9 .rt IV, Section E, li	c, 11a, 11b, and 1 nes 1c, 2a, 2b, 3a	t II, line 10; Part II, line 17a 1c; Part IV, Section B, line , and 3b; Part V, line 1; Pa plete this part for any add	es 1 and 2; Part IV, Section C, Int V, Section B, line 1e; Part V	, /,
	(See instructions.)						
32028 12-09-22	· · · · · · · · · · · · · · · · · · ·			21		Schedule A (Form 990) 202

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Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

JUBILEE HOUSING,

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

52-0986261

rganization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 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				

INC.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

JUBILEE HOUSING, INC.

Name of organization

Employer identification number

Page **2**

52-0986261

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	JACQUELINE KIENZLE ESTATE 2829 CONNECTICUT AVE NW, APT 503 WASHINGTON, DC 20008	\$100,000.	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
2	N. HORNSTEIN AND A. WEINBERG 1124 10TH ST NW, APT 6 WASHINGTON, DC 20001	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3	SARI HORNSTEIN GRANT 1400 21ST ST NW WASHINGTON, DC 20036	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
223452 11-15		\$	Person Payroll Occupient Part II for noncash contributions.)						
	23								

52098621

10281114 148286 520986261

Schedule	В	(Form	990)	(2022)
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Name of organization

Page **3**

Employer identification number

52-0986261

JUBILEE HOUSING, INC.

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
		 \$	

2022.05000 JUBILEE HOUSING, INC.

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ame of or	ganization		Employer identification nu			
UBILF	E HOUSING, INC.		52-0986261			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the For organizations			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
a) No. from						
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
—						
-	Transferee's name, address, a	nd 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, a	nd 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			
—						
F	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
454 11-15-:	22	25	Schedule B (Form 99			

10281114 148286 520986261

SCHEDULE C	Po	litical Campaign a	and Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incom	- Tax Under section 5	- 501(c) and section 527		2022
	-	if the organization is described				Open to Public
Department of the Treasury Internal Revenue Service	-	o to www.irs.gov/Form990 for in				Inspection
If the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or Fo	m 990-EZ, Part V, lin	e 46 (Political Campai	gn Activi	ties), then
-		plete Parts I-A and B. Do not com			•	
 Section 501(c) (othe 	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-	В.	
 Section 527 organiz 						
		Form 990, Part IV, line 4, or Fo				
		nave filed Form 5768 (election und		•	•	
		nave NOT filed Form 5768 (electio				•
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 9	90-EZ, P	art V, line 35C (Proxy
		ions: Complete Part III.				
Name of organization		I		E	mployer	identification number
	JUBILEE	HOUSING, INC.			52	2-0986261
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 527	organi	zation.
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities ir	n Part IV.		
2 Political campaign	, ,				\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Compl	ete if the ora	anization is exempt unde	r section 501(c)(3	81		
		incurred by the organization unde		-	¢	
		incurred by organization manager			. 4 <u> </u>	
		n 4955 tax, did it file Form 4720 fo				Yes No
						Yes No
b If "Yes," describe in						
Part I-C Compl	ete if the org	anization is exempt unde	r section 501(c), (except section 50	1(c)(3).	
1 Enter the amount of	lirectly expended	by the filing organization for sect	ion 527 exempt functi	on activities	\$	
2 Enter the amount of	of the filing organ	ization's funds contributed to othe	er organizations for se	ction 527		
exempt function ac					\$	
	-	. Add lines 1 and 2. Enter here an				
		nployer identification number (EIN tion listed, enter the amount paid				
		omptly and directly delivered to a				
political action com	nmittee (PAC). If a	additional space is needed, provid	le information in Part I	V	0	•
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fro	m (e	Amount of political
				filing organization's	s con	tributions received and
				funds. If none, enter		romptly and directly elivered to a separate
						olitical organization.
						If none, enter -0
			1			
			1			
			1	1		

