EXTENDED TO MAY 16, 2022

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.

Department of the Treasury Internal Revenue Service

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



| <u>A</u> F | or the | e 2020 calendar year, or tax year beginning JUL 1, 2020 and e | ending JU | JN 30, 2021 | | | | | | | | | |
|---------------------------|----------------------|--|----------------------------|------------------------------|--------------------------------|--|--|--|--|--|--|--|--|
| B C | heck if oplicable | C Name of organization | | D Employer identifi | cation number | | | | | | | | |
| | Addre | | | | | | | | | | | | |
| | Name Chang | e Doing business as | | 61-1154315 | | | | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r | | | | | | | | |
| | Final return/ | | 101 | (502) 585-54 | 51 | | | | | | | | |
| | termin ated | | G Gross receipts \$ | 16,346,727. | | | | | | | | | |
| | Ameno return | LOUISVILLE, KI 40210 | | H(a) Is this a group re | eturn | | | | | | | | |
| | Applic tion | F Name and address of principal officer: ANDREW HAWES | | for subordinates | s? Yes X No | | | | | | | | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No | | | | | | | | |
| | | empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) o | or 🗌 527 | If "No," attach a | list. See instructions | | | | | | | | |
| | | e: VEAREHPI.ORG | | H(c) Group exemption | on number 🕨 | | | | | | | | |
| | | organization: X Corporation Trust Association Other ► | L Year of | of formation: 1988 | VI State of legal domicile: KY | | | | | | | | |
| Pa | rt I | Summary | | | | | | | | | | | |
| | | Briefly describe the organization's mission or most significant activities: TO CREA | ATE, SUST | AIN AND PROMOTE | | | | | | | | | |
| Governance | | CESS TO AFFORDABLE HOUSING OPPORTUNITIES. | | | | | | | | | | | |
| l | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispose | ed of more | than 25% of its net as | sets. | | | | | | | | |
| 0 Ve | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 23 | | | | | | | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 22 | | | | | | | | |
| es ç | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | 67 | | | | | | | | | |
| Ţ | 6 | Total number of volunteers (estimate if necessary) | | | 106 | | | | | | | | |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | | | |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | 7b | 0. | | | | | | | | |
| | | | | Prior Year | Current Year | | | | | | | | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 1,140,485. | 1,635,737. | | | | | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 7,514,923. | 5,051,656. | | | | | | | | |
| ě | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,142,641. | 37,033. | | | | | | | | |
| " | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 155,482. | 2,222,114. | | | | | | | | |
| _ | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . | | 9,953,531. | 8,946,540. | | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 103,862. | | | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | | | |
| se | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$ | | 3,416,416. | 2,652,509. | | | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | | | | |
| ğ | | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | | | | | | | | | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 6,251,376. | 5,361,500. | | | | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 9,667,792. | 8,117,871. | | | | | | | | |
| _ | | Revenue less expenses. Subtract line 18 from line 12 | | 285,739. | 828,669. | | | | | | | | |
| t Assets or d Balances | | | Beg | ginning of Current Year | End of Year | | | | | | | | |
| sset Salau | 20 | Total assets (Part X, line 16) | | 38,232,723. | 42,165,743. | | | | | | | | |
| Jd E | | Total liabilities (Part X, line 26) | | 29,652,392. | 32,756,743. | | | | | | | | |
| Ë | | Net assets or fund balances. Subtract line 21 from line 20 | | 8,580,331. | 9,409,000. | | | | | | | | |
| Ра | rt II | Signature Block | | | | | | | | | | | |

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

| Sign | Signature of officer | | Date | | | | | | | |
|-----------|--|----------------------|----------|------------------------------|----|--|--|--|--|--|
| Here | PATRICK CORNETT, EXECUTIVE VICE F | RESIDENT | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | | | |
| Paid | THERESA BATLINER, CPA | | 05/11/22 | self-employed P00543162 | | | | | | |
| Preparer | Firm's name 🕒 MCM CPAS & ADVISORS LLP | | Firm's | Firm's EIN 27-1235638 | | | | | | |
| Use Only | Firm's address 🕨 462 SOUTH 4TH STREET SUI | TE 2600 | | | | | | | | |
| | LOUISVILLE, KY 40202 Phone no. (502) 74 | | | | | | | | | |
| May the I | RS discuss this return with the preparer shown abo | ve? See instructions | | X Yes | No | | | | | |
| | | | | - 000 | | | | | | |

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| | 990 (2020) THE HOUSING PARTNERSHIP, INC. | 61-1154315 | Page 2 |
|----------|---|-----------------|-----------------------|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | 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? | L | Yes X No |
| | If "Yes," describe these new services on Schedule O. | _ | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | L | Yes X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as mu | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | the total expen | ses, and |
| 4- | revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,358,058. including grants of \$ 103,862.) (Revenue | | 2,900,486.) |
| 4a | (Code:) (Expenses \$4,358,058. including grants of \$103,862.) (Revenue ASSET OVERSIGHT: THE ORGANIZATION PROVIDES ASSET OVERSIGHT AND | \$ | 2,000,400.) |
| | SERVICES TO RESIDENTS INCLUDING MAINTENANCE IN THE PROPERTIES WHICH IT | | |
| | HAS DEVELOPED OR ACQUIRED FOR THE PURPOSES OF EXPANDING THE HIGH | | |
| | OUALITY AFFORDABLE HOUSING SUPPLY IN ITS SERVICE AREA. | | |
| | <u></u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ 487,777. including grants of \$) (Revenue | \$ | 124,803.) |
| | 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 | | |
| | ABANDONED AND UNDERUTILIZED URBAN PROPERTIES. | | |
| 4c | (Code:) (Expenses \$2, 299, 647. including grants of \$) (Revenue | \$ | 3,961,644.) |
| | HOUSING RESOURCES: THE ORGANIZATION'S FINANCIAL COUNSELING AND | | |
| | EDUCATION PROGRAM IS HUD CERTIFIED. IN ADDITION TO COUNSELING AND | | |
| | EDUCATION, THIS PROGRAM ALSO OVERSEES THE SALE OF OUR SINGLE-FAMILY | | |
| | HOMES BY PROVIDING AFFORDABLE HOUSING OPPORTUNITIES TO OUR EXISTING | | |
| | RESIDENTS AND IN OUR COMMUNITY. 155 HOMEOWNERS WERE CREATED WITH THE | | |
| | SALE OF OUR HOMES. OVER 6,116 HOMEBUYERS AND POTENTIAL HOMEBUYERS HAVE | | |
| | BEEN ASSISTED IN PREPARING FOR, OR SUSTAINING, HOME OWNERSHIP THROUGH | | |
| | FINANCIAL COUNSELING PROGRAMS. NEARLY 1,796 PROGRAM GRADUATES HAVE | | |
| | PURCHASED HOMES AS A RESULT OF THE WORK OF THE ORGANIZATION. IN | | |
| | ADDITION TO HOME OWNERSHIP EDUCATION, THE PROGRAM HAS HELPED OVER 9,941 | | |
| | FAMILIES AVOID FORECLOSURES SINCE 2008. THE ORGANIZATION'S PROGRAM HAS | | |
| | BEEN RECOGNIZED BY KENTUCKY HOUSING CORPORATION FOR OUTSTANDING EFFORTS | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 7,145,482. | | 000 (2055) |
| | | F | orm 990 (2020) |
| 032002 | 2 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S) 3 | | |
| <u> </u> | | | |

^{08520511 758005 1000009054.}TAX 2020.05094 THE HOUSING PARTNERSHIP, 10000091

Form 990 (2020) THE HOUSING PARTNERSHIP, INC.
Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------|------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | | х |
| 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 | | х |
| 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 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete | | | |
| | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| - | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, 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. | | | |
| u | 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 | 114 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| ~ | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | |
| U | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | х | |
| Ь | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | 110 | | |
| u | | 11d | х | |
| ~ | 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> | 11e | | x |
| e د | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | TIE | | |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 100 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| IZa | | 10- | | x |
| L | Schedule D, Parts XI and XII | 12a | | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 106 | x | |
| 10 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>^</u> |
| 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 | 4.4% | | x |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 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 | | x |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| 47 | 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, | | | v |
| 40 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> | 17 | | <u>x</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| •- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X 000 | |
| 032003 | 12-23-20 | Form | aan | (2020) |

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THE HOUSING PARTNERSHIP, INC.

| Par | t IV Checklist of Required Schedules (continued) | | | ugo - |
|----------|---|------|-----|----------|
| | | | Yes | No |
| 22 | Did the exception report more than \$5,000 of grants or other excitations to or for demostic individuals on | | Tes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | x |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 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 | | v | |
| | 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 | | L |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 200 | | |
| U | | 28c | | x |
| 20 | "Yes," complete Schedule L, Part IV | 29 | | x |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | x |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | v | 1 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | 1 |
| | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | <u> </u> |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 1 | | 1 |
| | 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? | | | 1 |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56 | 5 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 2 | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |
| 032004 | 12-23-20 | Form | 990 | (2020) |
| | 5 | | | |

2020.05094 THE HOUSING PARTNERSHIP, 10000091

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61-1154315

| | 990 (2020) THE HOUSING PARTNERSHIP, INC. 61-115431 | .5 | Р | age 5 |
|-----|---|-----|-----|--------------|
| Par | t 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 67 | | | |
| 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 e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | x |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| ou | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| D. | | Gh | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | 6b | | |
| 7 | | 7- | | x |
| | 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 | | |
| | 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 | | |
| | 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 | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x |
| | | 14b | | |
| 15 | If "Yes," has it filed a Form /20 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | | |
| 15 | | 15 | | x |
| | excess parachute payment(s) during the year? | 13 | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N. | 40 | | x |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | | 000 | (0000) |

Form **990** (2020)

