Form <b>9</b>	90
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Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\*

**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.



A	For th	ie 2018 calendar year, or tax year beginning Ju	JL 1 2018 and	ending <sub>J</sub>	<u>UN 30, 2019</u>	
	Check if applicat	<b>C</b> Name of organization			D Employer identif	ication number
Г	Addr chan	ess ge THE HOUSING PARTNERSHIP, INC.				
		e			61-115	54315
	Initia		ivered to street address)	Room/suite	E Telephone number	
	Final	1510 CRUNG LAND	,	401		585-5451
	termi ated				G Gross receipts \$	11,238,036.
	Amer	nded	5 1		H(a) Is this a group r	
	Appl tion		W HAWES			s? <b>Yes</b> x No
	pend				H(b) Are all subordinates	
1	Tax-e>		◄ (insert no.) 4947(a)(1)	or 527		a list. (see instructions)
-		ite: WWW.WEAREHPI.ORG			H(c) Group exemption	
-			sociation 🚺 Other 🕨	L Year		V State of legal domicile: KY
_	art I	-		• -		
-	1	Briefly describe the organization's mission or most	significant activities: TO CRE	ATE, SUSI	AIN AND PROMOTE	
Governance		ACCESS TO AFFORDABLE HOUSING OPPORTUN	-			
rna	2	Check this box 🕨 🛄 if the organization disco		sed of more	e than 25% of its net a	ssets.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)		3	26
Ğ	4	Number of independent voting members of the go				25
s S	5	Total number of individuals employed in calendary				91
Activities	6	Total number of volunteers (estimate if necessary)				200
cti	7 a	Total unrelated business revenue from Part VIII, co				0.
4		Net unrelated business taxable income from Form				0.
			,		Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)			741,109,	1,761,744.
Revenue	9	Program service revenue (Part VIII, line 2g)			8,297,980,	8,581,952.
eve	10	Investment income (Part VIII, column (A), lines 3, 4			-65,970,	-2,863.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			226,069,	70,831.
	12	Total revenue - add lines 8 through 11 (must equal			9,199,188,	10,411,664.
	13	Grants and similar amounts paid (Part IX, column (			0,	0.
	14	Benefits paid to or for members (Part IX, column (A			0.	0.
s	15	Salaries, other compensation, employee benefits (			4,657,582,	4,053,810.
Expenses	16a	Professional fundraising fees (Part IX, column (A),			0.	0.
ber	b	Total fundraising expenses (Part IX, column (D), lin				· · · ·
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d			7,570,198,	6,053,495.
	18	Total expenses. Add lines 13-17 (must equal Part I			12,227,780,	10,107,305.
	19	Revenue less expenses. Subtract line 18 from line			-3,028,592,	304,359.
Net Assets or Fund Balances	8			Be	ginning of Current Year	End of Year
ian(	20	Total assets (Part X, line 16)			33,849,054.	39,487,715.
Asse	21				25,858,821,	31,193,123.
Fun	22	Net assets or fund balances. Subtract line 21 from			7,990,233,	8,294,592.
	art II					
Unc	ler pen	alties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of n	ny knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
He		PATRICK CORNETT, EXECUTIVE VICE P	RESIDENT			
		Type or print name and title				
_		Print/Type preparer's name	Preparer's signature	]	Date Check [	PTIN
Pai	d	REBECCA L. PHILLIPS, CPA		0	5/15/20 self-emplo	yed P00024055
Pre	parer	Firm's name MCM CPAS & ADVISORS LLP			Firm's EIN	27-1235638
Use	Only	Firm's address 💊 462 s. FOURTH ST., SUITE	2600			
		LOUISVILLE, KY 40202-344			Phone no. ( 50	2)749-1900

	t III Statement of Program Service Accomplishments		F
	Check if Schedule O contains a response or note to any line in this Part III		L
	Briefly describe the organization's mission:		
	WE ARE A NON-PROFIT REAL ESTATE DEVELOPMENT ORGANIZATION THAT CREATES		
	AFFORDABLE HOUSING OPPORTUNITIES TO ENCOURAGE FAMILY STABILITY AND		
	SUPPORT AND EMPOWER OUR COMMUNITY. OUR VISION IS FOR EVERYONE TO HAVE AN EXCEPTIONAL HOUSING EXPERIENCE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🗴
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes x
	If "Yes," describe these changes on Schedule O.		
ŀ	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others, the total exp	censes, and
	revenue, if any, for each program service reported.		
la	(Code:) (Expenses \$6,711,739. including grants of \$) (Ref.	evenue \$	6,063,59
	ASSET OVERSIGHT: THE ORGANIZATION PROVIDES ASSET OVERSIGHT AND		
	SERVICES TO RESIDENTS INCLUDING MAINTENANCE IN THE PROPERTIES WHICH IT		
	HAS DEVELOPED OR ACQUIRED FOR THE PURPOSES OF EXPANDING THE HIGH		
	QUALITY AFFORDABLE HOUSING SUPPLY IN ITS SERVICE AREA.		
			-
b	(Code:) (Expenses \$731,331. including grants of \$) (Ref	evenue \$	1,891,27
	HOUSING PRODUCTION AND REAL ESTATE DEVELOPMENT: THE ORGANIZATION		
	DEVELOPS AND FACILITATES THE DEVELOPMENT OF HOUSING THAT IS AFFORDABLE		
	TO LOW AND MODERATE INCOME BUYERS AND RENTERS IN THE REGION. OVER THE		
	PAST TWENTY YEARS, THE ORGANIZATION HAS SOLIDIFIED ITS REPUTATION AS		
	THE AREA'S DEVELOPER OF CHOICE FOR MODESTLY-PRICED HOUSING. THE		
	ORGANIZATION HAS EXCELLED IN THE FOLLOWING AREAS:		
	* THE DEVELOPMENT OF AFFORDABLE AND MIXED-INCOME NEIGHBORHOODS		
	THROUGHOUT THE LOUISVILLE REGION.		
	* BUILDING PARTNERSHIPS TO REVITALIZE NEIGHBORHOODS AND		
	* BUILDING PARTNERSHIPS TO REVITALIZE NEIGHBORHOODS AND ABANDONED AND UNDERUTILIZED URBAN PROPERTIES.		
c	ABANDONED AND UNDERUTILIZED URBAN PROPERTIES.	evenue \$	627 07
c	ABANDONED AND UNDERUTILIZED URBAN PROPERTIES. (Code:) (Expenses \$946,510. including grants of \$) (Re	evenue \$	627,07
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	990 (2018) THE HOUSING PARTNERSHIP, INC. 61-1154315		Р	age <b>3</b>
Pa	TIV Checklist of Required Schedules		N.	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		v
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		X
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444	77	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	Х	x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? 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	45		
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16	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,	10		~
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	0000	X
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Form	990 (2018) THE HOUSING PARTNERSHIP INC. 61-1154315		Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25 a	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	051		
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		07		77
28	of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 11
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		х
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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note. All Form 990 filers are required to complete Schedule O	38	Х	
гd	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 21		165	NU
		2		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	
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Form 990 (2018)

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	990 (2018) THE HOUSING PARTNERSHIP, INC. 61-1154315		P	age <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
Ua		6a		v
h	•	Ua		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .	7.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		<u> </u>
15	excess parachute payment(s) during the year?	15		v
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16		16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			L

Form **990** (2018)

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Par	990 (2018) THE HOUSING PARTNERSHIP, INC. 61-1154315			Pag
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			Ŀ
ec	tion A. Governing Body and Management		Vee	
4	Enter the number of voting members of the governing body at the end of the tax year 1a26	-	Yes	N
Ia	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 26	2		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
L		-		
2	Enter the number of voting members included in line 1a, above, who are independent [1b] 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		
2	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	~		
0	of officers, directors, or trustees, or key employees to a management company or other person?	3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		2
6	Did the organization have members or stockholders?	6		2
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Ĺ
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	1
0a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?		х	
		14		-
5	Did the process for determining compensation of the following persons include a review and approval by independent	14		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 15a	x	
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		x x	
a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15a		
a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		
a b 6a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15a		
a b 6a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>15a</u> 15b	x	
a b 6a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<u>15a</u> 15b	x	
a b 6a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<u>15a</u> 15b	х	
a b 6a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	15a 15b 16a	х	
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a b 6a b <u>ec</u> 7	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>KY</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	15a 15b 16a 16b	x	
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a b 6a b <u>ec</u> 7	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	15a 15b 16a 16b	x x	able
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Form 990 (2018)	THE HOUSING PARTNERSHIP, INC.	61-1154315	Page 7
Part VII Comper	nsation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	chedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensate	ed Employees	
1a Complete this table	e for all persons required to be listed. Report compensation for the	e calendar vear ending with or within the organizati	on's tax vear.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