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

Schedule C (Form 990) 2022

232041 11-08-22

	CODITIER IIC	USING, INC.			<u>)986261 P</u>	'age 2
Part II-A Complete if the org	anization is exe	empt under section	n 501(c)(3) and file	d Form 5768 (el	ection under	
section 501(h)).						
A Check if the filing organiza	tion belongs to an a	ffiliated group (and list in	n Part IV each affiliated g	group member's nam	ie, address, EIN,	
	e of excess lobbying					
B Check if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.		T	
Limi [,]	ts on Lobbying Exp	enditures		(a) Filing organization's	(b) Affiliated g totals	roup
(The term "expend	ditures" means amo	ounts paid or incurred.)	totals	lotais	
1a Total lobbying expenditures to influ	• •					
b Total lobbying expenditures to influ	•					
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter If the amount on line 1e, column (a) o						
Not over \$500.000		obbying nontaxable am of the amount on line 1e				
Over \$500,000 but not over \$1,000		000 plus 15% of the exc				
Over \$1,000,000 but not over \$1,50		000 plus 10% of the exc				
Over \$1,500,000 but not over \$1,5		000 plus 10% of the exce				
Over \$17,000,000	\$1,00					
0101 011,000,000	φ1,00	0,000.				
g Grassroots nontaxable amount (en	ter 25% of line 1f)					
h Subtract line 1g from line 1a. If zero	,					
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer			-		•	
reporting section 4911 tax for this					Yes	No
	4-Year A	veraging Period Under	Section 501(h)			
(Some organizations the		501(h) election do not arate instructions for li	•	f the five columns b	elow.	
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
· · · · · · · · · · · · · · · · · · ·	1					
(150% of line 2a, column(e))						
(150% of line 2a, column(e))						
(150% of line 2a, column(e)) c Total lobbying expenditures						
c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount						
c Total lobbying expenditures d Grassroots nontaxable amount						
c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount						

Schedule C (Form 990) 2022

232042 11-08-22

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	o lobbying activity.	Yes	Νο	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
с	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		10),000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
	Total. Add lines 1c through 1i			10),000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5),	or sec	tion	
	501(c)(6).			Vee	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3 0r sec	tion	
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is
	answered "Yes."		i arti	<i>.</i> ,	0,10
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
2	expenses for which the section 527(f) tax was paid).	Cai			
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SC	HEDULE D Suppler	nent	al Financial Statem	ients		OMB No. 1545-0047
(Forn			anization answered "Yes" on For			2022
Depart	ment of the Treasury		0, 11a, 11b, 11c, 11d, 11e, 11f, 12 Attach to Form 990.	a, or 120.		Open to Public
Interna	I Revenue Service Go to www.irs.gov	/Form9	90 for instructions and the latest	information.		Inspection
Nam	e of the organization TUDTI 또도 비스미CTN		NC		Empl	oyer identification number 52-0986261
Par	JUBILEE HOUSIN		ed Funds or Other Similar F	unds or Ac	count	
1 01	organization answered "Yes" on Form 990, P				count	
	5	,	(a) Donor advised funds	(b) Fund	s 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 ad			or advised fund	s	
	are the organization's property, subject to the organ	ization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and	d donor	advisors in writing that grant funds	can be used or	nly	
	for charitable purposes and not for the benefit of the	e donor	or donor advisor, or for any other p	urpose conferri	ng	
	impermissible private benefit?					Yes No
Par				m 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the o	•				
	Preservation of land for public use (for example	le, recre			-	mportant land area
	Protection of natural habitat		Preserv	ation of a certi	ried hist	oric structure
•	Preservation of open space		101			
2	Complete lines 2a through 2d if the organization hel day of the tax year.	d a qua	ified conservation contribution in tr	ie form of a cor		on easement on the last Held at the End of the Tax Year
a h	Total number of conservation easements				2a 2b	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified his		ructure included in (a)		20 2c	
	Number of conservation easements included in (c) a				20	
u	historic structure listed in the National Register	•	•		2d	
3	Number of conservation easements modified, transf				· · · · ·	uring the tax
•	year	onou, re		a by the organi	Lation a	
4	Number of states where property subject to conserv	ation ea	sement is located			
5	Does the organization have a written policy regardin			lling of		
	violations, and enforcement of the conservation eas					Yes No
6	Staff and volunteer hours devoted to monitoring, ins	specting				
7	Amount of expenses incurred in monitoring, inspect	ing, han	dling of violations, and enforcing co	onservation eas	ements	during the year
8	Does each conservation easement reported on line 2	2(d) abo	ve satisfy the requirements of secti	on 170(h)(4)(B)(i)	
						Yes No
9	In Part XIII, describe how the organization reports co			-		
	balance sheet, and include, if applicable, the text of		note to the organization's financial	statements that	t descri	ibes the
Par	organization's accounting for conservation easement t III Organizations Maintaining Collect	its.	f Art Historical Treasures	or Other Si	milar	Assets
I UI	Complete if the organization answered "Yes"				innar	///////////////////////////////////////
12	If the organization elected, as permitted under FASE			ment and hala	nce she	et works
ia	of art, historical treasures, or other similar assets he		· ·			
	service, provide in Part XIII the text of the footnote to	-			00 01 pt	
b	If the organization elected, as permitted under FASE				sheet v	vorks of
	art, historical treasures, or other similar assets held					
	provide the following amounts relating to these item	-	,			
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
2	If the organization received or held works of art, hist					
	the following amounts required to be reported under	r FASB /	ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1				\$	
b	Assets included in Form 990, Part X					
LHA	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.				S	Schedule D (Form 990) 2022