032005 12-23-20

| 0 | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|--|--|------------------------------|------------------|----|
| sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 23 | <u>1</u> | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 22 | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | | | | |
| | 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 | <u>_</u> . | | • |
| ~ | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 0 | x | |
| a ⊾ | The governing body? Each committee with authority to act on behalf of the governing body? | 8a | X | |
| ь 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | <u>8b</u> | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | |
| | tion 21 onotoo (This Section & requests information about policies not required by the internal Revenue Code.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 103 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| ~ | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 114 | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| b | | 12b | х | |
| | 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 | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| 10 | | | v | |
| | | 15a | х | |
| а | The organization's CEO, Executive Director, or top management official | 15a 15b | X | |
| а | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | | | |
| a b | The organization's CEO, Executive Director, or top management official | | | |
| a b | 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). | | | |
| a b 16a | 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 | 15b | X | |
| a b 16a | 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? | 15b | X | |
| a b 16a | 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 | 15b | X | x |
| a b 16a b | 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 | 15b 16a | X | x |
| a b 16a b | 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? | 15b 16a | X | x |
| a b 16a b <u>Sec</u> 17 | 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 | 15b 16a 16b | X X | 1 |
| a b 16a b <u>Sec</u> 17 | 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 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. | 15b 16a 16b | X X | 1 |
| a b 16a b <u>Sec</u> 17 | 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 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) | 15b 16a 16b | X X | 1 |
| a b 16a b <u>Sec</u> 17 18 | 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 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. | 15b 16a 16b s only) | x x availa | 1 |
| a b 16a b <u>Sec</u> 17 18 | 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 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. X Own website X Upon request Other (explain on Schedule O) | 15b 16a 16b s only) | x x availa | 1 |
| a b 16a b | 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 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. X Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records | 15b 16a 16b s only) | x x availa | 1 |
| a b 16a b <u>Sec</u> 17 18 | 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 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. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. | 15b 16a 16b s only) | x x availa | 1 |

| Form 990 (| 2020) | PARTNERSHIP, INC. | | Page 7 | | | | | |
|--|------------------------------------|--|--|--------|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | | |
| Employees, and Independent Contractors | | | | | | | | | |
| | Check if Schedule O contains a res | ponse or note to any line in this Part VII | | | | | | | |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | |

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

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

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

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

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

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

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | | |
|----------------------------|--------------------------|-------------------------------|-----------------------------|---------|-----------------------|---------------------------------|-------------|-----------------|-----------------|-----------------------------|-------|
| Name and title | Average | (do | (do not check more than one | | | | ane | Reportable | Reportable | Estimated | |
| | hours per | box | box, unless person | | | s both | n an | compensation | compensation | amount of | |
| | week | | | | officer and a directo | | or/trustee) | | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation | |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC) | from the | |
| | related organizations | ustee | trust | | 96 | suadu | | (W-2/1099-MISC) | | organization and related | |
| | below | ual tr | tional | | vold | t con /ee | _ | | | organizations | |
| | line) | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | |
| (1) ANDREW HAWES | 40.00 | | | | × | 1 0 | ш. | | | | |
| PRESIDENT | | х | | x | | | | 150,638. | 0. | 17,192. | |
| (2) PATRICK CORNETT | 40.00 | | | | | | | | | | |
| EXECUTIVE VICE PRESIDENT | | | | х | | | | 121,646. | 0. | 31,910. | |
| (3) LISA DESPAIN | 40.00 | | | | | | | | | | |
| VICE PRESIDENT | | | | х | | | | 135,250. | 0. | 4,684. | |
| (4) MARIAN SILLIMAN | 40.00 | | | | | | | | | | |
| SECRETARY | | | | х | | | | 47,144. | 0. | 5,463. | |
| (5) CLAY STINNETT | 0.40 | | | | | | | | | | |
| IMMEDIATE PAST BOARD CHAIR | | Х | | | | | | ٥. | 0. | 0. | |
| (6) J. BARRY BARKER | 0.40 | | | | | | | | | | |
| COMMUNITY LEADER | | Х | | | | | | 0. | 0. | 0. | |
| (7) MARK OFFERMAN | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (8) MARK F. WHEELER | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (9) ANDREW PARKER | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (10) ROB LOCKE | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (11) ROBERT B. VICE | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (12) JACK TRAWICK | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (13) WILLIAM B. GATEWOOD | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (14) TAMMY THOMAS | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (15) SCOTT KEADLE | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| (16) CHUCK SCHRAM | 0.40 | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. | |
| (17) LORI FLANERY | 0.40 | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. | |
| 032007 12-23-20 | | | | | | | | | | Form 990 (2020) | |

8

Form 990 (2020)

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| Form 990 (2020) THE HOUSING E | | | | | | | | | 61-11 | 5431 | 5 | P | age 8 |
|---|------------------------|--|-----------------------|---------|--------------|---------------------------------|--------|-------------------------|-------------------|------|-------------------|---------|--------------|
| Part VII Section A. Officers, Directors, Trust | tees, Key Em | oloy | ees, | and | d Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | Position (do not check more than one box, unless person is both an | | | | | | Reportable | Reportable | | Es | stimate | ed |
| | hours per | | | | | | n an | compensation | compensatio | n | ar | nount | of |
| | week | | cer ar | nd a d | irecto | or/trus | tee) | from | from related | | | other | |
| | (list any | director | | | | | | the | organizations | S | com | pensa | ation |
| | hours for | or dir | e a | | | ted | | organization | (W-2/1099-MIS | SC) | fi | om th | е |
| | related | stee (| ruste | | | pensa | | (W-2/1099-MISC) | | | Ŭ Ŭ | anizat | |
| | organizations below | al tru | onal t | | loyee | com se | | | | | | d relat | |
| | line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | anizati | ons |
| (18) RICHARD WIMSATT | 0.40 | - | | 0 | ž | Ξē | Ē | | | | | | |
| DIRECTOR | | х | | | | | | 0. | | Ο. | | | ٥. |
| (19) JENNIFER MOORE | 0.40 | | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | | Ο. | | | Ο. |
| (20) REV. GERALD JOINER | 0.40 | | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | | 0. | | | ٥. |
| (21) ERIC BOW | 0.40 | | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | | 0. | | | ٥. |
| (22) JOHN KOEHLINGER | 0.40 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | ٥. |
| (23) BRIAN KARST | 0.40 | | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | | 0. | | | 0. |
| (24) YVONNE MCAFEE | 0.40 | | | | | | | | | • | | | |
| DIRECTOR | 0.40 | Х | | | | | | 0. | | 0. | | | 0. |
| (25) MARIA BOUVETTE BOARD CHAIR | 0.40 | x | | x | | | | 0. | | Ο. | | | Ο. |
| (26) BILLIE W. WADE | 0.40 | ~ | | ^ | | | | 0. | | ۰. | | | 0. |
| TREASURER | 0.40 | x | | x | | | | 0. | | ٥. | | | 0. |
| | | | | | | | 0. | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 55,24 | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 454,678. | | 0. | | 59, | 249. |
| 2 Total number of individuals (including but no | | | | | | | o re | , | 000 of reportable | • | | | |
| compensation from the organization | | | | | | , | | | | | | | 3 |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, trust | ee, ł | key e | empl | loye | e, or | hig | phest compensated empl | oyee on | | | | |
| line 1a? If "Yes," complete Schedule J for su | uch individual | | | | | | | | | | 3 | | x |
| 4 For any individual listed on line 1a, is the su | m of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from t | ne organization | | | | |
| and related organizations greater than \$150 | ,000? If "Yes, | " co | mple | ete S | Sche | dule | e J f | for such individual | | | 4 | Х | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rendered to the organization? If "Yes," com | plete Schedule | e J f | or sı | ich i | oers | on . | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest con | • | • | | | | | | | • | ensa | tion fro | om | |
| the organization. Report compensation for t | he calendar ye | ear e | endir | ng w | rith c | or wi | thin | | ear. | | | | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | С |)) ompe | | n |
| ABN RESTORATION, INC., 6244 OLD LAGRA | ANGE | | | | | | | | | | | | |
| RD., SUITE 1, CRESTWOOD , KY 40014 | | | | | | | | CONTRACTED TO REHA | B OLD HOUSES | | | 475, | 355. |
| HICKS ENTERPRISES | | | | | | | | | | | | | |
| 2201 LIVERPOOL LANE, LOUISVILLE, KY 4 | 10218 | | | | | | | CONTRACTED TO REHA | B OLD HOUSES | | | 257, | 029. |
| AMERICAN ROOFING AND METAL | | | | | | | | CONTRACTED TO ROOF | REHAB | | | | |
| 4610 ROOFING RD, LOUISVILLE, KY 40218 | 3 | | | | | | | HOUSES | | | | 209, | 363. |
| LARRY ALLEN HEATING & AIR CONDITIONIN | 1G | | | | | | | | | | | | |
| P O BOX 9133, LOUISVILLE, KY 40209 | | | | | | | | HVAC REPAIR AND RE | PLACEMENT | | | 166, | 217. |
| LIFESTONE DYNAMIC, LLC | | | | | | | | | | | | | |
| 8503 BAYOU WAY, LOUISVILLE, KY 40242 | | | | | | | | CONTRACTED TO REHA | | | | 160, | 752. |
| 2 Total number of independent contractors (ir \$100,000 of componentian from the organization | • | ot lir | niteo | to to | | se lis 9 | τed | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organiz | aliun 📂 | | | | | - | | | | | | | |