hours per box,	o not ch x, unles ficer and	s per	tion nore t son is rector	s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of
hours per week (list any hours for related organizations below line)box, offic offic organizations below line)(1) CLAY STINNETT0.40BOARD CHAIR0.40C(2) BILLIE W. WADE0.40TREASURER0.40(3) J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4) LAURA DOUGLAS0.40DIRECTORX(5) DAVID HOWARD0.40DIRECTORX(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40	ix, unles ficer and	s per	son is rector	s both	n an	from		
Week (list any hours for related organizations below line)Image: Constraint of the second sec		u a dir		rusi	ee)		from related	
(1)CLAY STINNETT0.40BOARD CHAIRX(2)BILLIE W. WADE0.40TREASURERX(3)J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4)LAURA DOUGLAS0.40DIRECTORX(5)DAVID HOWARD0.40DIRECTORX(6)MARK OFFERMAN0.40DIRECTORX(7)JOSEPH P. TOLAN0.40DIRECTORX(8)M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9)MARITA A. WILLIS0.40	onal trustee							other
(1)CLAY STINNETT0.40BOARD CHAIRX(2)BILLIE W. WADE0.40TREASURERX(3)J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4)LAURA DOUGLAS0.40DIRECTORX(5)DAVID HOWARD0.40DIRECTORX(6)MARK OFFERMAN0.40DIRECTORX(7)JOSEPH P. TOLAN0.40DIRECTORX(8)M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9)MARITA A. WILLIS0.40	onal trustee					the	organizations	compensation
(1)CLAY STINNETT0.40BOARD CHAIRX(2)BILLIE W. WADE0.40TREASURERX(3)J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4)LAURA DOUGLAS0.40DIRECTORX(5)DAVID HOWARD0.40DIRECTORX(6)MARK OFFERMAN0.40DIRECTORX(7)JOSEPH P. TOLAN0.40DIRECTORX(8)M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9)MARITA A. WILLIS0.40	onal trus			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
(1)CLAY STINNETT0.40BOARD CHAIRX(2)BILLIE W. WADE0.40TREASURERX(3)J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4)LAURA DOUGLAS0.40DIRECTORX(5)DAVID HOWARD0.40DIRECTORX(6)MARK OFFERMAN0.40DIRECTORX(7)JOSEPH P. TOLAN0.40DIRECTORX(8)M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9)MARITA A. WILLIS0.40	0U2		/ee	mpen		(00-2/1099-00130)		and related
(1)CLAY STINNETT0.40BOARD CHAIRX(2)BILLIE W. WADE0.40TREASURERX(3)J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4)LAURA DOUGLAS0.40DIRECTORX(5)DAVID HOWARD0.40DIRECTORX(6)MARK OFFERMAN0.40DIRECTORX(7)JOSEPH P. TOLAN0.40DIRECTORX(8)M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9)MARITA A. WILLIS0.40	Ξ	_	Key employee	st col	л.			organizations
BOARD CHAIRX(2) BILLIE W. WADE0.40TREASURER0.40IMMEDIATE PAST BOARD CHAIRX(4) LAURA DOUGLAS0.40DIRECTORX(5) DAVID HOWARD0.40DIRECTORX(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40	Institu	Officer	Key e	Highest compensated employee	Former			5
(2)BILLIE W. WADE0.40TREASURERX(3)J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4)LAURA DOUGLAS0.40DIRECTORX(5)DAVID HOWARD0.40DIRECTORX(6)MARK OFFERMAN0.40DIRECTORX(7)JOSEPH P. TOLAN0.40DIRECTORX(8)M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9)MARITA A. WILLIS0.40								
TREASURERX(3) J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4) LAURA DOUGLAS0.40DIRECTORX(5) DAVID HOWARD0.40DIRECTORX(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40		х				0.	0.	0.
(3) J. BARRY BARKER0.40IMMEDIATE PAST BOARD CHAIRX(4) LAURA DOUGLAS0.40DIRECTORX(5) DAVID HOWARD0.40DIRECTORX(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40								
IMMEDIATE PAST BOARD CHAIRX(4) LAURA DOUGLAS0.40DIRECTORX(5) DAVID HOWARD0.40DIRECTORX(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40		х				0.	0.	0.
(4)LAURA DOUGLAS0.40DIRECTORX(5)DAVID HOWARD0.40DIRECTORX(6)MARK OFFERMAN0.40DIRECTORX(7)JOSEPH P. TOLAN0.40DIRECTORX(8)M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9)MARITA A. WILLIS0.40								
DIRECTORX(5) DAVID HOWARD0.40DIRECTORX(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40						0.	0.	0.
(5) DAVID HOWARD0.40DIRECTORX(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40								
DIRECTORX(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40						0.	0.	0.
(6) MARK OFFERMAN0.40DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40								
DIRECTORX(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40						0.	0.	0.
(7) JOSEPH P. TOLAN0.40DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40								
DIRECTORX(8) M. DIANE MURPHY0.40DIRECTOR (TERM ENDED 6/30/19)X(9) MARITA A. WILLIS0.40						0.	0.	0.
(8) M. DIANE MURPHY         0.40           DIRECTOR (TERM ENDED 6/30/19)         X           (9) MARITA A. WILLIS         0.40								
DIRECTOR (TERM ENDED 6/30/19)     X       (9) MARITA A. WILLIS     0.40						0.	0.	0.
(9) MARITA A. WILLIS 0.40								
						0.	0.	0.
DIRECTOR X								
						0.	0.	0.
(10) MARK F. WHEELER 0.40								
DIRECTOR X						0.	0.	0.
(11) ANDREW PARKER 0.40								
DIRECTOR X						0.	0.	0.
(12) ROB LOCKE 0.40								
DIRECTOR X						0.	0.	0.
(13) ROBERT B. VICE 0.40								<u> </u>
DIRECTOR X						0.	0.	0.
(14) JACK TRAWICK 0.40							0	0
DIRECTOR X						0.	0.	0.
(15) TIM J. BARRY 0.40 DIRECTOR (TERM ENDED 6/30/19) X						0.	0.	0
(16) WILLIAM B. GATEWOOD 0.40						0.	0.	0.
DIRECTOR X						Ο.	0.	0.
(17) DOUGLAS LEEZER 0.40							0.	<u> </u>
DIRECTOR X							_	•
832007 12-31-18					l	0.	0.	0.

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2018.05090 THE HOUSING PARTNERSHIP, IN 9054 TK1

Form 990 (2018) THE HOUSING I	PARTNERSHIP	<u>,</u> I	NC.						61-1154	315		P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box offi	not c , unle	C Posi heck ss per nd a di	ition more rson	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate nount other	of
	(list any hours for related organizations below		institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat inizati	ie tion ted
	line)	Individual	Institu	Officer	Keyen	Highes	Former				orge	inzan	0113
(18) TAMMY THOMAS DIRECTOR	0.40	x						0.		0.			0.
(19) BECKY ROEHRIG	0.40	-											
DIRECTOR		х	-			-		0.		0.			0.
(20) SCOTT KEADLE	0.40	x						0.		0.			0.
DIRECTOR (21) MARIA BOUVETTE	0.40	~						0.		υ.			υ.
DIRECTOR		x						0.		Ο.			Ο.
(22) CHUCK SCHRAM	0.40												
DIRECTOR		х	-			-		0.		0.			0.
(23) ANDREW PYLES	0.40												
DIRECTOR (24) LORI FLANERY	0.40	X						0.		0.			0.
DIRECTOR	0.40	x						0.		0.			Ο.
(25) RICHARD WIMSATT	0.40									••			
DIRECTOR		х						0.		0.			0.
(26) JENNIFER MOORE	0.40												
DIRECTOR		Х						0.		0.			0.
1b Sub-total c Total from continuation sheets to Part V								0. 422,547.		0.		55	0. ,408.
d Total (add lines 1b and 1c)								422,547.		0.			.408.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable	е			
compensation from the organization													3
			- I.a							ſ		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,						·	0			3		x
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		Ū		Λ
and related organizations greater than \$15											4		х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	le J f	for si	uch j	pers	son					5		х
Section B. Independent Contractors		-l							¢100.000 of oom				
1 Complete this table for your five highest co the organization. Report compensation for	-	-								pensa	ation t	rom	
(A)	the objected y	Cui	Criai	ng vi	VICII	01 11		(B)	your.		(C	;)	
Name and business	address							Description of s	services	С	omper		n
TRADESMEN INTERNATIONAL HOLDINGS, LLC	2							SUPPLIED SKILLED L	ABOR FOR				
P.O. BOX 932858, CLEVELAND, OH 44193							_	MAINTENANCE P				407,	,613.
THE FEZ GROUP, LLC	- 0											0.24	1.4.0
3245 LOCH NESS DR, LEXINGTON, KY 4009 SARABI GROUP	23							CONTRACTED TO BUIL	D NEW HOUSES			234	<u>,149.</u>
P.O. BOX 1231, PROSPECT, KY Y40059								CONTRACTED TO REHA	B OLD HOUSES			170	,432.
DIXIE PLUMBING & HEATING CO., INC.								PLUMBING & HEATING					
6301 STRAWBERRY LANE, LOUISVILLE, KY	40214							INSTALLATI				117,	,614.
2 Total number of independent contractors (i	•	not li	mite	d to			stec	d above) who received n	nore than				
\$100,000 of compensation from the organi		ma				4					Form	990 /	2018)
SEE PART VII, SECTION A CONTINU 832008 12-31-18	NITON PUER	12											2010)
						~							