232051 09-01-22

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2022.05000	JUBILEE	HOUSING,	INC.	52098621

Sche		HOUSING, INC					0986261	
Par	t III Organizations Maintaining Co	ollections of Art, H	listorical Tre	easures, o	r Other S	imilar Ass	ets (continu	ued)
3	Using the organization's acquisition, accessic	on, and other records, ch	neck any of the t	following that	: make signi	ficant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain ho	w they further th	ne organizatio	on's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit or	receive donations of an	t, historical treas	sures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Parl		f the organizatio	n answered '	'Yes" on Fo	rm 990, Part	IV, line 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermediary	for contribution	s or other ass	sets not incl	uded		
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
с	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
	Ending balance					lf		
	Did the organization include an amount on Fo				-	• • • • • • • • • • • • • • • • • • • •	Yes	No No
	If "Yes," explain the arrangement in Part XIII.					<u></u>		
Par	t V Endowment Funds. Complete if					Three years h		uaara baak
		(a) Current year (b) Prior year	(c) Two yea	rs back (d)	Three years b	ack (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance)) hald an				
2	Provide the estimated percentage of the curre)) held as:				
a h	Board designated or quasi-endowment	%						
U	Permanent endowment	⁷⁰						
C	Term endowment9 The percentages on lines 2a, 2b, and 2c shou	-						
20	Are there endowment funds not in the posses		that are hold ar	ad administor	od for the			
Ja	organization by:	sion of the organization					[Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organizat							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered	l "Yes" on Form 990, Pa	urt IV, line 11a. S	See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or other	(b) Cost	t or other	(c) Accl	umulated	(d) Book	value
		basis (investment	• • •	(other)	• •	ciation		
1a	Land		21,53	0,726.			21,530	,726.
	Buildings			3,252.	1,66	1,199.	70,142	
	Leasehold improvements			-	•	-		
	Equipment		43	8,904.	35	4,252.	84	,652.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must ed		olumn (B). line 1				91,757	,431.
							dule D (Form	990) 2022

	(Form 990) 2022		HOUSING,	INC.
Part VII	Investments -	 Other Securitie 	es.	

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
	(0) 20011 10:00		
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(7)			
(7) (8)			
(7) (8) (9)	15.)		
(7) (8)	15.)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (1) Deep indices of line if the		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	237,958.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS		11e or 11f. See Form 990, Part X, line 25.	237,958. 197,570.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) RENTS RECEIVED IN ADVANCE		11e or 11f. See Form 990, Part X, line 25.	237,958. 197,570. 102,350.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) RENTS RECEIVED IN ADVANCE (4) DUE TO AFFILIATES (5) OTHER LIABILITIES		11e or 11f. See Form 990, Part X, line 25.	237,958. 197,570. 102,350.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) RENTS RECEIVED IN ADVANCE (4) DUE TO AFFILIATES (5) OTHER LIABILITIES (6)		11e or 11f. See Form 990, Part X, line 25.	237,958. 197,570. 102,350.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) RENTS RECEIVED IN ADVANCE (4) DUE TO AFFILIATES (5) OTHER LIABILITIES (6) (7)		11e or 11f. See Form 990, Part X, line 25.	237,958. 197,570. 102,350.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) TENANT SECURITY DEPOSITS (3) RENTS RECEIVED IN ADVANCE (4) DUE TO AFFILIATES (5) OTHER LIABILITIES (6)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value 237,958. 197,570. 102,350. 5,462.