032008 12-23-20

Form **990** (2020)

| 'ar | t VII | | | | | | | | | - |
|---------------------------|--------|---|-----------|--------------|------------------|-------------------------|-----------------------------|--------------------------|------------------|-----------------------------|
| | | Check if Schedule O c | conta | ains a resp | onse | or note to any line | | | | |
| | | | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue exclu |
| | | | | | | | | function revenue | business revenue | from tax und sections 512 - |
| | 1.0 | Endorated compaigns | | 1a | | | | | | 366110113 3 12 - |
| and Other Similar Amounts | | Federated campaigns | | | | | | | | |
| nor | | Membership dues | | | | 3,170. | | | | |
| Ā | | Fundraising events Related organizations | | | | 5,170. | | | | |
| lia | | Government grants (contri | | | | 1,111,152. | | | | |
| Sin | | All other contributions, gifts, | | | | | | | | |
| her | • | similar amounts not included | | | | 521,415. | | | | |
| õ | a | Noncash contributions included in I | | | \$ | | | | | |
| and | - | Total. Add lines 1a-1f | | | | | 1,635,737. | | | |
| | | | | | | Business Code | · · | | | |
| , | 2 a | PROPERTY MANAGEMENT | | | | 236000 | 2,900,486. | 2,900,486. | | |
| | | HOUSING RESOURCES | | | | 531390 | 2,026,367. | 2,026,367. | | |
| nue | С | HOUSING PRODUCTION | | | | 531110 | 124,803. | 124,803. | | |
| eve | d | | | | | | | | | |
| Revenue | е | | | | | | | | | |
| | f | All other program service | rever | nue | | | | | | |
| | | Total. Add lines 2a-2f | | | | | 5,051,656. | | | |
| | 3 | Investment income (includ | ling o | dividends, | intere | est, and | | | | |
| | | other similar amounts) | | | | ► | 37,033. | 32,313. | | 4,7 |
| | 4 | Income from investment o | of tax | -exempt b | ond p | roceeds 🕨 🕨 | | | | |
| | 5 | Royalties | . <u></u> | | | ► | | | | |
| | | | | (i) Re | al | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses \dots | 6b | | | | | | | |
| | с | Rental income or (loss) | 6c | | | | | | | |
| | d | Net rental income or (loss) |) | | | 🕨 | | | | |
| | 7 a | Gross amount from sales of | | (i) Secur | ities | (ii) Other | | | | |
| | | assets other than inventory | 7a | | | | | | | |
| | b | Less: cost or other basis | | | | | | | | |
| enne | | and sales expenses | 7b | | | | | | | |
| ver | С | Gain or (loss) | 7c | | | | | | | |
| Uther Hev | | Net gain or (loss) | | | ···· <u>····</u> | 🕨 | | | | |
| ner | 8 a | Gross income from fundraisir | - | - | | | | | | |
| 5 | | including \$ | | | | | | | | |
| | | contributions reported on | | , | | | | | | |
| | | Part IV, line 18 | | | | 0. | | | | |
| | | Less: direct expenses | | | | 3,151. | 2.454 | | | |
| | | Net income or (loss) from | | | | ▶ | -3,151. | | | -3,1 |
| | 9 a | Gross income from gamin | | | | | | | | |
| | | Part IV, line 19 | | | | | | | | |
| | | Less: direct expenses | | | | | | | | |
| | | Net income or (loss) from | | | es | ▶ | | | | |
| | 10 a | Gross sales of inventory, le | | | | 9 300 000 | | | | |
| | - | and allowances | | | | | | | | |
| | | Less: cost of goods sold | | | | 7,397,036. | 1 902 964 | 1 902 964 | | |
| + | С | Net income or (loss) from | sales | s of invente | ory | | 1,902,964. | 1,902,964. | | |
| | 44 - | MISCELLANEOUS REVEN | चा | | | Business Code 900099 | 215,635. | | | 215,6 |
| Revenue | | GAIN ON ACQUISITION | | | | 900099 | 106,666. | | | 106,6 |
| ven | b | | - | | | 500099 | 100,000. | | | 100,0 |
| Be | ے ا | | | | | | | | | |
| | | All other revenue | | | | | 322,301. | | | |
| | е | Total. Add lines 11a-11d | | <u></u> | | 🕨 | JZZ, JUI. | | | |

10

THE HOUSING PARTNERSHIP, INC. Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|-------|--|-----------------------|-------------------------------|-----------------------|---------------------------|
| 10, 1 | | | expenses | general expenses | expenses |
| | and demostic sourcements. Cas Dart IV line 01 | 103,862. | 103,862. | | |
| 2 | Grants and other assistance to domestic | 200,0021 | | | |
| 2 | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| 3 | 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, | | | | |
| Ŭ | trustees, and key employees | 513,929. | 128,483. | 385,446. | |
| 6 | Compensation not included above to disqualified | , | | | |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,850,442. | 1,669,383. | 181,059. | |
| 8 | Pension plan accruals and contributions (include | , , , | . , . | , | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 170,979. | 158,753. | 12,226. | |
| 10 | Payroll taxes | 117,159. | 88,383. | 28,776. | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 19,212. | 16,573. | 2,639. | |
| с | Accounting | 79,507. | 10,949. | 68,558. | |
| 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.) | 85,111. | 34,597. | 50,514. | |
| 12 | Advertising and promotion | 1,930. | 1,930. | | |
| 13 | Office expenses | 145,917. | 94,649. | 51,268. | |
| 14 | Information technology | 77,049. | 71,256. | 5,793. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,062,065. | 1,054,935. | 7,130. | |
| 17 | Travel | 35,833. | 35,794. | 39. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 1,029,258. | 1,029,258. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 627,583. | 598,849. | 28,734. | |
| 23 | Insurance | 123,345. | | 123,345. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | COST OF SINGLE HOME SAL | 841,388. | 841,388. | | |
| b | TURN COSTS | 808,180. | 808,180. | | |
| с | DEVELOPMENT COSTS | 268,690. | 268,690. | | |
| d | MISCELLANEOUS EXPENSE | 85,116. | 82,331. | 2,785. | |
| е | All other expenses | 71,316. | 47,239. | 24,077. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 8,117,871. | 7,145,482. | 972,389. | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | |
| | aducational compaign and fundraising collipitation | | | | |

032010 12-23-20

Check here

08520511 758005 1000009054.TAX

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

THE HOUSING PARTNERSHIP, INC.

| _ | τλ | Check if Schedule O contains a response or i | note to an | line in this Part X | | | |
|-----------------------------|----------|--|-------------|---------------------------------------|---------------------------------|-----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,604,010. | 1 | 1,734,181 |
| | 2 | Savings and temporary cash investments | | | 1,506,805. | 2 | 3,722,522 |
| | 3 | Pledges and grants receivable, net | | | 118,144. | 3 | 118,166 |
| | 4 | Accounts receivable, net | | | 1,019,477. | 4 | 618,964 |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of t | nese pers | ns | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified pe | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons descril | bed in sec | ion 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | 862,854. | 7 | 762,854 |
| Assets | 8 | Inventories for sale or use | | | 2,937,084. | 8 | 3,114,266 |
| As | 9 | Description of the second state for the second state of the second | | | 18,102. | 9 | 267,702 |
| | 10a | Land, buildings, and equipment: cost or othe | | Γ | | | |
| | | basis. Complete Part VI of Schedule D | | 24,865,696. | | | |
| | b | Less: accumulated depreciation | | 2,267,155. | 24,285,671. | 10c | 22,598,541 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, lin | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lir | | | 1,407,998. | 13 | 5,688,207 |
| | 14 | Intangible assets | | | i | 14 | i |
| | 15 | Other assets. See Part IV, line 11 | 4,472,578. | 15 | 3,540,340 | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | 38,232,723. | 16 | 42,165,743 | | |
| | 17 | Accounts payable and accrued expenses | 2,025,177. | 17 | 1,686,199 | | |
| | 18 | Grants payable | i | 18 | | | |
| | 19 | Deferred revenue | 29,067. | 19 | 25,461 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| | 22 | Loans and other payables to any current or for | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | | |
| bili | | controlled entity or family member of any of t | | 22 | | | |
| Lia | 23 | Secured mortgages and notes payable to uni | 23,969,497. | 23 | 25,006,623 | | |
| | 24 | Unsecured notes and loans payable to unrela | | · · · · · · · · · · · · · · · · · · · | 3,628,651. | 24 | 6,038,460 |
| | 25 | Other liabilities (including federal income tax, | | | , , | | , , |
| | | parties, and other liabilities not included on lin | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | | | | 29,652,392. | 26 | 32,756,743 |
| | 20 | Organizations that follow FASB ASC 958, o | | | , , , - | | , , |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| nc | 27 | | | | 5,463,347. | 27 | 8,150,464 |
| 3ala | 28 | Net assets with donor restrictions | | 3,116,984. | 28 | 1,258,536 | |
| Ыd | 20 | Organizations that do not follow FASB ASC | | | , , , - | 20 | , , |
| Ъ | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current fun | ds | | | 29 | |
| ets | 29 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| ∍t / | 32 | Total net assets or fund balances | | | 8,580,331. | 32 | 9,409,000 |
| | U2 | I UTAL HEL ASSELS UL TULIU DAIALIUES | | L | -,, | 52 | -,, 000 |

Form 990 (2020)

032011 12-23-20

| Form | 1990 (2020) THE HOUSING PARTNERSHIP, INC. | 61-115431 | 5 | Pa | _{ge} 12 |
|------|--|-----------|---------|----------|------------------|
| | rt XI Reconciliation of Net Assets | | | | 4 |
| | 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 | 8 | ,946, | 540. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8 | ,117, | 871. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 828, | 669. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8 | ,580, | 331. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 9 | ,409, | 000. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | X |
| | | ı | | 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 | Э. | | | |
| 2a | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 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 on Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gie Audit | | х | 1 |
| | Act and OMB Circular A-133? | | 3a | Λ | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | 0 | х | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | ^ 000 | <u> </u> |

Form **990** (2020)

032012 12-23-20

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 | |
|-------------------|--|
| 2020 | |

Open to Public

| | Inspectio | m |
|---------|------------------|--------|
| mplover | identification r | number |