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Name and titleAverage hoursPosition (check all that apply)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from related organization (W-2/1099-MISC)Estimated amount of other compensation from the organization (W-2/1099-MISC)Reportable compensation from related organization (W-2/1099-MISC)Estimated amount of other organization (W-2/1099-MISC)(27) CHRISTIE AMES0.40 (M-2)x(27) CHRISTIE AMES0.40 (M-2)x(27) CHRISTIE AMES0.40 (M-2)x(28) REV. GERALD JOINER0.40 (M-2)x(29) MARTINA SURMA40.00 (M-2)xxx49,6750(30) ANDREW HAWES40.00 (M-2)xx132,9970.10,7(31) LISA DESPAIN40,00 (M-2)x129,2160.10,7(32) PATRICK CORNETT40,00 (M-2)x129,2160.10,7	(A)	(B)			(0	C)			(D)	(E)	(F)	
hours       (check all that apply)       compensation       compensation       compensation       amount of other         per week       veek       veek <t< th=""><th></th><th></th><th colspan="4"></th><th></th><th></th><th></th><th></th><th colspan="2"></th></t<>												
per week (list any hours for 		-	(cl					ly)			amount of	
(27) CHRISTIE AMES       0.40       x       0.40       0.000       0.000         DIRECTOR (TERM ENDED 5/2/19)       x       0.40       0.000       0.000         (28) REV. GERALD JOINER       0.40       x       0.000       0.000         DIRECTOR       x       x       0.000       0.000         (29) MARTINA SURMA       40.00       x       x       49,675.       0.10,500         SECRETARY       x       x       132,997.       0.16,500       10,5000         (30) ANDREW HAWES       40.000       x       132,997.       0.16,5000       10,5000         PRESIDENT       x       132,997.       0.16,5000       10,50000       10,50000       10,50000       10,50000       10,50000       10,500000       10,500000       10,500000       10,500000       10,500000       10,5000000       10,50000000       10,500000000       10,500000000000000000000000000000000000		per	<u> </u>								other	
27) CHRISTIE AMES       0.40       x       0.40       0.00       0.00         DIRECTOR (TERM ENDED 5/2/19)       x       0       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         DIRECTOR       0.40       x       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         DIRECTOR       x       x       0.00       0.00         29) MARTINA SURMA       40.00       x       x       49,675.00.10,30         30) ANDREW HAWES       40.00       x       132,997.00.16,90         231) LISA DESPAIN       40.00       x       129,216.00.10,90         32) PATRICK CORNETT       40.00       x       129,216.00.10,90		week					yee		the		compensatio	
27) CHRISTIE AMES       0.40       x       0.40       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         29) MARTINA SURMA       40.00       x       x       0.00       0.00         29) MARTINA SURMA       40.00       x       x       49,675       0.10,5         30) ANDREW HAWES       40.00       x       132,997       0.16,5         31) LISA DESPAIN       40.00       x       129,216       0.10,5         32) PATRICK CORNETT       40,00       x       129,216       0.10,5		(list any	ector				ample			(W-2/1099-MISC)	from the	
27) CHRISTIE AMES       0.40       x       0.40       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         29) MARTINA SURMA       40.00       x       x       0.00       0.00         29) MARTINA SURMA       40.00       x       x       49,675       0.10,5         30) ANDREW HAWES       40.00       x       132,997       0.16,5         31) LISA DESPAIN       40.00       x       129,216       0.10,5         32) PATRICK CORNETT       40,00       x       129,216       0.10,5			ordi	e Se			ated 6		(W-2/1099-MISC)		organization	
27) CHRISTIE AMES       0.40       x       0.40       0.00       0.00         DIRECTOR (TERM ENDED 5/2/19)       x       0       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         DIRECTOR       0.40       x       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         DIRECTOR       x       x       0.00       0.00         29) MARTINA SURMA       40.00       x       x       49,675.00.10,30         30) ANDREW HAWES       40.00       x       132,997.00.16,90         231) LISA DESPAIN       40.00       x       129,216.00.10,90         32) PATRICK CORNETT       40.00       x       129,216.00.10,90			ustee	trust		æ	ipens					
27) CHRISTIE AMES       0.40       x       0.40       0.00       0.00         DIRECTOR (TERM ENDED 5/2/19)       x       0       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         DIRECTOR       0.40       x       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         DIRECTOR       x       x       0.00       0.00         29) MARTINA SURMA       40.00       x       x       49,675.00.10,30         30) ANDREW HAWES       40.00       x       132,997.00.16,90         231) LISA DESPAIN       40.00       x       129,216.00.10,90         32) PATRICK CORNETT       40.00       x       129,216.00.10,90			ual tr	ional		ploye	t co m				organizations	
27) CHRISTIE AMES       0.40       x       0.40       0.00       0.00         DIRECTOR (TERM ENDED 5/2/19)       x       0       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         28) REV. GERALD JOINER       0.40       x       0.00       0.00         29) MARTINA SURMA       40.00       x       x       49,675       0.10,5         30) ANDREW HAWES       40.00       x       132,997       0.16,5         31) LISA DESPAIN       40.00       x       129,216       0.10,5         32) PATRICK CORNETT       40,00       x       129,216       0.10,5			ndivid	nstitut	Officer	key em	Highes	-ormer				
DIRECTOR (TERM ENDED 5/2/19)       x       x       0       0.       0.         28) REV. GERALD JOINER       0.40       x       0       0.       0.       0.         DIRECTOR       x       x       0       0.       0.       0.       0.         29) MARTINA SURMA       40.00       x       x       49,675.       0.       10,5         30) ANDREW HAWES       40.00       x       132,997.       0.       16,5         31) LISA DESPAIN       40.00       x       129,216.       0.       10,5         32) PATRICK CORNETT       40.00       x       129,216.       0.       10,5	27) CHRISTIE AMES		-	-	0	-	-	4				
28) REV. GERALD JOINER       0.40       x       0.40       0.00       0.00         29) MARTINA SURMA       40.00       x       x       49,675.00.10,30         29) MARTINA SURMA       x       x       49,675.00.10,30         20) ANDREW HAWES       40.00       x       132,997.00.16,90         31) LISA DESPAIN       40.00       x       129,216.00.10,90         32) PATRICK CORNETT       40.00       x       129,216.00.10,90			x						0.	0.		
NIRECTOR     x     x     x     0     0.       29) MARTINA SURMA     40.00     x     x     49,675.     0.     10,3       30) ANDREW HAWES     40.00     x     x     49,675.     0.     10,3       31) LISA DESPAIN     40.00     x     132,997.     0.     16,5       32) PATRICK CORNETT     40,00     x     129,216.     0.     10,5		0.40										
x     x     x     49,675.     0.     10,3       30) ANDREW HAWES     40.00     x     132,997.     0.     16,9       31) LISA DESPAIN     40.00     x     132,997.     0.     16,9       32) PATRICK CORNETT     40.00     x     129,216.     0.     10,5			x						0.	0.		
30) ANDREW HAWES     40.00     x     132,997.     0.     16,9       31) LISA DESPAIN     40.00     x     132,997.     0.     16,9       7ICE PRESIDENT     X     129,216.     0.     10,9       32) PATRICK CORNETT     40.00     X     129,216.     0.     10,9		40.00										
RESIDENT         X         132,997.         0.         16,9           31) LISA DESPAIN         40.00         X         129,216.         0.         10,9           VICE PRESIDENT         X         129,216.         0.         10,9           32) PATRICK CORNETT         40.00         Image: Constant of the second se	ECRETARY		х		х				49,675.	0.	10,33	
(31) LISA DESPAIN     40.00     x     129,216.     0.     10,9       (32) PATRICK CORNETT     40.00     1     129,216.     0.     10,9	30) ANDREW HAWES	40.00										
VICE PRESIDENT         X         129,216.         0.         10,9           (32) PATRICK CORNETT         40.00              10,9            10,9            10,9            10,9              10,9              10,9               10,9	RESIDENT				х				132,997.	0.	16,91	
32) PATRICK CORNETT 40.00	31) LISA DESPAIN	40.00										
					х				129,216.	0.	10,92	
INECUTIVE VICE PRESIDENT       Image: Constraint of the second seco	32) PATRICK CORNETT	40.00										
	XECUTIVE VICE PRESIDENT				X				110,659.	0.	17,24	
			1									
			1	L								

04-01-18

		(2018) THE HOUSING PART	NERSHIP, INC.			61-1154315	Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a respo	onse or note to any line	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c c e f	a       Federated campaigns       1a         b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1c         d       Related organizations       1c         d       Rovernment grants (contributions)       1c         All other contributions, gifts, grants, and similar amounts not included above       1f         g       Noncash contributions included in lines 1a-1f: \$	9,651. 4 466,777.	1,761,744.			
			Business Code	, <u>_</u>			
e	2 a	PROPERTY MANAGEMENT	236000	6,063,598.	6,063,598.		
e šr	b	HOUSING PRODUCTION	531110	1,891,275.	1,891,275.		
anu Bhu	c	HOUSING RESOURCES	531390	627,079.	627,079.		
Program Service Revenue	c	1 t					
бr	e						
ā	f	All other program service revenue					
	ç	<b>Total.</b> Add lines 2a-2f		8,581,952.			
	3 4	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt be	ond proceeds	1,450.			1,450.
	5	Royalties(i) Rea					
	6 9						
		a Gross rents					
		Rental income or (loss)					
		Net rental income or (loss)					
		a Gross amount from sales of (i) Securit					
		assets other than inventory	819,402.				
	b	D Less: cost or other basis					
		and sales expenses	823,715.				
	c	Gain or (loss)	-4,313.				
		I Net gain or (loss)		-4,313.			-4,313.
Other Revenue		<ul> <li>Gross income from fundraising events (no including \$ 9,651. of contributions reported on line 1c). See Part IV, line 18</li> </ul>	ot				
the	h	<ul> <li>Less: direct expenses</li> </ul>					
Ò		Net income or (loss) from fundraising eve		-2,657.			-2,657.
		a Gross income from gaming activities. See		=,,			
		Part IV, line 19					
	b	D Less: direct expenses					
		Net income or (loss) from gaming activitie					
	10 a	Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of invento	ory				
		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS REVENUE	900099	73,488.			73,488.
	b						
	c						
	c	All other revenue					
		• Total. Add lines 11a-11d		73,488.			
	12	Total revenue. See instructions		10 411 664.	8,581,952.	0.	67,968.
83200	9 12-3						Form <b>990</b> (2018)

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Form 9	90 (	20	18)			THE	HO	USING	PARTNERSHIP	]	NC

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).