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 JUBILEE HOUSING, INC.			52-	0986261 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	13,611,914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		510,016.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		260,997.		
е	Add lines 2a through 2d			2e	771,013.
3	Subtract line 2e from line 1			3	12,840,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 2 and 40 (This section of February 200 Barth 11 and 10)			5	12,840,901.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial State	nents With	Expenses per F		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With	Expenses per F		n.
9 Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With ^{2a.}	Expenses per F		
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With ^{2a.}	Expenses per F	Retur	n.
1	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With	Expenses per F	Retur	n.
1 2	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With 2a. 2a	Expenses per F	Retur	n.
1 2 a	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With 2a. 2a 2a 2a 2b	Expenses per F	Retur	n.
1 2 a b	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2a 2b 2c	Expenses per F	Retur	n.
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F 510,016. 156,683.	Retur	n. 10,596,207. 666,699.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per F 510,016. 156,683.	1	n. 10,596,207.
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F 510,016. 156,683.	1 2e	n. 10,596,207. 666,699.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	Expenses per F 510,016. 156,683.	1 2e	n. 10,596,207. 666,699.
1 2 3 4	TXII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d	Expenses per F 510,016. 156,683.	1 2e	n. 10,596,207. 666,699.
1 2 3 4 3 4 b	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d	Expenses per F	1 2e	n. 10,596,207. 666,699. 9,929,508. 0.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 2e 3	n. 10,596,207. 666,699. 9,929,508.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 2e 3 4c	n. 10,596,207. 666,699. 9,929,508. 0.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM EQUITY METHOD ON K-1S

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM EQUITY METHOD ON K-1S

260,997.

156,683.

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990)	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.						or if the	2022
	C	Attach to Form 990 of						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruction				۱.		Inspection
Name of the organization								entification number
	JUBILEE HOUSING, INC. 52-0986261							
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.								
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Tatal								
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from I	egistration

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

Schedule G (Form 990) 2022

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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 gro	bss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 RAISE THE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ROOF	(overt type)	(total number)	col. (c))
ne			(event type)	(event type)	(lotal humber)	
Revenue	1	Gross receipts	100,000.			100,000.
	2	Less: Contributions	80,000.			80,000.
	3	Gross income (line 1 minus line 2)	20,000.			20,000.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
D	8	Entertainment				
	9	Other direct expenses	20,000.			20,000.
	10	Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·		20,000.
		Net income summary. Subtract line 10 from lin				0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	Net consider in company, Outstand line 7	fuene line 1 caluman (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fn	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				Yes No
		No," explain:				
10-		we any of the eventiation's coming licences to	volved evenended evite	minated during the tax .		
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
~						
	_					
23208	32 10	-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022	JUBILEE	HOUSING,	INC.	52-0	986261	Page 3
11 Does the organization conduct g					Yes	No
12 Is the organization a grantor, be						
to administer charitable gaming	?				Yes	No No
13 Indicate the percentage of gamin						
a The organization's facility					13a	%
b An outside facility					13b	%
14 Enter the name and address of t	the person who prep	pares the organiz	ation's gaming/speci	al events books and records:		
Name						
Address						
15a Does the organization have a co	ontract with a third r	arty from whom	the organization rece	ives gaming revenue?	Yes	No
b If "Yes," enter the amount of ga	ming revenue receiv	ed by the organi	zation \$	and the amount		
of gaming revenue retained by t	he third party \$					
c If "Yes," enter name and addres	s of the third party:					
Name						
Address						
16 Gaming manager information:						
Name						
	•					
Gaming manager compensation	ı \$					
	1					
Description of services provided	·					
Director/officer	Employee		Independent contrac	tor		
17 Mandatory distributions:						
a Is the organization required und	er state law to make	e charitable distri	butions from the gam	ning proceeds to		
retain the state gaming license?					Yes	No
b Enter the amount of distribution	s required under sta	te law to be dist	ibuted to other exem	pt organizations or spent in the		
organization's own exempt activ						
				ine 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, a	as applicable. Also p	provide any addit	ional information. Se	e instructions.		
232083 10-27-22				Sched	ule G (Form	990) 2022
			35			

232084 04-01-22			Schedule G (Form 99
	-	36	

SCHEDULE I Grants and Other Assistance						e to Organizations,				OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2022			
									Open to Public			
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									Inspection			
Name of the organization Employer									catior	n number		
JUBILEE HOUSING, INC.									098	6261		
Part I General Information on Grants and Assistance												
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection												
criteria used to award the grants or assistance?												
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name and address of organization (b) FIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (b) Purpose of grant												
or government			(if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance		(n) Purpose of grant or assistance			
						,						
-												
		-	•	•	•	•	•	•				

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

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

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

Schedule I (Form 990) 2022

JUBILEE HOUSING, INC.