Name of the organization

| Name | ort | | | TD TNO | | | | Employer | | | | | |
|--------------|------|--|-------------------------|--|------------------|-----------------|---------------------------------|---------------|---|--|--|--|--|
| Part | | | USING PARTNERSH | | omoloto th | ic nort) C | an instruction | | 61-1154315 | | | | |
| | | Reason for Public C | | | | | ee instruction | IS. | | | | | |
| | gan | ization is not a private found | | - | - | | | | | | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | | | | |
| 3 [| | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 _ | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | | |
| | _ | city, and state: | | | | | | | | | | | |
| 5 _ | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | |
| | _ | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | |
| 6 [| | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| 7 🗋 | X | An organization that normal | • | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general j | public described in | | | | |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | | | | | |
| 8 [| | A community trust describe | | | | | | | | | | | |
| 9 _ | | An agricultural research org | | | | - | | - | - | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the r | name, city | , and state of | the college | e or | | | | |
| Г | | university: | | | | | | | | | | | |
| 10 🗌 | | An organization that normal | | | | | | | | | | | |
| | | activities related to its exem | | • | ., | | | | | | | | |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | ses acqui | red by the org | janization a | atter June 30, 1975. | | | | |
| 44 [| | See section 509(a)(2). (Cor | | valu to toot for public oo | intu Can | nantian E(| 0(-)(4) | | | | | | |
| 11 ∟ 12 □ | | An organization organized a An organization organized a | - | • | • | | | rn/ out tho | purposes of one or | | | | |
| | | more publicly supported or | - | • | | | | • | | | | | |
| | | lines 12a through 12d that | - | | | | | | | | | | |
| а | | Type I. A supporting orga | • • | | - | | | - | aivina | | | | |
| u | L | the supported organization | - | - | • • • • | - | | | | | | | |
| | | organization. You must c | | | majority o | | | | apporting | | | | |
| b | | Type II. A supporting orga | | | ion with its | s supporte | ed organizatio | n(s), by hay | vina | | | | |
| - | | control or management of | - | | | | - | | - | | | | |
| | | organization(s). You mus | | | • | | | 5 | | | | | |
| с | |] Type III functionally inte | | | in connect | ion with, a | and functional | lly integrate | ed with, | | | | |
| | | its supported organization | n(s) (see instructions) |). You must complete I | Part IV, Se | ctions A, | D, and E. | | | | | | |
| d | | Type III non-functionally | v integrated. A supp | orting organization oper | ated in cor | nnection w | vith its suppo | ted organiz | zation(s) | | | | |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distri | ibution rec | quirement and | I an attentiv | veness | | | | |
| | | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | v . | | | | | | |
| е | | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | | | | | |
| | | functionally integrated, or | Type III non-function | nally integrated supportin | ng organiza | ation. | | | | | | | |
| f | Ente | er the number of supported o | organizations | | | | | | | | | | |
| g | | vide the following information | | | (iv) Is the orga | nization listed | | (| | | | | |
| | (| i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount o support (see ir | | (vi) Amount of other support (see instructions) | | | | |
| | | organization | | above (see instructions)) | Yes | No | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | |
| | _ | | | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 THE HOUSING PARTNERSHIP, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | , | | , | | | |
|------|--|-----------------------|----------------------|------------------------|----------------------|---------------------|-------------|
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Gifts, grants, contributions, and | (4) 2010 | (0) 2011 | (0) 2010 | (4) 2010 | (0) 2020 | (i) Fotal |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,026,219. | 741,109. | 533,208. | 1,140,485. | 1,472,817. | 4,913,838. |
| 2 | Tax revenues levied for the organ- | _,, | | | _,, | | -,,, |
| 2 | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 2 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | 1,026,219. | 741 100 | F22 200 | 1 140 405 | 1 472 017 | 4 012 020 |
| | Total. Add lines 1 through 3 | 1,026,219. | 741,109. | 533,208. | 1,140,485. | 1,472,817. | 4,913,838. |
| 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) | | | | | | 530,338. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4,383,500. |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | 1,026,219. | 741,109. | 533,208. | 1,140,485. | 1,472,817. | 4,913,838 |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 1,616. | 1,271. | 1,450. | 5,075. | 37,033. | 46,445. |
| ۵ | Net income from unrelated business | | _/ | | | | |
| 3 | activities, whether or not the | | | | | | |
| | | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | 1 202 024 | 156 060 | 222 201 | 1 701 007 |
| | assets (Explain in Part VI.) | | | 1,302,024. | 156,962. | 322,301. | 1,781,287. |
| | Total support. Add lines 7 through 10 | | | | | | 6,741,570 |
| 12 | Gross receipts from related activities, | | | | | 12 | 45,997,895 |
| 13 | First 5 years. If the Form 990 is for the | • | t, second, third, fo | ourth, or fifth tax ye | ear as a section 50 | 01(c)(3) | |
| 0.0 | organization, check this box and stop | | | | <u></u> | | > |
| | ction C. Computation of Public | | | | | | |
| 14 | Public support percentage for 2020 (lin | | | | | 14 | 65.02 9 |
| 15 | Public support percentage from 2019 | | | | | 15 | 60.43 9 |
| 16a | a 33 1/3% support test - 2020. If the o | | | | | | |
| | stop here. The organization qualifies a | as a publicly suppo | rted organization | | | | ► X |
| ł | 33 1/3% support test - 2019. If the o | rganization did not | check a box on lir | ne 13 or 16a, and l | ine 15 is 33 1/3% | or more, check this | s box |
| | and stop here. The organization quali | fies as a publicly su | ipported organizat | ion | | | ▶∟_ |
| 17a | a 10% -facts-and-circumstances test | - 2020. If the orga | nization did not ch | eck a box on line | 13, 16a, or 16b, a | nd line 14 is 10% o | r more, |
| | and if the organization meets the facts | and-circumstance | s test, check this b | box and stop here | e. Explain in Part ' | VI how the organiza | ation |
| | meets the facts-and-circumstances tes | st. The organization | qualifies as a pub | licly supported or | ganization | - | |
| ł | 0 10% -facts-and-circumstances test | - | | | | | 0% or |
| | more, and if the organization meets th | Ũ | | | | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | | | - | | •••• | | |
| | | and not oncon a D | o. on mie 10, 10a, | 100, 110, 01 170, | shook and box a | | ····· 🔽 🗖 |

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Page 2

Schedule A (Form 990 or 990-EZ) 2020 THE HOUSING PARTNERSHIP, INC.

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.)

| Sei | ction A. Public Support | | | | | | |
|-------------|--|-----------------------------|----------------------|----------------------|---------------------|----------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizatio | on, |
| | check this box and stop here | | | | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2020 (| ine 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2019 | | | | | 16 | % |
| Se | ction D. Computation of Inves | stment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)20 (line 10c, colur | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19 a | a 33 1/3% support tests - 2020. If the | organization did r | ot check the box | on line 14, and lin | e 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | organization qual | fies as a publicly s | supported organiza | tion | ▶□] |
| k | 33 1/3% support tests - 2019. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies | as a publicly suppo | orted organization | ▶∐ |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | | | ▶∟ |
| 0320 | 23 01-25-21 | | 16 | | Sch | edule A (Form 990 | 0 or 990-EZ) 2020 |
| | | | 16 | | | | |

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

2

1

Yes No

Yes No

Yes No

| | | | 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 lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | <u> </u> |
| b, | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | on B. Type I Supporting Organizations | | | |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> | | | | | |
|---|---|---|--|--|--|--|
| | 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

| Section C. Type II Supporting Organizations |
|---|
|---|

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

| Section D. All Type III Supporting Organization | າຣ |
|---|----|
|---|----|

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the me | thod that the organization us | ed to satisfy the Integral Part | Test during the year | ar (see instructions). |
|---|------------------------------|-------------------------------|---------------------------------|----------------------|------------------------|
|---|------------------------------|-------------------------------|---------------------------------|----------------------|------------------------|

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| c 🗌 |] The organization supported a governmental entity | Describe in Part VI how you supported a governmental entity (see instructions). | |
|-----|--|---|--|
|-----|--|---|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

08520511 758005 1000009054.TAX

18

| art V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | |
|--|--------------|-----------------------|--------------------------------|
| Check here if the organization satisfied the Integral Part Test as a qualifyin | | | Part VI). See instruction |
| All other Type III non-functionally integrated supporting organizations must | t complete s | Sections A through E. | (B) Current Year |
| ction A - Adjusted Net Income | | (A) Prior Year | (optional) |
| Net short-term capital gain | 1 | | |
| Recoveries of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| Add lines 1 through 3. | 4 | | |
| Depreciation and depletion | 5 | | |
| 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 | | |
| Other expenses (see instructions) | 7 | | |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| ction B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| Subtract line 2 from line 1d. | 3 | | |
| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by 0.035. | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ction C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| Enter 0.85 of line 1. | 2 | | |
| Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| Enter greater of line 2 or line 3. | 4 | | |
| Income tax imposed in prior year | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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| Schedule A (Form 990 or 990-EZ) 2020 | THE | HOUSING | PARTNERSHIP, | INC |
|--------------------------------------|-----|---------|--------------|-----|
|--------------------------------------|-----|---------|--------------|-----|

| Par | t V Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | inizations _{(contini} | ued) | |
|-------|---|-----------------------------------|--------------------------------|------|----------------------------------|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 1 | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | · · · · · · · · · · · · · · · · · · · | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2020 | ns | Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| C | From 2017 | | | | |
| d | From 2018 | | | | |
| е | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| b | Excess from 2017 | | | | |
| C | Excess from 2018 | | | | |
| d | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

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| Part VI | Supplemental Information. Provide the exp | planations required by Part II line 10. D | art II line 17a or 17h. Part III line 10. | |
|---------------|---|--|---|----------|
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 | 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S | Section B, lines 1 and 2; Part IV, Sectior | ۱C, |
| | line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec | ction E, lines 1c, 2a, 2b, 3a, and 3b; Par | t V, line 1; Part V, Section B, line 1e; Pa | art V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, I (See instructions.) | lines 2, 5, and 6. Also complete this par | t for any additional information. | |
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| | | | Schedule A (Form 990 or 990 | .E7) 201 |
| 32028 01-25-2 | | | | |

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

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

| Contributor's Name | Total Contributions | Excess Contributions |
|--|------------------------|-------------------------|
| HEENS FOUNDATION | 350,000. | 215,169 |
| AMES GRAHAM BROWN FOUNDATION | 450,000. | 315,169 |
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| | | |
| otal Excess Contributions to Schedule A, Part II, Line 5 | | 530,338 |

Schedule B

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

Name of the organization

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

2020

Employer identification number

61-1154315

Organization type (check one):

THE HOUSING PARTNERSHIP, INC.