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	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations		·		•				
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	477,955.	119,489.	358,466.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	3,015,567.	2,573,388.	442,179.					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	316,434.	279,489.	36,945.					
10	Payroll taxes	243,854.	186,403.	57,451.					
11	Fees for services (non-employees):								
а	Management								
b	Legal	143,503.	143,503.						
С	Accounting	97,195.		97,195.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch 0.)	223,891.	51,879.	172,012.					
12	Advertising and promotion	36,771.	3,945.	32,826.					
13	Office expenses	161,664.	52,941.	108,723.					
14	Information technology	97,541.	78,712.	18,829.					
15	Royalties								
16	Occupancy	1,430,523.	1,410,255.	20,268.					
17	Travel	105,491.	89,931.	15,560.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	1,518,855.	1,390,863.	127,992.					
21	Payments to affiliates			<b></b>					
22	Depreciation, depletion, and amortization	772,611.	690,666.	81,945.					
23 24	Insurance Other expenses. Itemize expenses not covered	96,246.	10,194.	86,052.					
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	DEBT FORGIVENESS	609,337.	609,337.						
b	SUBCONTRACTORS	334,363.	334,363.						
с	TURN COSTS	165,808.	165,808.						
d	BAD DEBT EXPENSES	132,540.	132,540.						
е	All other expenses	127,156.	65,874.	61,282.					
25	Total functional expenses. Add lines 1 through 24e	10,107,305.	8,389,580.	1,717,725.	0.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
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THE HOUSING PARTNERSHIP, INC Part X Balance Sheet

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га	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
	-				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,344.	1	2,014.
	2	Savings and temporary cash investments			743,305.	2	870,012.
	3	Pledges and grants receivable, net			68,432.	3	118,033.
	4	Accounts receivable, net	1,432,554.	4	1,292,444.		
	5	Loans and other receivables from current and for	ormer c	fficers, directors,			
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ts		employees' beneficiary organizations (see instr).	lete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net			862,854.	7	862,854.
	8	Inventories for sale or use			1,813,390.	8	3,195,058.
	9	Prepaid expenses and deferred charges	627,277.	9	544,628.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	31,049,626.			
	b	Less: accumulated depreciation	10b	3,785,052.	23,996,098.	10c	27,264,574.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -		12			
	13	Investments - program-related. See Part IV, line			75,000.	13	1,218,735.
	14	Intangible assets	·	14			
	15	Other assets. See Part IV, line 11	4,227,800.	15	4,119,363.		
	16	Total assets. Add lines 1 through 15 (must equ			33 849 054.	16	39,487,715.
	17	Accounts payable and accrued expenses		2,124,123.	17	2,724,168.	
	18	Grants payable			18		
	19	Deferred revenue			30,867.	19	34,514.
	20	Tax-exempt bond liabilities			-	20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
abi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties	23,569,392.	23	28,434,441.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24	). Complete Part X of			
		Schedule D			134,439.	25	0.
	26	Total liabilities. Add lines 17 through 25			25 858 821.	26	31,193,123.
		Organizations that follow SFAS 117 (ASC 958	s), cheo	k here ▶ 🔽 and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
лс	27	Unrestricted net assets			5,879,718.	27	5,327,644.
Fund Balances	28	Temporarily restricted net assets			100,000.	28	1,358,536.
Ы	29	<b>_</b>			2,010,515.	29	1,608,412.
Ъ		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			7,990,233.	33	8,294,592.
	34				33 849 054.	34	39,487,715.

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Form	990 (2018) THE HOUSING PARTNERSHIP, INC.	61-1154315		Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	411	664.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	107	305.
3	Revenue less expenses. Subtract line 2 from line 1	3		304	359.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7		233.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	294	592.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis IX 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	<u> </u>

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#### SCHEDULE A

(Form 990 or 990-EZ)

## 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.

Department of the Treasury Internal Revenue Service

# Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Nam	e of t	the organization			Employ	Employer identification number					
		THE HO	USING PARTNERSH	IIP_ INC.				61-1154315			
Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	nis part.) S	ee instructions.				
The o	organ	ization is not a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	on 170(b)(	1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	l describe	d in <b>sectio</b>	on 170(b)(1)(A)(iii). Ente	er the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental unit desci	ribed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	)(v).				
7	x	An organization that norma	ally receives a substa	antial part of its support f	rom a gov	vernmenta	l unit or from the gener	al public described in			
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operat	ed in conji	unction with a land-grar	nt college			
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of the colle	ege or			
		university:									
10		An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membership fees,	and gross receipts from			
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of its suppo	ort from gross investment			
		income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the organizatio	n after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized a	-	•	•						
12		An organization organized a	-	-	-		· ·				
		more publicly supported or	-					Check the box in			
		lines 12a through 12d that				-	· · · ·				
а		<b>Type I.</b> A supporting orga		-	•	-					
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting			
	_	organization. You must o	•								
b		<b>Type II.</b> A supporting org	-					-			
		control or management o			ame perso	ons that c	ontrol or manage the sl	ирропеа			
_		organization(s). You mus	•				an al frue ation allur inte ann				
С		J Type III functionally inte	-					ated with,			
لم		its supported organizatio		•			-	nization(a)			
d		Type III non-functionally that is not functionally int	• •								
		requirement (see instruct	с с	0 ,			•	TUVENESS			
~		Check this box if the orga		•		•		ш			
е	L	functionally integrated, or					а турет, турет, турет				
f	Ente	er the number of supported (		many integrated support	ing organi	241011.					
י מ		vide the following information	•	ed organization(s)							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions	s) support (see instructions)			

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

<u>Total</u>

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Pa	art II Support Schedule for	-		-			-
	(Complete only if you checke			-	n failed to qualify u	Inder Part III. If the	organization
80	fails to qualify under the tests ction A. Public Support	s listed below, plea	ise complete Part II	1.)			
	ndar year (or fiscal year beginning in)	(a) 2014	(h) 2015	(a) 2016	(4) 2017	(a) 2018	
	Gifts, grants, contributions, and	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	803,228.	1,675,650.	1,026,219.	741,109.	533,208.	4,779,414.
2	Tax revenues levied for the organ-	005,220.	1,075,050.	1,020,219.	741,109.	555,200.	4,779,414.
-	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	803,228.	1,675,650.	1,026,219.	741,109.	533,208.	4,779,414.
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)						628,261.
	Public support. Subtract line 5 from line 4.						4,151,153.
	ction B. Total Support		<i>(</i> ) <b>) ) (</b> )	( ) 00/0	( )) 00 ( 7		(n <b>T</b> ) )
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	803,228.	1,675,650.	1,026,219.	741,109.	533,208.	4,779,414.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	219.	941.	1 616	1 071	1 450	E 407
9	Net income from unrelated business	219.	941.	1,616.	1,271.	1,450.	5,497.
5	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.)					1,302,024.	1,302,024.
11	Total support. Add lines 7 through 10						6,086,935.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	37,521,559.
	First five years. If the Form 990 is fo						
	organization, check this box and stop	phere					
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2018 (					14	68.20 %
15	Public support percentage from 2017					15	87.99 %
<b>16</b> a	<b>33 1/3% support test - 2018.</b> If the o						
	stop here. The organization qualifies						
k	33 1/3% support test - 2017. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances tes						U% 0ľ
	more, and if the organization meets the organization meets the "facts-and-circ				-		
19	Private foundation. If the organization						
10	- mate roundation, if the organization	2.1 did fiet official a		., ,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018 THE HOUSING PARTNERSHIP INC.

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	<u>(Form 990 or 990-EZ)</u>	2018	THE	HOUSING	PARTNERSHIP	IN

#### 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20	)18	(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							
	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							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				•			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 20	)18	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	) organiz:	ation,
	check this box and stop here	-						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2018 (	line 8, column (f), c	livided by line 13,	column (f))		15		%
16	Public support percentage from 2017	' Schedule A, Part	III, line 15			16		%
Sec	ction D. Computation of Investion	stment Incom	e Percentage					
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18		%
19a	33 1/3% support tests - 2018. If the						nd line 1	7 is not
	more than 33 1/3%, check this box a							<b>&gt;</b>
b	33 1/3% support tests - 2017. If the	-					3 1/3% , a	Ind
	line 18 is not more than 33 1/3%, che							
<u>20</u>	Private foundation. If the organization		-					
83202	23 10-11-18				Sch	edule A (F	orm 990	or 990-EZ) 2018
				16		•		-

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#### Schedule A (Form 990 or 990-EZ) 2018 THE HOUSING PARTNERSHIP INC

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

#### Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 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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Schedule A (Form 990 or 990-EZ) 2018

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17

	Yes	No
1		
2		
3a		
Зb		
3c		
4a		
4b		
4c		
10		
<u>5a</u>		
5b		
<u>5c</u>		
6		
7		
8		
9a		
9b		
9c		
10-		
<u>10a</u>		
10b rm 990 or 99	0 57	2018

Page 4

Sche		61-1154315	Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			L
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	I •	1	L
			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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ũ	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		1	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	tructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity.	tv (see instruction	s).	
2	Activities Test. Answer (a) and (b) below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
з а				
d	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	58		
U U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018

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	edule A (Form 990 or 990-EZ) 2018 THE HOUSING PARTNERSHIP, INC. rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Organ		51-1154315 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions
	other Type III non-functionally integrated supporting organizations must co			,
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
7	emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functional	6   ly integrate	d Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

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_	edule A (Form 990 or 990-EZ) 2018 THE HOUSING PARTNERS rt V Type III Non-Functionally Integrated 509			1-1154315 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
-	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
4	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributions of prior years			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
0	5			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8				
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
<u> </u>	Excess from 2018		<b>.</b>	(Earm 000 or 000 EZ) 2019

Schedule A (Form 990 or 990-EZ) 2018

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<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	section B, line 1e P	art V
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	al information.	art v,
(See instructions.)		

