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>			

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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	
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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	
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	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)	

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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 📂					-							

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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

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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							
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		····· 🔽 🗖

032022 01-25-21

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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.)

17

032024 01-25-21

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.

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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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

032026 01-25-21

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

032027 01-25-21

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.	
			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
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	🖛	·		

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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.

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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.		
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

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)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule 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

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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	:	
	1											
	1											
	1											
	1											
	1											
	1											
	-											
	1											
	-											
	1											
	1											
	1											

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
	7								
	7								
	7								
	7								
	7								
	1								
	1								
	1								
	1								

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	
											\square		
											\square		

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