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

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

General Rule

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

Special Rules

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

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

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

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

THE HOUSING PARTNERSHIP, INC.

61-1154315

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | l space is needed. | |
|------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | NEIGHBORWORKS AMERICA 260 PEACHTREE STREET, SUITE 1000 ATLANTA, GA 30303 | \$360,500. | 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 | GHEENS FOUNDATION 401 WEST MAIN STREET, SUITE 705 LOUISVILLE, KY 40202 | \$150,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | FIRST FINANCIAL BANK 13704 SHELBYVILLE ROAD LOUISVILLE, KY 40245 | \$80,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 WELLS FARGO FOUNDATION 297 N HUBBARDS LANE LOUISVILLE, KY 40222 | Total contributions \$108,555. | Type of contribution Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | US SMALL BUSINESS ADMINISTRATION 409 3RD ST. SW WASHINGTON, DC 20416 | \$750,652. | 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 |
| 6 | LOUISVILLE METRO AFFORDABLE HOUSING TRUST FUND, INC. 1469 SOUTH 4TH STREET, SUITE 300 LOUISVILLE, KY 40208 | \$162,920. | Person X Payroll (Complete Part II for noncash contributions.) |

023452 11-25-20

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

THE HOUSING PARTNERSHIP, INC.

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

| i ai t ii | (see instructions). Ose duplicate copies of Part in in | | |
|------------------------------|--|---|--------------------------------|
| (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 |
| | | - | |
| 023453 11-25- | 20 | \$Schedule B (Form | 990, 990-EZ, or 990-PF) (2020) |

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Employer identification number

61-1154315

2020.05094 THE HOUSING PARTNERSHIP, 10000091

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Page **4**

| Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total of from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part II, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (a) No. (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (a) No. (a) No. (b) Purpose of Use S, and ZIP + 4 Relationship of transferor | |
|--|----------------------------|
| from any one contributor. Complete columns (a) through (e) and the following line enty. For organizations comparison to the set or organizations compared to the total of exclusive reliquos. (b) Purpose of gift (c) Use of gift (d) Description a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift (e) Transfer of gift (d) Description a) No. from Part I (e) Transfer of gift (d) Description (e) Transfer of gift (e) Transfer of gift (d) Description (e) Transfer of gift (e) Transfer of gift (d) Description (from Part I (e) Transfer of gift (d) Description (from Part I (b) Purpose of gift (c) Use of gift (d) Description (from Part I (b) Purpose of gift (c) Use of gift (d) Description (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift | -1154315 |
| a) No. from Part 1 (c) Use of gift (d) Description (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (d) Description (e) Transfer of gift (e) Transfer of gift (f) Description (e) Transfer of gift (f) Description (f) Description (e) Transfer of gift (f) Description (f) Description (f) Description (f) Description (f) Description (f) Description (f) Description (f) Description (f) Description (f) Description (f) Description (g) No. (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift (g) Transfer of gift (g) Description (f) Transferee's name, address, and ZIP + 4 Relationship of transferor (g) Transfer of gift (g) No. (g) Purpose of gift (c) Use of gift (d) Description (g) No. (g) Purpose of gift (c) Use of gift (d) Description (g) Purpose of gift (g) Description (g) Description (g) Description (g) No. (g) Purpose of gift (g) Description (g) Description | |
| from Part 1 (c) Use of gift (d) Description | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor a) No. (b) Purpose of gift (c) Use of gift (d) Description reart 1 (e) Transfer of gift (e) Transfer of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift (c) Use of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift (e) Transfer of gift (c) Use of gift (d) Description (e) Transfer of gift (e) Transfer of gift (d) Description (e) Transfer of gift (e) Transfer of gift (d) Description | of how gift is held |
| Transferee's name, address, and ZIP + 4 Relationship of transferor a) No. (b) Purpose of gift (c) Use of gift (d) Description Description (e) Transfer of gift (e) Transfer of gift (d) Description (e) Transferee's name, address, and ZIP + 4 Relationship of transferor (e) Transfer of gift (d) Description (e) Transfer of gift (c) Use of gift (d) Description (e) Transfer of gift (d) Description (a) No. (b) Purpose of gift (c) Use of gift (d) Description (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift | |
| a) No. from (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor (e) Transfer of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift (d) Description | |
| from Part I (b) Purpose of gift (c) Use of gift (d) Description Image: Second s | o transferee |
| from Part I (b) Purpose of gift (c) Use of gift (d) Description Image: Constraint of the second seco | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor | of how gift is held |
| Transferee's name, address, and ZIP + 4 Relationship of transferor | |
| a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift (b) Purpose of gift (c) Use of g | |
| rom Part I (b) Purpose of gift (c) Use of gift (d) Description | to transferee |
| from Part I (b) Purpose of gift (c) Use of gift (d) Description | |
| | of how gift is held |
| | |
| | |
| Transferee's name, address, and 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 |
| | |
| (e) Transfer of gift | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor | to transferee |
| | |
| 454 11-25-20 Schedule B (Form | 990, 990-EZ, or 990-PF) (2 |

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| ~~ | | Supplement | al Einancial Statomonte | | | OMB No. 15 | 45-0047 |
|-------|--|---|---|----------------|---------------|---------------------|------------|
| | | | al Financial Statements | | | 200 | 20 |
| (Forr | n 990) | Part IV, line 6, 7, 8, 9, 10 | anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | 204 | <u>L</u> |
| | ment of the Treasury | | Attach to Form 990. 90 for instructions and the latest information | | | Open to Inspecti | |
| | I Revenue Service e of the organizati | | | | ployer ide | • | |
| Nam | e of the organizati | THE HOUSING PARTNERSHIP, IN | IC. | | | 1154315 | |
| Pa | rt I Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds or | Accou | nts. Com | nplete if th | ie |
| | | on answered "Yes" on Form 990, Part IV, lin | | | | | |
| | | · · · · · | (a) Donor advised funds | (b) Fui | nds and otl | her accou | nts |
| 1 | Total number at e | nd of year | | | | | |
| 2 | | of contributions to (during year) | | | | | |
| 3 | Aggregate value o | of grants from (during year) | | | | | |
| 4 | | t end of year | | | | | |
| 5 | | | writing that the assets held in donor advised t | funds | | | |
| | are the organization | on's property, subject to the organization's | exclusive legal control? | | | Yes | No No |
| 6 | Did the organization | on inform all grantees, donors, and donor a | dvisors in writing that grant funds can be use | d only | | | |
| | for charitable purp | ooses and not for the benefit of the donor o | r donor advisor, or for any other purpose con | ferring | | | |
| | impermissible priv | | | | | Yes | No No |
| Pa | rt II Conserv | ation Easements. Complete if the or | ganization answered "Yes" on Form 990, Par | t IV, line 7 | | | |
| 1 | Purpose(s) of cons | servation easements held by the organization | on (check all that apply). | | | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) | nistorically | / important | land area | l |
| | Protection of | of natural habitat | Preservation of a c | ertified h | istoric strue | cture | |
| | Preservation | n of open space | | | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualit | fied conservation contribution in the form of a | conserva | ation easen | nent on th | e last |
| | day of the tax yea | r. | | | Held at th | e End of th | e Tax Year |
| а | Total number of c | onservation easements | | . 2 a | | | |
| b | - | | | | | | |
| С | Number of conser | vation easements on a certified historic stru | ucture included in (a) | <u>2c</u> | | | |
| d | | | after 7/25/06, and not on a historic structure | | | | |
| | listed in the Nation | nal Register | | . 2d | | | |
| 3 | Number of conser | vation easements modified, transferred, rel | eased, extinguished, or terminated by the org | ganization | during the | etax | |
| | year 🕨 | | | | | | |
| 4 | | where property subject to conservation eas | | | | | |
| 5 | | tion have a written policy regarding the per | | | | - | |
| | , | forcement of the conservation easements if | | | | Yes | └── No |
| 6 | Staff and voluntee | er hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserv | ation eas | ements du | ring the ye | ear |
| | ► | | | | | | |
| 7 | | ses incurred in monitoring, inspecting, hanc | lling of violations, and enforcing conservation | easemer | nts during t | he year | |
| • | ►\$ | | | | | | |
| 8 | | | e satisfy the requirements of section 170(h)(4 | | Г <u> </u> | V | |
| • | | | | | | Yes | └── No |
| 9 | | e . | on easements in its revenue and expense sta | | | | |
| | | | note to the organization's financial statements | s that des | cribes the | | |
| Pa | rt III Organiza | ounting for conservation easements. | Art, Historical Treasures, or Othe | r Simila | r Assets | 3. | |
| | | f the organization answered "Yes" on Form | | | | | |
| 12 | | | 8, not to report in its revenue statement and | halance s | heet works | | |
| 10 | • | | blic exhibition, education, or research in furthe | | | • | |
| | | | ncial statements that describes these items. | | Pablio | | |
| b | · • | | 8, to report in its revenue statement and bala | nce shee | t works of | | |
| 2 | - | | exhibition, education, or research in furthera | | | 9. | |
| | | ing amounts relating to these items: | | | | -, | |
| | - | | | | \$ | | |
| | | | | | ÷ \$ | | |
| 0 | If the exception | | an was an athen similar assats for financial as | 🖛 | · | | |