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

61-1154315

TH	Е	HOUSING	PARTNERSHIP	INC
Organization type (check of	or	ie):		

Filers of:	Section:
Form 990 or 990-EZ	x 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### General Rule

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

#### Special Rules

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

THE HOUSING PARTNERSHIP INC.

61-1154315

Part I	<b>Contributors</b> (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		\$\$\$\$	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			
2		\$50,000.	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 On 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.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization

Part II

Employer identification number

61-1154315

THE HOUSING PARTNERSHIP INC.

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
		   \$	

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Schedule B (Form	1 990, 990-EZ, or 990-PF) (2018)		Page
Name of organiza	tion		Employer identification number
THE HOUSING P	ARTNERSHIP, INC.		61-1154315
Part III Exclu from	usively religious, charitable, etc., contributi any one contributor. Complete columns (a)	through <b>(e) and</b> the following line entr charitable, etc., contributions of <b>\$1,000 or le</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(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, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, ar	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, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
823454 11-08-18		0.5	Schedule B (Form 990, 990-EZ, or 990-PF) (2018

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SCHEDULE D	Suppler	nental Financial Statement	OMB No. 1545-0047
(Form 990)		f the organization answered "Yes" on Form 99	
. ,	Part IV, line 6, 7	<ul> <li>(8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1</li> <li>▲ Attach to Form 990.</li> </ul>	12b. Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.go	v/Form990 for instructions and the latest infor	
Name of the organiza			Employer identification number
Part I Organi	THE HOUSING PARTNERS	Advised Funds or Other Similar Fund	61-1154315
	ion answered "Yes" on Form 990, F		
	,	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at	end of year		
	of contributions to (during year)		
3 Aggregate value	of grants from (during year)		
4 Aggregate value	at end of year		
-		visors in writing that the assets held in donor adv	
		nization's exclusive legal control?	
		d donor advisors in writing that grant funds can b	
	•	e donor or donor advisor, or for any other purpos	
impermissible pr		· / / / · · · · · · · · · · · · · · · ·	
		e if the organization answered "Yes" on Form 990	, Part IV, line 7.
	onservation easements held by the on of land for public use (e.g., recre		stariasly important land area
	on of land for public use (e.g., recre i of natural habitat	·	storically important land area ertified historic structure
	on of open space		
		ld a qualified conservation contribution in the for	n of a conservation easement on the last
day of the tax ye			Held at the End of the Tax Year
		5	
		istoric structure included in (a)	
		acquired after 7/25/06, and not on a historic struc	
listed in the Nati	onal Register		
		ferred, released, extinguished, or terminated by t	
year 🕨			
4 Number of state	s where property subject to conser	vation easement is located 🕨	-
5 Does the organiz	zation have a written policy regardir	ng the periodic monitoring, inspection, handling o	f
	nforcement of the conservation eas		
6 Staff and volunt	eer hours devoted to monitoring, in:	specting, handling of violations, and enforcing co	nservation easements during the year
►			
	nses incurred in monitoring, inspect	ting, handling of violations, and enforcing conserv	vation easements during the year
►\$			
		2(d) above satisfy the requirements of section 17	
		onservation easements in its revenue and expen	
	•	organization's financial statements that describe	
conservation ea			s the organization's accounting for
		tions of Art, Historical Treasures, or	Other Similar Assets.
	e if the organization answered "Yes'		
1a If the organization	on elected, as permitted under SFA	S 116 (ASC 958), not to report in its revenue stat	ement and balance sheet works of art,
historical treasu	res, or other similar assets held for	public exhibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	potnote to its financial statements th		
<b>b</b> If the organization	on elected, as permitted under SFA	S 116 (ASC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
		ibition, education, or research in furtherance of p	
relating to these	items:		-
(i) Revenue inc			
• Kal	on received or held works of art, his	torical treasures, or other similar assets for financ	ial gain, provide
-			
the following am	ounts required to be reported unde	r SFAS 116 (ASC 958) relating to these items:	
the following am	ounts required to be reported unde	er SFAS 116 (ASC 958) relating to these items:	• \$
the following am a Revenue include b Assets included	ounts required to be reported undered on Form 990, Part VIII, line 1		

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_		<u> PARTNERSHIP, INC.</u>	interioal Tr		Othor		-11543			ge <b>2</b>
3	Using the organization's acquisition, access	ion, and other records, che	eck any of the	following that	are a sigr	nificant us	e of its i	collection	items	
	(check all that apply):		٦.							
а	Public exhibition	d		hange progran						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c						e in Parl	XIII.		
5	During the year, did the organization solicit of	or receive donations of art,	historical trea	sures, or other	similar a	ssets		-		
	to be sold to raise funds rather than to be m						L	Yes		No
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		he organizatio	n answered "Y	es" on Fo	orm 990, I	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermediary fo	or contribution	is or other ass	ets not in	cluded				
iu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII									NO
D		and complete the followin	g table.					Amount		
•	Reginning balance					1c		Amount		
с С	Beginning balance					1d				
u	Additions during the year									
e	Distributions during the year					1e				
f	Ending balance					1f		Vee		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.				-	?	ــــــ	Yes	$\square$	No
	rt V Endowment Funds. Complete									
i ui							ra haali	(-) [0.15]	vaara k	
4.	Designing of year belowed	(a) Current year (b)	Prior year	(c) Two years	Dack (C	Three yea	IS DACK	<b>(e)</b> Four y	lears L	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance (line	e 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment 🕨	%								
b	Permanent endowment 🕨	%								
С	Temporarily restricted endowment 🕨	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization t	that are held a	nd administere	ed for the	organizat	ion	_		
	by:							١	/es	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	e organization's endowmer	nt funds.							
Pa	rt VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 990, Parl	t IV, line 11a. S	See Form 990,	Part X, lir	ie 10.				
	Description of property	<b>(a)</b> Cost or other basis (investment)	• • •	or other (other)	• •	umulated eciation		<b>(d)</b> Book	value	
1a	Land	4,425,690	).					4	425,0	590.
b	Buildings					3,328,4	50.		711,0	
	Leasehold improvements							,	,	
	Equipment			584,444.		456,60	12		127,8	842
	Other			501,444.					<u></u>	<u>, 74.</u>
	I. Add lines 1a through 1e. (Column (d) must e	augl Form 000 Port V and	ump (P) line 1			•		07	264	- 7 4
rota	I. Aud miles ta uniough te. (Columni (a) Must e	iquai FUIIII 990, Part X, COI	unni (B), iine i	00.)				21,1	264,	<u>) / 4 .</u>

Schedule D (Form 990) 2018

832052 10-29-18

Schedule [	D (Form 990) 2018	THE HOUS	ING PARTNERSHIP	. INC

Part VII Investments - Other Securities.	n Form 000, Bart IV, line	11b Soo Form 000 Dart V line 12	
Complete if the organization answered "Yes" c (a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1) DEVELOPMENT FEES RECEIVABLE			1,007,959
(2) OTHER RECEIVABLE			3,085,034
(3) DUE FROM RELATED ENTITIES			26,370
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		4,119,363
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X line	25
(a) Description of liability	JIT OITH 350, Fait IV, III	(b) Book value	20.
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) 			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Chec!	k here if the text of the footnote has be	en provided in Part XIII 🛛 🗴