52-0986261 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OLLEGE SCHOLARSHIPS	20	26,250.	0.	CASH DISTRIBUTION	
Part IV Supplemental Information. Provide the informatio	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

JUBILEE TO COLLEGE IS JUBILEE HOUSING'S INITIATIVE TO PROVIDE FINANCIAL

ASSISTANCE TO COLLEGE BOUND JUBILEE RESIDENTS. JUBILEE TO COLLEGE OFFERS UP

TO \$2,500 PER YEAR PER STUDENT FOR TUITION, ROOM AND BOARD, OR

BOOKS/SUPPLIES. AS LONG AS THE STUDENTS REMAIN IN GOOD STANDING, THEY CAN

RECEIVE UP TO \$2,500 FOR THEIR 2 OR 4 YEARS IN COLLEGE. THE GOAL IS TO HELP

THEM NOT ONLY GO TO COLLEGE BUT TO STAY IN COLLEGE AND GRADUATE. JUBILEE TO

COLLEGE IS ORGANIZED BY A COMMITTEE OF THREE INDIVIDUALS WHO MEET THREE

TIMES PER YEAR.

SCHEDULE O (Form 990)

Name of the organization

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



52-0986261

JUBILEE HOUSING, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR EVERYONE TO THRIVE. WE CREATE JUSTICE THROUGH OUR JUSTICE HOUSING

MODEL, WHICH CONSISTS OF DEEPLY AFFORDABLE HOMES WITH ONSITE AND NEARBY

SERVICES IN RESOURCE-RICH COMMUNITIES. WE ADVANCE OUR MISSION THROUGH

FOUR PRIMARY AREAS: REAL ESTATE DEVELOPMENT, PROPERTY MANAGEMENT,

FINANCING, AND COMPREHENSIVE PROGRAMS FOR CHILDREN, FAMILIES, SENIORS,

RETURNING CITIZENS, AND OTHERS IN OUR BUILDINGS AND THE SURROUNDING

COMMUNITY. OUR PROGRAMS FOCUS ON PROVIDING HOUSING AND RESOURCE

STABILITY, FINANCIAL SECURITY, COMMUNITY, AND HEALTH AND WELLNESS. WE

ENVISION A CITY AND A WORLD WHERE ACCESS TO BASIC RESOURCES AND

OPPORTUNITIES ARE AVAILABLE TO ALL PEOPLE AND WHERE PEOPLE LIVE OUT

THESE OPPORTUNITIES IN THE CONTEXT OF A SUPPORTIVE COMMUNITY TO BECOME

THEIR BEST SELVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESOURCE-RICH COMMUNITIES. WE ADVANCE OUR MISSION THROUGH FOUR PRIMARY AREAS: REAL ESTATE DEVELOPMENT, PROPERTY MANAGEMENT, FINANCING, AND COMPREHENSIVE PROGRAMS FOR CHILDREN, FAMILIES, SENIORS, RETURNING CITIZENS, AND OTHERS IN OUR BUILDINGS AND THE SURROUNDING COMMUNITY. OUR PROGRAMS FOCUS ON PROVIDING HOUSING AND RESOURCE STABILITY, FINANCIAL SECURITY, COMMUNITY, AND HEALTH AND WELLNESS. WE ENVISION A CITY AND A WORLD WHERE ACCESS TO BASIC RESOURCES AND OPPORTUNITIES ARE AVAILABLE TO ALL PEOPLE AND WHERE PEOPLE LIVE OUT THESE OPPORTUNITIES IN THE CONTEXT OF A SUPPORTIVE COMMUNITY TO BECOME THEIR BEST SELVES.

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

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
JUBILEE HOUSING, INC.	52-0986261
STABILIZATION GRANTS FOR BACK RENTS. THIS PROJECT WAS A WI	N-WIN,
ENSURING THAT JUBILEE COULD FUND ITS PROGRAMS WHILE PROVID	ING RESIDENTS
A FRESH START FOLLOWING THE CHALLENGING ECONOMIC CLIMATE C	F THE PAST
SEVERAL YEARS. \$76,488 IN HOUSING STABILIZATION GRANTS WER	E AWARDED TO
BRIDGE THE GAP IN RENTAL SUPPORT.	