27

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X b

 $\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

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| Sche | dule D (Form 990) 2020 THE HOUSING | G PA | RTNERSHIP, I | NC. | | | | | 61-115 | 4315 | Р | age 2 |
|------|---|--------|-------------------|-----------|--|----------------|-------------|----------------------|------------|----------------|---------|--------------|
| Pa | t III Organizations Maintaining C | olle | ctions of Art | , Hist | orical Tre | easures, o | r Other | [.] Similar | Assets | contii | | |
| 3 | Using the organization's acquisition, accession | on, a | nd other records | s, check | any of the | following that | t make si | gnificant u | se of its | | , | |
| | collection items (check all that apply): | , | | , | , | Ũ | | 0 | | | | |
| а | Public exhibition | | d | | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | | e | | | indinge progra | | | | | | |
| c | Preservation for future generations | | Ū | | | | | | | | | |
| 4 | Provide a description of the organization's co | allect | ions and explain | how th | ov further th | ne organizatio | n's even | not nurnos | a in Part | XIII | | |
| 5 | During the year, did the organization solicit o | | - | | - | - | | | | /////. | | |
| 5 | to be sold to raise funds rather than to be ma | | | , | | , | | | | Yes | | No |
| Pa | t IV Escrow and Custodial Arrang | | | | | | | | | | | |
| I UI | reported an amount on Form 990, Par | | | | eorganizatio | in answered | Tes on | F0111 990 | , Fait IV, | ine 9, 0i | | |
| | | | | onter | oontribution | o or other co | oto pot i | naludad | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | | | | _ | 7 |
| | on Form 990, Part X? | | | | | | | | ∟ | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and | complete the foll | owing t | able: | | | | | • | | |
| | | | | | | | | | | Amoun | t | |
| С | Beginning balance | | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | | | |
| f | Ending balance | | | | | | | 1f | | _ | | |
| 2a | Did the organization include an amount on Fe | orm 9 | 990, Part X, line | 21, for (| escrow or cu | ustodial acco | unt liabili | ty? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | | |
| Pa | t V Endowment Funds. Complete i | f the | organization and | swered | "Yes" on Fo | orm 990, Part | IV, line 1 | 0. | | | | |
| | | (a) | Current year | (b) F | Prior year | (c) Two yea | rs back | (d) Three y | ears back | (e) Fou | ' years | back |
| 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 curr | ent \ | ear end balance | line 1 | n column (a |)) held as: | I | | | | | |
| a | Board designated or quasi-endowment | | | % | g, column (a | | | | | | | |
| b | Permanent endowment | | % | | | | | | | | | |
| | | % | | | | | | | | | | |
| U | The percentages on lines 2a, 2b, and 2c sho | · - | aual 100% | | | | | | | | | |
| 20 | Are there endowment funds not in the posse | | • | tion the | t are hold a | ad adminiata | ad for th | o oraoniza | tion | | | |
| Ja | | 55101 | i oi the organiza | lion lina | l are neiù ai | | | e organiza | luon | | Vee | No |
| | by: | | | | | | | | | 0-(1) | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | vment f | unds. | | | | | | | |
| Pa | t VI Land, Buildings, and Equipm | | | | | | | | | | | |
| | Complete if the organization answered | d "Ye | es" on Form 990 | , Part I\ | | | | | | | | |
| | Description of property | | (a) Cost or of | | | t or other | | ccumulate | d | (d) Boo | k valu | е |
| | | | basis (investr | , | basis | (other) | dep | preciation | | | | |
| 1a | Land | | 4,215 | ,148. | | | | | | 4 | 215, | 148. |
| b | Buildings | | 20,413 | ,219. | | | | 2,119,8 | 353. | 18 | 293, | 366. |
| | Leasehold improvements | | | | | | | | | | | |
| | Equipment | | | | | 237,329. | | 147,3 | 302. | | 90, | 027. |
| | Other | I | | | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | | Form 990 Part 3 | K. colun | nn (B), line 1 | 0c.) | | | | 22 | 598, | 541. |
| | | , | | - 219/1 | <u>, –, , , , , , , , , , , , , , , , , , </u> | | | | Schedule | D (Forn | n 990) | 2020 |

032052 12-01-20

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) INVESTMENT IN HPN CAPTIVE INSURANCE | 74,000. | COST |
| (2) INVESTMENT IN KENTUCKY NWA ALLIANCE | 1,000. | COST |
| (3) INVESTMENT IN HPI, LLC PROJECTS | 5,613,207. | COST |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | 5,688,207. | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) DEVELOPMENT FEES RECEIVABLE | 187,654. |
| (2) OTHER RECEIVABLE | 3,352,686. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Colymn (b) must equal Form 990, Part X, col. (B) line 15.) | 3,540,340. |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | (b) Book value |
| | |

| (1) Federal income taxes | |
|--|--|
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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

Schedule D (Form 990) 2020

032053 12-01-20

| Sche | dule D (Form 990) 2020 THE HOUSING PARTNERSHIP, INC. | 61-1154315 | 5 Page 4 |
|------|--|-------------------|------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 8,949,691. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities 2b | | |
| с | Recoveries of prior year grants 2c | | |
| d | Other (Describe in Part XIII.) 2d 3,151. | | |
| е | Add lines 2a through 2d | 2e | 3,151. |
| 3 | Subtract line 2e from line 1 | 3 | 8,946,540. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) 4b | | |
| с | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | 5 | 8,946,540. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 8,121,022. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities 2a | | |
| b | Prior year adjustments 2b | | |
| с | Other losses 2c | | |
| d | Other (Describe in Part XIII.) 2d 3,151. | | |
| е | Add lines 2a through 2d | 2e | 3,151. |
| 3 | Subtract line 2e from line 1 | 3 | 8,117,871. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) 4b | | |
| | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | 5 | 8,117,871. |
| Pa | rt XIII Supplemental Information. | | |
| Prov | ide 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 | ; Part X, line 2; | Part XI, |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | | |
| | | | |
| | | | |
| PART | Y, LINE 2: | | |
| | | | |
| THE | ORGANIZATION HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL | | |

30

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.

032054 12-01-20

Schedule D (Form 990) 2020

| Schedule D (Form 990) 2020 THE HOUSING PARTNERSHIP, INC. Part XIII Supplemental Information (continued) | | 61-1154315 | Page 5 |
|---|--------|------------------|-----------|
| Part XIII Supplemental Information (continued) | | | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | | | |
| FUNDRAISING EXPENSES | 3,151. | | |
| | | | |
| | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | |
| FUNDRAISING EXPENSES | 3,151. | | |
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| 032055 12-01-20 | | Schedule D (Form | 990) 2020 |

| SCHEDU (Form 99 | | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | |
|--------------------|--|--|------------------------------------|--------------------------|---|---|---------------------------------------|--|--|--|
| Department of | of the Treasury | eep | | Attach to For | | , | | Open to Public | | |
| Internal Reve | enue Service | | Go to www.ir | rs.gov/Form990 fo | r the latest inforn | nation. | | Inspection | | |
| Name of t | the organization THE HOUSING | PARTNERSHIP, IN | īC. | | | | | Employer identification number 61-1154315 | | |
| Part I | General Information on Gran | s and Assistance | | | | | | | | |
| 1 Doe | es the organization maintain recor | ds to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | stance, and the selecti | | | |
| crite | eria used to award the grants or a | ssistance? | | | | | | X Yes No | | |
| 2 Des | scribe in Part IV the organization's | procedures for monit | oring the use of grant | funds in the United | States. | | | | | |
| Part II | Grants and Other Assistance | to Domestic Organiz | zations and Domestic | c Governments. | Complete if the org | anization answered "Y | es" on Form 990, Parl | IV, line 21, for any | | |
| | recipient that received more th | an \$5,000. Part II can | be duplicated if additi | onal space is need | ed. | (C) Mada ad af | 1 | 1 | | |
| 1 (a) | Name and address of organizatio or government | n (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| LOUISVI | LLE HOUSING OPPORTUNITIES | 3 | | | | | | | | |
| AND MIC | RO ENTERPRISE COMMUNITY - | | | | | | | | | |
| PO BOX | 211208 - LOUISVILLE, KY | | | | | | | | | |
| 40221 | | 45-4127209 | 501(C)(3) | 100,000. | 0. | | | LOAN FORGIVENESS | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ter total number of section 501(c)(| | | e line 1 table | | | | ········· • · · · · · · · · · · · · · · | | |
| | er total number of other organizat | | | | | | | | | |

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

Schedule I (Form 990) 2020 THE HOUSING PARTNERSHIP, INC.

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| SCHEDULE J Compensation Information | | | | | | 545-004 | 47 |
|---------------------------------------|------------------------|--|---|--------------------------|-------------|---------|------|
| (Fo | rm 990) | For certain Officers, Direct | ors, Trustees, Key Employees, and Highest | | 20 | 20 | |
| | | | pensated Employees answered "Yes" on Form 990, Part IV, line 23. | | 20 | ZU | J |
| | tment of the Treasury | At | tach to Form 990. | | Open to | | ic |
| - | al Revenue Service | | 00 for instructions and the latest information. | F armler register | Inspe | | |
| Nan | e of the organization | | NG | Employer ide | | on nur | nber |
| Da | rt I Question | THE HOUSING PARTNERSHIP, I s Regarding Compensation | NC. | 61-115 | 54315 | | |
| 10 | | s negarating compensation | | | | Vee | Ne |
| 1a | Check the appropri | ate box(es) if the organization provided any | of the following to or for a person listed on Form | 000 | | Yes | No |
| Id | | line 1a. Complete Part III to provide any rele | | 550, | | | |
| | First-class or d | | Housing allowance or residence for person | naluse | | | |
| | Travel for com | | Payments for business use of personal res | | | | |
| | | ation and gross-up payments | Health or social club dues or initiation fees | | | | |
| | | spending account | Personal services (such as maid, chauffeu | | | | |
| | | | ·, (,,, | .,, | | | |
| b | If any of the boxes | on line 1a are checked, did the organization | follow a written policy regarding payment or | | | | |
| | • | | ove? If "No," complete Part III to explain | | 1b | | |
| 2 | | | or allowing expenses incurred by all directors, | | - | | |
| | | | garding the items checked on line 1a? | | 2 | | |
| | | | | | - | | |
| 3 | Indicate which, if a | ny, of the following the organization used to | establish the compensation of the organization's | | | | |
| | CEO/Executive Dire | ctor. Check all that apply. Do not check an | y boxes for methods used by a related organization | on to | | | |
| | establish compensation | ation of the CEO/Executive Director, but exp | blain in Part III. | | | | |
| | Compensation | committee | Written employment contract | | | | |
| | Independent of | ompensation consultant | X Compensation survey or study | | | | |
| | Form 990 of o | ther organizations | X Approval by the board or compensation c | ommittee | | | |
| | | | | | | | |
| 4 | | any person listed on Form 990, Part VII, Se | ection A, line 1a, with respect to the filing | | | | |
| | organization or a re | lated organization: | | | | | |
| а | | e payment or change-of-control payment? | | | 4a | | X |
| b | | eive payment from a supplemental nonqua | | | | | X |
| с | - | eive payment from an equity-based comper | | | . 4c | | X |
| | If "Yes" to any of lir | es 4a-c, list the persons and provide the ap | plicable amounts for each item in Part III. | | | | |
| | 0 | | | | | | |
| - | |)(3), 501(c)(4), and 501(c)(29) organization | - | ~ | | | |
| 5 | | | I the organization pay or accrue any compensatio | 11 | | | |
| ~ | contingent on the r | | | | 5a | | x |
| a b | | | | | 5a 5b | | x |
| U | | alion? or 5b, describe in Part III. | | | 30 | | |
| 6 | | | I the organization pay or accrue any compensatio | n | | | |
| 0 | contingent on the r | | The organization pay of accide any compensatio | | | | |
| а | - | - | | | 6a | | x |
| b | Any related organiz | ation? | | | 6b | | x |
| ~ | | or 6b, describe in Part III. | | | 0.0 | | |
| 7 | | | I the organization provide any nonfixed payments | | | | |
| - | | | | | 7 | | x |
| 8 | | | rued pursuant to a contract that was subject to th | | | | |
| - | | ption described in Regulations section 53.4 | | | 8 | | x |
| 9 | | d the organization also follow the rebuttabl | | | | | |
| | | | | | 9 | | |
| LHA | | eduction Act Notice, see the Instructions | | | e J (Forn | n 990) | 2020 |