Schedule D (Form 990) 2018

832053 10-29-18

3       Subtract line 2e from line 1       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       -26,389.         c       Add lines 4a and 4b       4c       -26,389.         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5       10,107,305.	Sche	edule D (Form 990) 2018 THE HOUSING PARTNERSHIP INC. 6	51-1154315	Page <b>4</b>
1       Total revenue, gains, and other support per audited financial statements       1       10,707,369.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       2a         a       Net unrealized gains (losses) on investments       2a       2b       266,659.         b       Donated services and use of facilities       2c       2d       26,389.         c       Add lines 2a through 2d       3       10,414,321.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       10,414,321.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4a       4b       -2,657.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       10,411,664.         Part XIII Perconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IX, line 25:         a       Donated services and use of facilities       2b       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2	Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b       226, 659,         c       Add lines 2a through 2d       3       10, 414, 321,         a       Amounts included on Form 990, Part VIII, line 7b       4a       3       10, 414, 321,         4       Amounts included on Form 990, Part VIII, line 7b       4a       4a       4c       -2, 657,         5       Total revenue. Add lines 3 and 4c, ( <i>This must equal Form 990, Part I, line 12</i> )       4c       -2, 657,       5       10, 411, 664,         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       10, 403, 010,         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       10, 403, 010,         1       Total expenses and losses per audited financial statements       2       2       269, 316,         2       Donated services and use of facilities       2a       266, 659,       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b       266, 659,         c Recoveries of prior year grants       2c       2c         d Other (Describe in Part XIII.)       2d       26, 389,         e Add lines 2a through 2d       3       10, 414, 321,         3 Subtract line 2e from line 1       3       10, 414, 321,         4 Amounts included on Form 990, Part VIII, line 7b       4a       4a         b Other (Describe in Part XIII.)       4b       -2, 657,         c Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.)       5       10, 411, 664,         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       10, 403, 010,         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       10, 403, 010,         1       Total expenses and losses per audited financial statements       1       10, 403, 010,         2       Amounts included on line 1 but not on Form 990, Part IV, line 25:       2       2       2         a Donated services and use of facilities       2       2       2       2         b Prior year adjustments       2       2       2       2       2       2       2       2 <th>1</th> <th>Total revenue, gains, and other support per audited financial statements</th> <th>1</th> <th>10,707,369.</th>	1	Total revenue, gains, and other support per audited financial statements	1	10,707,369.
b       Donated services and use of facilities       2b       266       659         c       Recoveries of prior year grants       2d       2d <th>2</th> <th>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</th> <th></th> <th></th>	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d       26,389         e       Add lines 2a through 2d       3       10,414,321.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       10,414,321.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       -2,657.         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       10,414,321.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       10,411,664.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       10,403,010.       2e         2       Add lines 2a through 2d       2,657.       2e	а	Net unrealized gains (losses) on investments 2a		
c       Recoveries of prior year grants       2c       2d       26,389         d       Other (Describe in Part XIII.)       2d       26,389       2e       293,048.         a       Add lines 2a through 2d       3       10,414,321.       3       10,414,321.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       3       10,414,321.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a       4a         b       Other (Describe in Part XIII.)       4b       -2,657.       5       10,411,664.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       10,411,664.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       266,659.         b       Prior year adjustments       2a       26,657.       2e         c       Other (Describe in Part XIII.)       2d       2,657.       2e         a       Mounts included on Form 990, Part IX, line 25:       2a       266,659.       2e         b       Prior year adjustments       2a       2,657.       2	b	Donated services and use of facilities 266,659.		
e Add lines 2a through 2d       2e       293,048.         3 Subtract line 2e from line 1       3       10,414,321.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b Other (Describe in Part XIII.)       4b       -2,657.         c Add lines 4a and 4b       5       10,411,664.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.       1       10,403,010.         1       Total expenses and losses per audited financial statements       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       266,659.         a Donated services and use of facilities       2a       266,659.       2b         b Prior year adjustments       2       2       269,316.       3         3       10,133,694.       3       10,133,694.         4       Amounts included on Form 990, Part IVIII, line 7b       4a       4a       -26,389.         5       Total expenses. Add lines 4a and 4b       -26,389.       4c       -26,389.         5 </th <th>с</th> <td></td> <td></td> <td></td>	с			
3       Subtract line 2e from line 1       3       10,414,321.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a       4a         b       Other (Describe in Part XIII.)       4a       4b       -2,657.       4c       -2,657.         c       Add lines 4a and 4b       4c       -2,657.       5       10,411,664.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       10,411,664.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       10,403,010.         1       Total expenses and losses per audited financial statements       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       266,659.         2       Donated services and use of facilities       2a       266,659.         2       2       2       2       2         3       10,133,694.       3       10,133,694.         4       Amounts included on Form 990, Part IVIII, line 7b       4a       4a         4       Investment expenses not included on Form 990, Part IVII, line 7b       4a       4a         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:	d	Other (Describe in Part XIII.) 26,389.		
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       -2,657.         c       Add lines 4a and 4b       4c       -2,657.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       10,411,664.         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       10,403,010.         1       Total expenses and losses per audited financial statements       2       2       2       2         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       a       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       2       2         a       Other (Describe in Part XIII.)       2d       2,657.       2       2       2       2       2       2       2       2       2       2       3       10,403,010.       4       10,403,010.       4       10,403,010.       4       1       10,403,010.       4       1       10,403,010.	е	Add lines <b>2a</b> through <b>2d</b>	2e	293,048.
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       -2,657.         c       Add lines 4a and 4b       5       10,411,664.         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       10,411,664.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       2       2         3       Donated services and use of facilities       2       2       2       2         2       Other (Describe in Part XIII.)       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       3       10,133,694.       3       10,133,694.       3       10,133,694.       4	3	Subtract line 2e from line 1	3	10,414,321.
b       Other (Describe in Part XIII.)       4b       -2,657.         c       Add lines 4a and 4b       4c       -2,657.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       10,411,664.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       a       Donated services and use of facilities       2a       266,659.         b       Prior year adjustments       2b       2d       2,657.       2e       269,316.         3       Subtract line 2e from line 1       2d       2,657.       2e       269,316.       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       10,133,694.       4c       -26,389.       -26,389.         c       Other (Describe in Part XIII.)       4b       -26,389.       -26,389.       -26,389.       -26,389.       -26,389.       -26,389.       -26,389.       -26,389.       -26,389.       -26,389.       -26,389.	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c       Add lines 4a and 4b       4c       -2,657.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       10,411,664.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       10,411,664.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       2         a       Donated services and use of facilities       2a       266,659.       2         b       Prior year adjustments       2b       2       2       2         c       Other losses       2c       2	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
c       Add lines 4a and 4b       4c       -2,657.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       10,411,664.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       10,411,664.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       2         a       Donated services and use of facilities       2a       266,659.       2         b       Prior year adjustments       2b       2       2       2         c       Other losses       2c       2	b	Other (Describe in Part XIII.)657.		
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1 Total expenses and losses per audited financial statements         1 Total expenses and losses per audited financial statements         1 Total expenses and losses per audited financial statements         1 10,403,010.         2a 266,659.         2b         2 d 2,657.         2 d 2,657.         2 d 2,657.         Complete if he organization answered "Yes" on Form 990, Part IX, line 25.         Donated services and use of facilities         2 d 2,657.         2 d 2,657.         2 d 2,657.         6 Other (Describe in Part XIII.)         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         4a       4a         0 Other (Describe in Part XIII.)       4a         4 dot lines 4a and 4b       4c       -26,389.         0 Other (Describe i	с		4c	-2,657.
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       266,659.       2b         a       Donated services and use of facilities       2a       266,659.       2b       2c         b       Prior year adjustments       2d       2,657.       2e       269,316.         3       Subtract line 2e from line 1       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a       4a       4a       4a       4a       4a       4a       4a       4b       -26,389.       5       10,107,305.	5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	10 411 664.
1       Total expenses and losses per audited financial statements       1       10,403,010.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       266,659.         a       Donated services and use of facilities       2b       2b         b       Prior year adjustments       2c       2c         c       Other losses       2c       2d       2,657.         e       Add lines 2a through 2d       2e       269,316.         3       Subtract line 2e from line 1       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       10,133,694.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       -26,389.         b       Other (Describe in Part XIII.)       4c       -26,389.       4c       -26,389.         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5       10,107,305.	Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       266,659.         a       Donated services and use of facilities       2b       2b         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d       2,657.         e       Add lines 2a through 2d       2e       269,316.         3       Subtract line 2e from line 1       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       10,133,694.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       -26,389.         b       Other (Describe in Part XIII.)       4b       -26,389.       4c       -26,389.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       10,107,305.		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       266,659.         a       Donated services and use of facilities       2b       2b         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d       2,657.         e       Add lines 2a through 2d       2e       269,316.         3       Subtract line 2e from line 1       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       10,133,694.         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       -26,389.         b       Other (Describe in Part XIII.)       4b       -26,389.       4c       -26,389.         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       10,107,305.	1	Total expenses and losses per audited financial statements	1	10,403,010.
b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d       2,657.         e       Add lines 2a through 2d       2e       269,316.         3       Subtract line 2e from line 1       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a         b       Other (Describe in Part XIII.)       4a       4b       -26,389.         c       Add lines 4a and 4b       4c       -26,389.       5       10,107,305.	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d       2,657.         e       Add lines 2a through 2d       2e       269,316.         3       Subtract line 2e from line 1       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a         b       Other (Describe in Part XIII.)       4a       4b       -26,389.         c       Add lines 4a and 4b       4c       -26,389.       5       10,107,305.	а	Donated services and use of facilities 266,659.		
cOther losses2cdOther (Describe in Part XIII.)2d2,657.eAdd lines 2a through 2d2e269,316.3Subtract line 2e from line 1310,133,694.4Amounts included on Form 990, Part IX, line 25, but not on line 1:a10,133,694.aInvestment expenses not included on Form 990, Part VIII, line 7b4aabOther (Describe in Part XIII.)4b-26,389.cAdd lines 4a and 4b4c-26,389.5Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)510,107,305.	b			
dOther (Describe in Part XIII.)2d2,657.eAdd lines 2a through 2d2269,316.3Subtract line 2e from line 1310,133,694.4Amounts included on Form 990, Part IX, line 25, but not on line 1:310,133,694.aInvestment expenses not included on Form 990, Part VIII, line 7b4a4abOther (Describe in Part XIII.)4b-26,389.cAdd lines 4a and 4b4c-26,389.5Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)510,107,305.	с			
e Add lines 2a through 2d       2e       269,316.         3 Subtract line 2e from line 1       3       10,133,694.         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a       10,133,694.         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b Other (Describe in Part XIII.)       4b       -26,389.         c Add lines 4a and 4b       4c       -26,389.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       10,107,305.	d			
3       Subtract line 2e from line 1       3       10,133,694.         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       -26,389.         c       Add lines 4a and 4b       4c       -26,389.         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5       10,107,305.	е		2e	269,316.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b       -26,389.         c Add lines 4a and 4b       4c       -26,389.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       10,107,305.	3		3	10,133,694.
b Other (Describe in Part XIII.)       4b       -26,389.         c Add lines 4a and 4b       4c       -26,389.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       10,107,305.	4			
c Add lines 4a and 4b       4c       -26,389.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       10,107,305.	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
c Add lines 4a and 4b       4c       -26,389.         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       10,107,305.	b	Other (Describe in Part XIII.)		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 10,107,305.	с		4c	-26,389.
	5		5	
Part XIII Supplemental Information.	Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL

REVENUE SERVICE INDICATING THAT IT IS EXEMPT FROM INCOME TAXES UNDER

INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS CLASSIFIED AS AN

ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION

FOR INCOME TAXES IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE

"MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO LIABILITY FOR

UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED

FINANCIAL STATEMENTS.