THE REENTRY TRANSITIONAL HOUSING PROGRAM (RTHP) HAS WORKED TO PROVIDE HOUSING, COMMUNITY SUPPORT, AND COMPREHENSIVE SERVICES TO RETURNING CITIZENS FOR 11 YEARS. IN 2022, THE REENTRY PROGRAM FOCUSED ON IMPROVING ITS ACCOUNTABILITY, INDEPENDENCE, AND COLLABORATION. AS ONE OF THE FEW PROGRAMS OFFERING HOUSING TO RETURNING CITIZENS IN THE DC AREA, OUR GOAL IS TO ENABLE MAXIMUM INCLUSION SO RETURNING CITIZENS CAN LIVE, WORK, AND THRIVE. JUBILEE WAS ONE OF ONLY FOUR AGENCIES SELECTED TO RECEIVE HOUSING VOUCHERS FROM THE MAYOR'S OFFICE ON RETURNING CITIZEN AFFAIRS. THESE VOUCHERS HELP RESIDENTS TRANSITION FROM OUR PROGRAM TO SAFE, AFFORDABLE HOUSING THROUGHOUT THE CITY. 46 RETURNING CITIZENS LEFT INCARCERATION AND MOVED INTO JUBILEE'S SAFE, SUPPORTIVE TRANSITIONAL HOUSING. LASTLY, JUBILEE WAS THRILLED TO PARTNER WITH CAI GLOBAL TO OFFER OUR COMMUNITY SUBSTANCE USE AS CHRONIC CONDITION ENGAGEMENT AND EDUCATION (SUCCEED) TRAINING. SUCCEED SUPPORTS RESIDENTS AS THEY GAIN EMPLOYMENT; CONTINUE RECOVERY FROM SUBSTANCE USE, MENTAL ILLNESS, TRAUMA, OR SIMILAR CHALLENGES; BUILD SAVINGS; AND OBTAIN PERMANENT HOUSING. ELEVEN REENTRY RESIDENTS GRADUATED FROM THE SUCCEED PROGRAM DURING THE YEAR.

JUBILEE HOUSING CONTINUED TO GROW IN 2022 AS THREE MAJOR PROJECTS

ENCOMPASSING SEVEN PROPERTIES REACHED SIGNIFICANT MILESTONES, ADVANCING

 OUR
 GOAL
 TO
 SIGNIFICANTLY
 PRESERVE
 AND
 EXPAND
 DEEPLY
 AFFORDABLE
 HOUSING

 232212
 10-28-22
 Schedule O (Form 990) 2022

 40

2022.05000 JUBILEE HOUSING, INC.

52098621

Schedule O (Form 990) 2022	Page 2							
Name of the organizationJUBILEE HOUSING, INC.	Employer identification number 52-0986261							
IN ADAMS MORGAN, COLUMBIA HEIGHTS, AND MOUNT PLEASANT. 52	FAMILIES WILL							
FIND THEIR 2-, 3-, AND 4-BEDROOM HOMES AT OUR ONTKEB AND E	FIND THEIR 2-, 3-, AND 4-BEDROOM HOMES AT OUR ONTKEB AND EUCKAL							
PROPERTIES AS JUBILEE WORKS TO ADDRESS A CITYWIDE NEED FOR	AFFORDABLE							
FAMILY-SIZED APARTMENTS AND ENSURE THAT FAMILIES WITH LOW	INCOMES CAN							
ACCESS THE OPPORTUNITIES OF WARD 1. ONTARIO PLACE AND KING	EMMANUEL							
BAPTIST CHURCH (ONTKEB PROJECT) WAS SELECTED BY MAYOR MURI	EL BOWSER AND							
THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT TO ADV	ANCE TO THE							
NEXT STAGE OF UNDERWRITING. ONTKEB WILL EXPAND ON OUR SUCC	ESSFUL RTHP,							
INCLUDING LONG-TERM UNITS FOR PROGRAM GRADUATES, MAKING JU	BILEE THE							
FIRST ORGANIZATION WITH A COMPLETE HOUSING CONTINUUM FOR R	ETURNING							
CITIZENS IN DC. ONTARIO PLACE WILL ALSO PROVIDE JOB TRAINI	NG PROGRAMS							
IN A COMMERCIAL KITCHEN AND INNOVATIVE AQUAPONICS FARM, TH	E LATTER							
WHICH WILL PRODUCE 13,000 FRESH FRUITS AND VEGETABLES PER	MONTH FOR							
RESIDENTS AND THE SURROUNDING COMMUNITY. THE MOUNT PLEASAN	Т							
PRESERVATION PROJECT ADDITIONS WERE MADE POSSIBLE THROUGH	A PARTNERSHIP							
WITH TENANTS UNDER THE TENANT OPPORTUNITY TO PURCHASE ACT,	AND THANKS							
TO FINANCING FROM OUR LONGTIME PARTNER UNITED BANK, AMAZON	'S HOUSING							
EQUITY FUND, AND THE LOCAL INITIATIVES SUPPORT CORPORATION	DC. JUBILEE							
STAFF MET WITH RESIDENT FAMILIES TO ASSESS HOUSEHOLD COMPO	SITION AND							
INCOME, WHICH IS GUIDING ARCHITECTURAL DESIGN, UNIT RECONF	IGURATION,							
POST-REHAB RENT LEVELS, AND SUBSIDIES.								
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:							
PRESS CONFERENCE ON THE NEED FOR COMMUNITY COLLABORATION O	N							
VACCINATIONS. ADDITIONALLY, WE COORDINATED 330 HUNGRY HARV	EST FRESH							
PRODUCE BOXES PLUS MONTHLY SHELF STABLE FOOD BOXES FOR MOR	E THAN 50							
SENIORS PER MONTH, ENGAGED SENIORS IN MONTHLY WORKSHOPS, A	ND CONDUCTED							