032111 12-07-20

Schedule J (Form 990) 2020

61-1154315

Page 2

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

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

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (b)(i)-(D) | reported as deferred on prior Form 990 |
| (1) ANDREW HAWES | (i) | 150,638. | 0. | 0. | 3,174. | 14,018. | 167,830. | 167,830. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) PATRICK CORNETT | (i) | 121,646. | 0. | 0. | 4,334. | 27,576. | 153,556. | 153,556. |
| EXECUTIVE VICE PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | ٥. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 61-1154315

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

* LEADING THE NON-PROFIT SECTOR IN REDEVELOPING DISTRESSED

THE HOUSING PARTNERSHIP, INC.

URBAN NEIGHBORHOODS,

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

IN PREDATORY LENDING EDUCATION. THE ORGANIZATION ALSO RESPONDS TO THE

MOST FRAGILE HOUSEHOLDS ON THE ECONOMIC SCALE BY PROVIDING BASIC BUDGET

AND CREDIT COUNSELING.

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

FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS

FOR RECOMMENDATION OF APPROVAL TO THE BOARD PRIOR TO FILING. THE BOARD

GRANTS FINAL APPROVAL. A FINAL COPY OF THE FORM 990 IS PROVIDED TO THE

GOVERNING BODY PRIOR TO ITS FILING.

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

WE HAVE A NEPOTISM AND PROCUREMENT POLICY. BEFORE NEW CONTRACTS ARE

ENTERED INTO, WE REQUIRE 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 AN EMPLOYEE OF OUR ORGANIZATION.

ANNUAL CERTIFICATION BY THE BOARD OF DIRECTORS IS REQUIRED. KEY EMPLOYEES

ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST PRIOR TO

ENGAGING IN THE ACTIVITY.

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

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Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|--------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| THE HOUSING PARTNERSHIP, INC. | 61-1154315 |
| | |

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION USES AN ONLINE RESOURCE PROVIDED THROUGH ITS HUMAN

RESOURCE/PAYROLL PROVIDER TO EVALUATE COMPENSATION, INCLUDING THE PRESIDENT

AND OFFICERS. FURTHERMORE, THE BOARD SECRETARY OBTAINS INFORMATION FROM

NEIGHBORWORKS AMERICA TO EVALUATE COMPENSATION FOR ITS OFFICERS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

THE ORGANIZATION MAINTAINS AN AUDIT AND FINANCE COMMITTEE COMPRISED

EXCLUSIVELY OF DIRECTORS WHO SELECT THE INDEPENDENT ACCOUNTANT. THE

COMMITTEEE MEETS WITH THE INDEPENDENT AUDITOR AT THE CONCLUSION OF THE

ANNUAL AUDIT, INCLUDING AN EXECUTIVE SESSION WITHOUT MANAGEMENT.

Schedule O (Form 990 or 990-EZ) 2020

032161 10-28-20 LHA

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.

Name of the organization

Department of the Treasury Internal Revenue Service

THE HOUSING PARTNERSHIP, INC.

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|--|----------------------------|---------------------------|--|
| HPI CONSTRUCTION, LLC - 61-1154315 | AFFORDABLE HOUSING | | | | |
| 1512 CRUMS LANE, SUITE 401 | CONSTRUCTION/REHABILITATION/ | | | | THE HOUSING |
| LOUISVILLE, KY 40216 | PROPERTY MAINTENANCE | KENTUCKY | -566,974. | 7,444,663. | PARTNERSHIP, INC. |
| THPI, LLC - 61-1154315 | | | | | |
| 1512 CRUMS LANE, SUITE 401 | | | | | THE HOUSING |
| LOUISVILLE, KY 40216 | REAL ESTATE DEVELOPMENT | KENTUCKY | ٥. | 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 | -2,855,690. | 3,482,142. | 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 | -25. | 1,096. | PARTNERSHIP, INC. |

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 Part II organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | cont | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|--|--|------|--|--|
| | | | | 501(c)(3)) | | Yes | No | |
| | | | | | | | | |
| | _ | | | | | | | |
| | _ | | | | | | | |

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

OMB No. 1545-0047

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Open to Public Inspection Employer identification number

61-1154315

SCHEDULE R (Form 990)

Part I Continuation of Identification of Disregarded Entities

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|--------------------------------|---|---------------------|----------------------------------|--|
| THPI-CARPENTER, LLC - 82-1182770 1512 CRUMS LANE, SUITE 401 | PROVIDES AFFORDABLE HOUSING | | | | THE HOUSING |
| LOUISVILLE, KY 40216 | AT CARPENTER APARTMENTS | KENTUCKY | 1,123,271. | 7 096 | PARTNERSHIP, INC. |
| THPI-EDGEWOOD, LLC - 61-1154315 | | MINIOCKI | 1,125,271. | ,,050. | |
| 1512 CRUMS LANE, SUITE 401 | - | | | | THE HOUSING |
| LOUISVILLE, KY 40216 | REAL ESTATE DEVELOPMENT | KENTUCKY | 0. | | 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 | -1,504. | | PARTNERSHIP, INC. |
| THPI-HOLDINGS, LLC - 61-1154315 | | | _, | , | · · · · · · · · · · · · · · · · · · · |
| 1512 CRUMS LANE, SUITE 401 | - | | | | THE HOUSING |
| LOUISVILLE, KY 40216 | REAL ESTATE DEVELOPMENT | KENTUCKY | 0. | 0. | PARTNERSHIP, INC. |
| ORACLE SINGLE FAMILY HOME REVITALIZATION | | | | | , - |
| 2009, LLLP - 26-4559465, 1512 CRUMS LANE, | | | | | |
| SUITE 401, LOUISVILLE, KY 40216 | AFFORDABLE HOUSING | KENTUCKY | 0. | 0. | THPI-SF 64 GP, LLC |
| THPI-SF 64, LLC - 61-1154315 | | | | | , |
| 1512 CRUMS LANE, SUITE 401 | LIMITED PARTNER OF SINGLE | | | | THE HOUSING |
| LOUISVILLE, KY 40216 | FAMILY HOUSING | KENTUCKY | -8. | 580. | PARTNERSHIP, INC. |
| THPI-SF 64 GP, LLC - 61-1154315 | | | | | |
| 1512 CRUMS LANE, SUITE 401 | GENERAL PARTNER OF SINGLE | | | | THE HOUSING |
| LOUISVILLE, KY 40216 | FAMILY HOUSING | KENTUCKY | -83,220. | 5,801,004. | 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.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) | | |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-------------------------------|----|-------------------------------|-------|---|-------------------------------|----------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Disproportionate allocations? | | Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule | General managir partner | or Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | 5 | | |
| KDVA HOMES 07, LLLP - | | | | | | | | | | | | | |
| 41-2264783, 1512 CRUMS LANE, | | | THE HOUSING | | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | AFFORDABLE | | PARTNERSHIP, | | | | | | | | | | |
| 40216 | HOUSING | КY | INC. | RELATED | 19. | 598. | | x | N/A | х | .01% | | |
| MARIAN MANOR II, LTD - | | | | | | | | | | | | | |
| 32-0083512, 1512 CRUMS LANE, | | | | | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | AFFORDABLE | | | | | | | | | | | | |
| 40216 | HOUSING | КY | THPI, LLC | RELATED | -7. | 78. | | x | N/A | х | .01% | | |
| PARTRIDGE POINTE PARTNERS, | | | | | | | | | | | | | |
| LLLP - 26-1747776, 1512 CRUMS | | | | | | | | | | | | | |
| LANE, SUITE 401, LOUISVILLE, | AFFORDABLE | | | | | | | | | | | | |
| KY 40216 | HOUSING | КY | THPI, LLC | RELATED | -41. | 891. | | x | N/A | x | .01% | | |
| 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 | | x | N/A | х | N/A | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | 512(cont | (i) ction (b)(13) trolled tity? |
|--|--------------------------------|---|-------------------------------------|--|--|---|---------------------------------------|--------------|---|
| | | country) | | , | | | | Yes | No |
| ST. CECILIA GP, INC - 26-0189735 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | AFFORDABLE HOUSING | КY | INC. | C CORP | -11. | 128. | 100% | Х | |
| ST. DENIS GP, INC - 26-2149984 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | AFFORDABLE HOUSING | КҮ | INC. | C CORP | -6. | 276. | 100% | х | |
| ST. BARTHOLOMEW GP, INC 45-2723692 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | AFFORDABLE HOUSING | КҮ | INC. | C CORP | -5. | 284. | 100% | х | |
| MBS GP, INC 46-2284285 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | AFFORDABLE HOUSING | КҮ | INC. | C CORP | -202. | 5,530. | 100% | х | |
| THPI-NC, LLC - 46-4812692 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | 7 | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | AFFORDABLE HOUSING | КҮ | INC. | C CORP | -10. | 206. | 100% | х | |