832054 10-29-18

Schedule D (Form 990) 2018

07360515 758005 9054.TAX 2018.05090 THE HOUSING PARTNERSHIP, IN 9054\_TK1

Schedule D (Form 990) 2018         THE HOUSING PARTNERSHIP, INC.           Part XIII         Supplemental Information (continued)		61-1154315	Page
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
DEBT FORGIVENESS - YORK TOWERS	26,389.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
FUNDRAISING EXPENSES	-2,657.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EXPENSES	2,657.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
DEBT FORGIVENESS - YORK TOWERS	-26,389.		
332055 10-29-18		Schedule D (For	m 990) 20
30 60515 758005 9054.TAX 2018.05090 THE	HOUSING PARTNE	RSHIP, IN 90	54 тк

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization			er identification numbe
FORM 990, PART III,	THE HOUSING PARTNERSHIP, INC.	61-11	54315
* LEADING T	HE NON-PROFIT SECTOR IN REDEVELOPING DISTRESSED		
URBAN NEI	GHBORHOODS.		
FORM 990, PART III,	LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:		
IN PREDATORY LENDING	G EDUCATION. THE ORGANIZATION ALSO RESPONDS TO THE		
MOST FRAGILE HOUSEH	OLDS ON THE ECONOMIC SCALE BY PROVIDING BASIC BUDGET		
AND CREDIT COUNSELIN	NG.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
FORM 990 IS PRESENT	ED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS		
FOR RECOMMENDATION	OF APPROVAL TO THE BOARD PRIOR TO FILING. THE BOARD		
GRANTS FINAL APPROV	AL. A FINAL COPY OF THE FORM 990 IS PROVIDED TO THE		
GOVERNING BODY PRIO	R TO ITS FILING.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
WE HAVE A NEPOTISM 2	AND PROCUREMENT POLICY. BEFORE NEW CONTRACTS ARE		
ENTERED INTO, WE REG	QUIRE A MINIMUM OF THREE BIDS FROM INDEPENDENT VENDORS		
AND CONTRACTORS AND	ONE OF THE REQUIREMENTS IS THAT THEY PASS THE TEST OF		
NOT BEING RELATED TO	O AN EMPLOYEE OF OUR ORGANIZATION.		
ANNUAL CERTIFICATIO	N BY THE BOARD OF DIRECTORS IS REQUIRED. KEY EMPLOYEES		
ARE REQUIRED TO DIS	CLOSE ANY POSSIBLE CONFLICTS OF INTEREST PRIOR TO		
ENGAGING IN THE ACT	IVITY.		
	duction Act Notice, see the Instructions for Form 990 or 990-EZ. Sc	hedule O (Fo	m 990 or 990-EZ) (201
832211 10-10-18 360515 758005	31 9054.TAX 2018.05090 THE HOUSING PARTN	IERSHIP,	IN 9054_TK

lame of the organization	Employer identification number
THE HOUSING PARTNERSHIP, INC.	61-1154315
ORM 990, PART VI, SECTION B, LINE 15:	
HE ORGANIZATION USES AN ONLINE RESOURCE PROVIDED THROUGH ITS HUMAN	
ESOURCE/PAYROLL PROVIDER TO EVALUATE COMPENSATION, INCLUDING THE PRESIDENT	
ND OFFICERS. FURTHERMORE, THE BOARD SECRETARY OBTAINS INFORMATION FROM	
EIGHBORWORKS AMERICA TO EVALUATE COMPENSATION FOR ITS OFFICERS.	
ORM 990, PART VI, SECTION C, LINE 19:	
HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	
ND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.	
ORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
THE ORGANIZATION MAINTAINS AN AUDIT AND FINANCE COMMITTEE COMPRISED	
XCLUSIVELY OF DIRECTORS WHO SELECT THE INDEPENDENT ACCOUNTANT. THE	
COMMITTEEE MEETS WITH THE INDEPENDENT AUDITOR AT THE CONCLUSION OF THE	
NNUAL AUDIT, INCLUDING AN EXECUTIVE SESSION WITHOUT MANAGEMENT.	
	Schedule O (Form 990 or 990-EZ) (201

07360515 758005 9054.TAX 2018.05090 THE HOUSING PARTNERSHIP, IN 9054\_TK1

SCHEDULE R (Form 990)

## **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.

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE HOUSING PARTNERSHIP, INC.

Employer identification number

61-1154315

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
HPI CONSTRUCTION, LLC - 61-1154315	AFFORDABLE HOUSING				
1512 CRUMS LANE, SUITE 401	CONSTRUCTION/REHABILITATION				THE HOUSING
LOUISVILLE, KY 40216	MAINTENANCE	KENTUCKY	-615,694.	5,878,281.	PARTNERSHIP, INC.
<u>THPI, LLC - 61-1154315</u>					
1512 CRUMS LANE, SUITE 401					THE HOUSING
LOUISVILLE, KY 40216	REAL ESTATE DEVELOPMENT	KENTUCKY	0.	0.	PARTNERSHIP, INC.
HPI MANAGEMENT, LLC - 61-1154315	MANAGEMENT SERVICES TO				
1512 CRUMS LANE, SUITE 401	AFFORDABLE HOUSING				THE HOUSING
LOUISVILLE, KY 40216	PROPERTIES,	KENTUCKY	129,309.	7,180,347.	PARTNERSHIP, INC.
THPI-SC, LLC - 61-1154315					
1512 CRUMS LANE, SUITE 401	GENERAL PARTNER OF REAL				THE HOUSING
LOUISVILLE KY 40216	ESTATE LTD PSHIP	KENTUCKY	-24.	1,156.	PARTNERSHIP INC.

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
	-						
	-						

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

Schedule R (Form 990) 2018

### Part I Continuation of Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
THPI-CARPENTER, LLC - 82-1182770					
1512 CRUMS LANE, SUITE 401	PROVIDES AFFORDABLE HOUSING				THE HOUSING
LOUISVILLE, KY 40216	AT CARPENTER APARTMENTS	KENTUCKY	-184,966.	4,705,305.	PARTNERSHIP, INC.
THPI-EDGEWOOD, LLC - 61-1154315					
1512 CRUMS LANE, SUITE 401					THE HOUSING
LOUISVILLE, KY 40216	REAL ESTATE DEVELOPMENT	KENTUCKY	0.	1,120,653.	PARTNERSHIP, INC.
THPI-MONTGOMERY, LLC - 61-1154315	GENERAL PARTNER OF				
1512 CRUMS LANE, SUITE 401	MULTI-FAMILY APARTMENT				THE HOUSING
LOUISVILLE, KY 40216	COMPLEX	KENTUCKY	0.	0.	PARTNERSHIP, INC.