MONTHLY WELLNESS CHECKS FOR NEARLY 100 SENIOR HOUSEHOLDS.

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10281114 148286 520986261

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2022.05000 JUBILEE HOUSING, INC. 52098621

JUBILEE YOUTH SERVICES HAD A SAFE AND SUCCESSFUL TRANSITION TO RESTORE IN-PERSON PROGRAMMING IN 2022, RETAINING STAFF AND PARTICIPANTS THROUGHOUT THE YEAR. DESPITE THE PROFOUND STRAIN THE COVID-19 PANDEMIC HAD ON MENTAL HEALTH AND EDUCATION, PARTICIPANTS CONTINUED TO THRIVE AND GROW. WE STEPPED UP MENTAL HEALTH ACTIVITIES FOR STUDENTS BY TEACHING HEALTHY WAYS TO COPE AND PHYSICAL ACTIVITIES SUCH AS YOGA TO HELP WITH RELAXATION AND STRESS REDUCTION. WE ALSO CONTINUED THE IMPLEMENTATION OF HIGH-DOSAGE TUTORING ALONG WITH AMERICAN UNIVERSITY TO INCREASE ACADEMIC EXCELLENCE AMONG OUR TEEN CENTER PARTICIPANTS. HE HAD OVER 90 STUDENTS ENGAGED IN YEAR-ROUND OUT-OF-SCHOOL-TIME PROGRAMS.

ADDITIONALLY, OUR JUBILEE TO COLLEGE (JTC) SCHOLARSHIP RECIPIENTS SUCCESSFULLY MAINTAINED SCHOLARSHIP PARTICIPATION THROUGHOUT THEIR ENTIRE COLLEGE TENURE, AND JUBILEE STAFF WORKED TO ENCOURAGE NEW APPLICATIONS FROM ELIGIBLE STUDENTS. TWENTY-ONE STUDENTS EARNED A JTC SCHOLARSHIP A 15% INCREASE OVER 2021!

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

THE TAX RETURN WAS REVIEWED BY BOTH KEY EMPLOYEES OF THE ORGANIZATION AS

WELL AS THE BOARD MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE.

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

ANNUALLY, A FORM IS SUBMITTED TO ALL BOARD MEMBERS TO DISCLOSE ALL

CONFLICTS OF INTEREST AND POTENTIAL SITUATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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Schedule O (Form 990) 2022

Name of the organization

JUBILEE HOUSING, INC.

52-0986261

AL, CA, FL, GA, MO, MA, KS, KY, MD, MI, MN, MS, NH

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

THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE

UPON REQUEST.

FORM 990, PART XI, LINE 8:

NEW AUDIT FIRM ENGAGED FOR 2022. ADJUSTMENTS RELATE TO ASSET BALANCES

FOR COMPLIANCE WITH GAAP, IN RECOGNITION OF PRIOR YEAR GAIN ON SALE AND

DEFERRED DEVELOPMENT FEES RECEIVABLE.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

52-0986261

Department of the Treasury Internal Revenue Service

SCHEDULE R

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

Name of the organization

JUBILEE HOUSING, INC.