| Dout III | Continuation of Identification of Related Organizations Taxable as a Partnership |
|----------|--|
| Part III | Continuation of Identification of Related Organizations Taxable as a Partnership |

| (a) Name, address, and EIN | (b) Primary activity | (c) Legal domicile | (d) Direct controlling | (e) Predominant income | (f) Share of total | (g) Share of | (h Disprop | ortion- | (i) Code V-UBI amount in box | (j) General managin | (k) Percentage ownership |
|-------------------------------|--------------------------------|----------------------------------|---------------------------|--|-----------------------|-----------------------|------------------|---------|------------------------------------|---------------------------|--------------------------------|
| of related organization | | (state or foreign country) | entity | (related, unrelated, excluded from tax under sections 512-514) | income | end-of-year assets | ate alloc Yes | ations? | 20 of Schedule K-1 (Form 1065) | partner | |
| ST. DENIS SENIOR APARTMENTS, | | | | , | | | | | · · · · · | | |
| LLLP - 26-2150112, 1512 CRUMS | 1 | | | | | | | | | | |
| LANE, SUITE 401, LOUISVILLE, | AFFORDABLE | | | | | | | | | | |
| KY 40216 | HOUSING | КY | N/A | N/A | N/A | N/A | | x | N/A | x | N/A |
| WILART ARMS APARTMENTS - | | | | | | | | | | | |
| 26-3843478, 1512 CRUMS LANE, | 1 | | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | AFFORDABLE | | | | | | | | | | |
| 40216 | HOUSING | КY | THPI, LLC | RELATED | 40. | 6,585. | | x | N/A | x | .01% |
| ZION SENIOR HOUSING, LTD - | | | | | | | | | | | |
| 20-3136417, 1512 CRUMS LANE, |] | | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | AFFORDABLE | | | | | | | | | | |
| 40216 | HOUSING | КY | THPI, LLC | RELATED | -14. | 212. | | x | N/A | x | .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 | | х | N/A | х | N/A |
| THE NORTON COMMONS LEGACY, | | | | | | | | | | | |
| LLLP - 51-0450341, 1512 CRUMS | | | | | | | | | | | |
| LANE, SUITE 401, LOUISVILLE, | AFFORDABLE | | | | | | | | | | |
| KY 40216 | HOUSING | КY | THPI-NC, LLC | RELATED | | | | х | 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 | -16,247. | 156,193. | | х | N/A | х | 10.00% |
| MOST BLESSED 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 | | х | N/A | х | N/A |
| ST. COLUMBA SENIOR APARTMENTS | | | | | | | | | | | |
| LTD 20-1189736, 1512 CRUMS |] | | | | | | | | | | |
| LANE, SUITE 401, LOUISVILLE, | AFFORDABLE | | | | | | | | | | |
| KY 40216 | HOUSING | КY | THPI-SC, LLC. | RELATED | | | | х | N/A | х | .02% |
| KDVA HOMES 2, LLLP - | | | | | | | | | | | |
| 47-4054522, 1512 CRUMS LANE, | | | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | AFFORDABLE | | | | | | | | | | |
| 40216 | HOUSING | КY | N/A | N/A | N/A | N/A | | х | N/A | х | N/A |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under | (f) Share of total income | (g) Share of end-of-year | (I Disprop ate alloc | | (i) Code V-UBI amount in box 20 of Schedule | (j) Genera manag partn | | (k) Percentage ownership |
|---|--------------------------------|---------------------------------------|-------------------------------------|--|--|---------------------------------------|----------------------------|----|--|---------------------------------|---|---------------------------------------|
| | | foreign country) | | sections 512-514) | | assets | Yes | No | | Yes | | |
| MIDDLETOWN APARTMENTS, LLLP - | | | | | | | | | | | | |
| 82-1991073, 1512 CRUMS LANE, | 1 | | | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | AFFORDABLE | | THPI-MIDDLETOWN | 1 | | | | | | | | |
| 40216 | HOUSING | КY | , LLC | RELATED | | | | x | N/A | | : | .01% |
| YORK TOWERS, LLLP - | | | | | | | | | | | | |
| 82-5198270, 1512 CRUMS LANE, | 7 | | | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | AFFORDABLE | | THPI-YORK | | | | | | | | | |
| 40216 | HOUSING | КY | TOWERS, LLLP | RELATED | | | | x | N/A | x | | .01% |
| MONTGOMERY APARTMENTS, LLC - | | | | | | | | | | | | |
| 83-3379381, 1512 CRUMS LANE, | 1 | | | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | AFFORDABLE | | THPI-MONTGOMERY | | | | | | | | | |
| 40216 | HOUSING | КY | , LLC | RELATED | | | | x | N/A | | : | 1.00% |
| ORACLE NEIGHBORHOOD | | | | | | | | | | | | |
| REVITALIZATION 2010, LLLP - | 1 | | | | | | | | | | | |
| 27-2998505, 1512 CRUMS LANE, | AFFORDABLE | | THPI-SF 50GP, | | | | | | | | | |
| SUITE 401, LOUISVILLE, KY | HOUSING | КY | LLC | RELATED | | | | x | N/A | Þ | : | |
| ZION MANOR SENIOR APARTMENTS | | | | | | | | | | | | |
| II, LLLP - 85-4182078, 1512 | 1 | | | | | | | | | | | |
| CRUMS LANE, SUITE 401, | AFFORDABLE | | ZION MANOR GP, | | | | | | | | | |
| LOUISVILLE, KY 40216 | HOUSING | КY | LLLP | RELATED | | | | x | N/A | Þ | : | |
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a) | (b) | (c) | (d) | (e) Turpo of optitu | (f) Shara of total | (g) | (h) | Sec | (i) ction |
|---|-----------------------|--|------------------------------|------------------------------------|--------------------------|-------------------------|----------------------|----------------|---------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, | Share of total income | Share of end-of-year | Percentage ownership | 512(l contr | b)(13) rolled tity? |
| | | country) | | or trust) | | assets | | Yes | |
| KCADV HOMES GP, LLC - 47-5643524 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | 7 | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | AFFORDABLE HOUSING | КY | INC. | C CORP | -15. | 377. | 100% | x | |
| THPI-MIDDLETOWN, LLC - 83-1911203 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | GENERAL PARTNER OF | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | REAL ESTATE LTD PSHIP | КҮ | INC. | C CORP | -48. | 1,534. | 100% | | х |
| THPI-YORK TOWERS, LLLP - 83-2718503 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | GENERAL PARTNER OF | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | REAL ESTATE LTD PSHIP | КҮ | INC. | C CORP | -19. | 688. | 79.00% | | х |
| ZION MANOR GP, LLLP - 86-2939997 | | | THE HOUSING | | | | | | |
| 1512 CRUMS LANE, SUITE 401 | GENERAL PARTNER OF | | PARTNERSHIP, | | | | | | |
| LOUISVILLE, KY 40216 | REAL ESTATE LTD PSHIP | КҮ | INC. | C CORP | 0. | ٥. | 100% | | 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. | | Ye | es I |
|--|-----------|----|------|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Par | ts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | | | |
| c Gift, grant, or capital contribution from related organization(s) | | | |
| d Loans or loan guarantees to or for related organization(s) | | X | |
| e Loans or loan guarantees by related organization(s) | <u>1e</u> | | _ |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | | | |
| i Exchange of assets with related organization(s) | 11 | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | _ |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| | 11 | | |
| 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) | | X | |
| o Sharing of paid employees with related organization(s) | - | X | - |
| Reimbursement paid to related organization(s) for expenses | <u>1p</u> | | |
| Reimbursement paid by related organization(s) for expenses | | X | - |
| Other transfer of cash or property to related organization(s) | | | |
| s Other transfer of cash or property from related organization(s) | 1s | X | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) ZION SENIOR HOUSING, LTD. | D | 460,755. | ACTUAL COST |
| (2) THE NORTON COMMONS LEGACY, LTD. | D | 691,938. | ACTUAL COST |
| (3) PARK SPRINGS, LLC | D | 339,091. | ACTUAL COST |
| <u>(4)</u> | | | |
| <u>(5)</u> | | | |
| _(6) | | | |

Schedule R (Form 990) 2020 THE HOUSING PARTNERSHIP, INC.

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

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

| (a) | (b) | (c) | (d) | (| e) | (f) | (g) | (۲ | 1) | (i) | (j) | | (k) |
|------------------------|------------------|-------------------|--|-------------------------------------|------------------|----------|-------------|-----------------|----------------|--|-----------------|-------------------|---------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are Are partne 501(org | e all rs sec. | Share of | Share of | Dispr tior | opor- | Code V-UBI | Genera | or Perc | entage |
| of entity | | (state or foreign | Predominant income (related, unrelated, excluded from tax under sections 512-514) | . 501(org | c)(3) s.? | total | end-of-year | tion allocat | iate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | manag partne | _{r?} own | nership |
| | | country) | sections 512-514) | Yes | | income | assets | Yes | No | (Form 1065) | Yes N | 10 | |
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Schedule R (Form 990) 2020

THE HOUSING PARTNERSHIP, INC.

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ORACLE NEIGHBORHOOD REVITALIZATION 2010, LLLP

EIN: 27-2998505

1512 CRUMS LANE, SUITE 401

LOUISVILLE, KY 40216

Schedule R (Form 990) 2020

032165 10-28-20