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.

		ian year.	1	1		1		1		r –		1				
(a)	(b)	(c)	(d)		(e)		(f)	(	g)	(1	n)	(i)		j)	(k	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling		nant income , unrelated,		e of total		re of		ortionate	Code V-UE amount in b	Gene	eral or	Percer owner	Itage
of related organization		(state or foreign	entity	excluded f	rom tax under	inc	come		of-year sets	alloca	tions?	20 of Sched	ule par	tner?	owner	snip
		country)		section	s 512-514)					Yes	No	K-1 (Form 10	65) <b>Yes</b>	No		
	-															
<u>HUNT HOMES, LTD - 30-0188156</u>	_															
1512 CRUMS LANE, SUITE 401	AFFORDABLE															
LOUISVILLE, KY 40216	HOUSING	КY	THPI, LLC	RELATED			-11.		88.		X	N/A	X			.018
<u>KDVA HOMES 07, LLLP –</u>	_															
<u>41-2264783, 1512 CRUMS LANE,</u>	_		THE HOUSING													
SUITE 401, LOUISVILLE, KY	AFFORDABLE		PARTNERSHIP,													
40216	HOUSING	КY	INC.	RELATED			-1.		652.		х	N/A	X			.019
MARIAN MANOR II, LTD -	_															
<u>32-0083512, 1512 CRUMS LANE,</u>	_															
SUITE 401, LOUISVILLE, KY	AFFORDABLE															
40216	HOUSING	КY	THPI, LLC	RELATED			-11.		88.		х	N/A	х			.019
PARTRIDGE POINTE PARTNERS,																
LLLP - 26-1747776, 1512 CRUMS																
LANE, SUITE 401, LOUISVILLE,	AFFORDABLE															
KY 40216	HOUSING	КY	THPI, LLC	RELATED			-31.		866.		x	N/A	x			.019
Part IV Identification of Related On organizations treated as a construction of the second se				Complete if t	the organizati	ion ansv	vered "Yes	s" on For	m 990, Pa	art IV,	line 34	4, because it h	ad one	or mo	ore rela	ated
(a)			(b)	(c)	(d)		(e)	)	(f)	)		(g)	(h)		(i) Sect	)
Name, address, and		Prin	nary activity	Legal domicile			Type of		Share c			Share of	Percen	tage	512(b	)(13)
of related organization	on			(state or foreign	entity	у	(C corp, s or tru		inco	me		end-of-year assets	owners	ship	contro entit	
				country)			0110	131)				233613			Yes	No
ST. CECILIA GP, INC - 26-0189	735				THE HOUSI	NG										
1512 CRUMS LANE, SUITE 401					PARTNERSH	IP,										
LOUISVILLE, KY 40216		AFFORDABI	LE HOUSING	КY	INC.		C CORP			-20	5.	135.	100.	00%	х	
ST. DENIS GP, INC - 26-214998	4				THE HOUSI	NG										
1512 CRUMS LANE SUITE 401					PARTNERSH	IP.										
LOUISVILLE KY 40216		AFFORDABI	LE HOUSING	KY	INC.	,	C CORP				7.	285.	100.	00%	x	
ST. BARTHOLOMEW GP. INC 45	-2723692				THE HOUSI	NG										
1512 CRUMS LANE, SUITE 401					PARTNERSH											
LOUISVILLE KY 40216		AFFORDABI	LE HOUSING	КY	INC.	,	C CORP			- 4	4	291.	100	00%	x	
MBS GP_ INC 46-2284285					THE HOUSI	NG										
1512 CRUMS LANE, SUITE 401					PARTNERSH											
LOUISVILLE, KY 40216		AFFORDARI	LE HOUSING	КY	INC.	,	C CORP			-224	4	5,873.	100.	0.0%	x	
THPI-NC_LLC - 46-4812692					THE HOUSI	NG				22.		5,075.				
1512 CRUMS LANE, SUITE 401		1			PARTNERSH											
LOUISVILLE, KY 40216		יפגרפ∩קיק	LE HOUSING	КY	INC.	,	C CORP			-1:	1	217.	100.	008	x	
TOOTOATTO UL 40210		TTLI OKDADI	TIOODING	35			C CORF			- <b>1</b> .	- • I	41/ <b>.</b>	<u>т</u> 00,			2018

832162 10-02-18

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	( <b> </b> Disprop ate alloc		(i) Code V-UBI amount in box	mana	al or Percentage
5		foreign country)	,	excluded from tax under sections 512-514)		assets	ate alloc Yes	1	20 of Schedule K-1 (Form 1065)	partn Yes	er?
ST. CECILIA ELDERLY				,					, , ,		
APARTMENTS, LLLP -											
20-1189412, 1512 CRUMS LANE,	AFFORDABLE										
SUITE 401, LOUISVILLE, KY	HOUSING	КY	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
ST. DENIS SENIOR APARTMENTS,											
LLLP - 26-2150112, 1512 CRUMS											
LANE, SUITE 401, LOUISVILLE,	AFFORDABLE										
KY 40216	HOUSING	КY	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
WILART ARMS APARTMENTS -											
26-3843478, 1512 CRUMS LANE,											
SUITE 401, LOUISVILLE, KY	AFFORDABLE										
40216	HOUSING	КY	THPI, LLC	RELATED	-205.	6,803.		x	N/A	х	.01%
ZION SENIOR HOUSING, LTD -											
20-3136417, 1512 CRUMS LANE,											
SUITE 401, LOUISVILLE, KY	AFFORDABLE										
40216	HOUSING	КY	THPI, LLC	RELATED	-19.	234.		x	N/A	х	.01%
ST. BARTHOLOMEW SENIOR											
APARTMENTS LLLP - 45-2723535,											
1512 CRUMS LANE, SUITE 401,	AFFORDABLE										
LOUISVILLE, KY 40216	HOUSING	КY	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
THE NORTON COMMONS LEGACY,											
LLLP - 51-0450341, 1512 CRUMS											
LANE, SUITE 401, LOUISVILLE,	AFFORDABLE										
KY 40216	HOUSING	КY	THPI-NC, LLC	RELATED				x	N/A	х	.01%
PARK SPRINGS, LLC -											
46-5423372, 1512 CRUMS LANE,			THE HOUSING								
SUITE 401, LOUISVILLE, KY	AFFORDABLE		PARTNERSHIP,								
40216	HOUSING	КY	INC.	RELATED	9,220.	1,576,635.		х	N/A	х	50.00%
MOST BLESS SACRAMENT SENIOR											
APARTMENTS LLLP - 90-0951738,											
1512 CRUMS LANE, SUITE 401,	AFFORDABLE										
LOUISVILLE, KY 40216	HOUSING	КY	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
ST. COLUMBA SENIOR APARTMENTS											
LTD 20-1189736, 1512 CRUMS											
LANE, SUITE 401, LOUISVILLE,	AFFORDABLE										
KY 40216	HOUSING	КY	THPI-SC, LLC.	RELATED				x	N/A	x	.02%

832223 04-01-18

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispro ate allo		(i) Code V-UBI amount in box 20 of Schedule	Gene mana part	aging ner?	<b>(k)</b> Percentage ownership
		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
KDVA HOMES 2, LLLP -	_											
<u>47-4054522, 1512 CRUMS LANE,</u>	_											
SUITE 401, LOUISVILLE, KY	AFFORDABLE											
40216	HOUSING	КY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MIDDLETOWN APARTMENTS, LLLP -	_											
82-1991073, 1512 CRUMS LANE,	_											
<u>SUITE 401, LOUISVILLE, KY</u>	AFFORDABLE		THPI-MIDDLETOW									
40216	HOUSING	КY	LLC	RELATED				х	N/A		х	.01%
YORK TOWERS, LLLP -	_											
82-5198270, 1512 CRUMS LANE,												
<u>SUITE 401, LOUISVILLE, KY</u>	AFFORDABLE		THPI-YORK									
40216	HOUSING	КY	TOWERS, LLC	RELATED				х	N/A	х		.01%
MONTGOMERY APARTMENTS -												
83-3379381, 1512 CRUMS LANE,												
SUITE 401, LOUISVILLE, KY	AFFORDABLE		THPI-MONTGOMER									
40216	HOUSING	КY	LLC	RELATED	0.	3,540.		x	N/A		x	1.00%
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### Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) tion b)(13) rolled ity?
		country)						Yes	No
KCADV HOMES GP, LLC - 47-5643524	-		THE HOUSING						
1512 CRUMS LANE, SUITE 401	-		PARTNERSHIP,						
LOUISVILLE, KY 40216	AFFORDABLE HOUSING	КY		C CORP	1.	408.	100.00%	Х	┝───
THPI-MIDDLETOWN, LLC - 83-1911203	-		THE HOUSING						
1512 CRUMS LANE, SUITE 401	GENERAL PARTNER OF		PARTNERSHIP,						1
LOUISVILLE, KY 40216	REAL ESTATE LTD PSHIP	КY	-	C CORP	-2.	-2.	100.00%		Х
THPI-YORK TOWERS, LLC - 83-2718503	-		THE HOUSING						
1512 CRUMS LANE, SUITE 401	GENERAL PARTNER OF		PARTNERSHIP,						1
LOUISVILLE, KY 40216	REAL ESTATE LTD PSHIP	КY	INC.	C CORP	2.	253.	79.00%		Х
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#### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)		х	
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)		х	
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		х	
o Sharing of paid employees with related organization(s)		x	_
Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
Reimbursement paid by related organization(s) for expenses		x	+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s	х	ſ

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved			
(1) MIDDLETOWN APARTMENTS. LLLP	D	10,350,839.	ACTUAL COST			
(2) MARION MANOR II, LTD.	D	347,934.	ACTUAL COST			
(3) HUNT HOMES, LTD.	D	413,262.	ACTUAL COST			
(4) ZION SENIOR HOUSING, LTD.	D	502,312.	ACTUAL COST			
(5) THE NORTON COMMONS LEGACY, LTD.	D	719,003.	ACTUAL COST			
(6) PARK SPRINGS, LLC	D	840,000.	ACTUAL COST			
832163 10-02-18	39		Schedule R (Form 990) 2018			

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) YORK TOWERS, LLLP	D	2,007,508.	ACTUAL COST
(8) PARTRIDGE POINTE APARTMENTS, LLLP	В	1,189,274.	ACTUAL COST
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile	(d) Predominant income	(e) Are all partners sec. 501(c)(3) orgs.?	<b>(f)</b> Share of	<b>(g)</b> Share of	(h) Disprop	(i) Code V-LIBI	(j) General	(k)
of entity	T finary activity	(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3) orgs.? Yes No	total	end-of-year assets	allocation	or- amount in box 20 of Schedule K-1 (Form 1065)	) managin partner	or Percentage ownership
	-									
	-									
-										
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Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
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