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
JHI BUILDING LLC - 75-3123517					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JHI BUILDING II LLC - 27-0977868					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE ADMO GP LLC - 92-2537081					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE EUCLID LLC - 30-1117459					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			

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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

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
JUBILEE KALORAMA LLC - 37-1906050					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE KEB LLC - 84-1979782					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE MAYCROFT, LLC - 46-2064659					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE ONTARIO II LLC - 84-2006524					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE ONTKEB GP LLC - 87-4027027					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE PARK MARCONI, LLC - 88-3241262					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE RICHMAN TOWERS, LLC - 88-3192689					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE SARBIN TOWERS, LLC - 88-3215077					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUSTICE HOUSING CMF SPE, LLC - 84-2661103					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUSTICE HOUSING GP LLC - 83-0739506					
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DELAWARE			

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
JUSTICE HOUSING MANAGERS LLC - 30-1084033	_				
1631 EUCLID ST, NW #P-5		L			
WASHINGTON, DC 20009	INVESTMENT	DELAWARE			
JUSTICE HOUSING 2.0 GP LLC - 83-0739506	_				
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE ADMO APARTMENTS LP - 92-2519167	_				
1631 EUCLID ST, NW #P-5					
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE HOUSING LIMITED PARTNERSHIP -	_				
54-2117756, 1631 EUCLID ST, NW #P-5,	_				
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE HOUSING LIMITED PARTNERSHIP II -	_				
55-0879363, 1631 EUCLID ST, NW #P-5,	_				
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
JUBILEE ONTKEB APARTMENTS LP - 87-4043209	_				
1631 EUCLID ST, NW #P-5	_				
WASHINGTON, DC 20009	INVESTMENT	DISTRICT OF COLUMBIA			
	-				
	_				
	_				

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.

	T	,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate		General managi	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule	partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
JUSTICE HOUSING PARTNERS, LP											
- 32-0569736, 1631 EUCLID ST,											
NW #P-5, WASHINGTON, DC			JUBILEE								
20009	REAL ESTATE	DC	HOUSING INC.		73,826.	1,035,096.		x	N/A	X	51.66%
JUSTICE HOUSING PARTNERS 2.0,											
LP - 88-3664130, 1631 EUCLID]										
ST, NW #P-5, WASHINGTON, DC	1		JUBILEE								
20009	REAL ESTATE	DC	HOUSING INC.		49,652.	675,468.		x	N/A	X	100%
JUBILEE MANNA CDE LLC -											
46-0701477, 6856 EASTERN AVE	1										
NW, SUITE 100, WASHINGTON, DC	1		JUBILEE								
20012	REAL ESTATE	DC	HOUSING INC.		59,076.	59,942.		x	N/A	x	50.00%
JUBILEE EUCKAL APARTMENTS,											
LLC - 87-1955272, 1631 EUCLID	1										
ST, NW #P-5, WASHINGTON, DC]		JUBILEE EUCKAL								
20009	REAL ESTATE	DC	GP LLC		0.	0.		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	(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	(h) Percentage ownership	Sec 512(t contr	(i) ction b)(13) rolled tity?
		foreign country)		or trust)		assets			No
									<u> </u>

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	portion-	Code V-UBI amount in box 20 of Schedule	Genera	al or F	Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	ate allo		20 of Schedule			ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	No	
JUBILEE MAYCROFT APARTMENTS,	_											
LP - 45-5380451, 1631 EUCLID	_											
ST, NW #P-5, WASHINGTON, DC	4	50	JUBILEE					L_	/ -			
20009	REAL ESTATE	DC	MAYCROFT LLC		-238.	-1,116.		x	N/A	X	_	.01%
JUBILEE ONTARIO APARTMENTS,	_											
LP - 47-1817949, 1631 EUCLID	_											
ST, NW #P-5, WASHINGTON, DC	_		JUBILEE					L	/ -			
20009	REAL ESTATE	DC	ONTARIO LLC		-12.	-96.		x	N/A	X	_	.01%
JUBILEE HOUSING LIMITED	_											
PARTNERSHIP II - 55-0879363,	_											
1631 EUCLID ST, NW #P-5,	_		JUBILEE					L	/-		_	
WASHINGTON, DC 20009	REAL ESTATE	DC	HOUSING INC.		0.	0.		x	N/A		<u> </u>	99.99%
	_											
	_											
	_											
											\rightarrow	
	_											
	_											
	_											
	_											

Schedule R (Form 990) 2022 JUBILEE HOUSING, INC.

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

	Yes	No
. 1a	Х	
. 1b	Х	
. 1c		Х
. 1d		X
1e		X
1f		X
1g		X
1h		X
. <u>1i</u>		X
. 1 j		X
. 1k		X
. 11		X
. 1m		X
. 1n		X
10		X
. 1p		X
. 1q		X
. 1r		Х
. 1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JUBILEE MANNA CDE, LLC	A	42,294.	FMV
(2) JUSTICE HOUSING PARTNERS 2.0 LP	В	625,816.	FMV
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 JUBILEE HOUSING, INC.

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

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

(a) 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 se 501(c)(3) orgs.?		(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2022

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

Schedule R (Form 990) 2022

232165 09-14-22